

MT San Antonio CCD

WORKPLACE VIOLENCE PREVENTION PLAN

Established
March 31, 2024

TABLE OF CONTENTS

PURPOSE AND AUTHORITY	1
PERSON(S) RESPONSIBLE.....	2
PROCEDURES AND IMPLEMENTATION	3
COORDINATION.....	4
PROCEDURES TO ACCEPT AND RESPOND	5
EMPLOYEE COMPLIANCE	6
EMPLOYEE COMMUNICATION	7
RECORDKEEPING	8
SAFETY TRAINING RECORD LOG.....	9
WVPP INTAKE AND INVESTIGATION FORM.....	10
WVPP INCIDENT AND DEBRIEF FORM.....	11

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. Methods used to develop the elements of this plan. An employee survey was conducted at the inception of the plan and will be followed annually after that.
2. Elements received from the survey were used to coordinate plan implementation.
3. A copy of the plan has been shared with Sodexo; the main employer identified that has physical employees on campus.
4. When requested, we are able to provide a copy of the plan within 5 working days of the request.
5. 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, by utilizing the ethics point platform.
6. Effective procedures to ensure that supervisory and nonsupervisory employees comply with the plan.
7. Effective procedures to communicate with employees regarding workplace violence matters, including, but not limited to, both of the following:
 - a. How can an employee 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.
8. 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 workplace violence emergencies' presence, location, and nature.
 - 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.
9. Procedures to develop and provide employee training.
10. 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.
11. Procedures to correct workplace violence hazards identified above, promptly 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:
 - i. Procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan.
12. Maintain a written log recording incidents of workplace violence.

1. PERSON(S) RESPONSIBLE FOR IMPLEMENTING THE WVPP

The ultimate responsibility for overseeing the development, implementation, and maintenance of the WVPP, rests with the following:

President/CEO	Dr. Martha Garcia
VP of Administrative Services or Designee	Shannon Carter
Associate VP of Human Resources	Tika Dave-Harris
Director of Risk and Safety	Duetta Wasson
Environmental and Emergency Manager	Sayeed Wadud

2. PROCEDURES FOR INVOLVING EMPLOYEES IN THE DEVELOPMENT AND IMPLEMENTATION 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:

All employee groups identified in our campus community are exposed to all the 4 types of workplace violence will be surveyed regarding the type of workplace violence they are exposed to.

MT SAC has established a WVPP committee that is open to all employees. This committee will meet at a minimum of quarterly to review the plan, evaluate the effectiveness of the plan, along with any trends related to threats that have been reported, and review any recent threat assessments completed for the campus. Meeting dates, locations, agenda, and minutes will be housed under the WVPP tab found on the risk and human resource website at www.mtsac.edu/risk and www.mtsac.edu/hr.

This plan involved feedback from a survey sent to all employees requesting participation in their perspective workplace areas and workplace violence exposures related to the functions of their assigned occupational groups. Appendix A are the analytics of the survey results. Mt SAC, on an annual basis, will conduct a workplace violence threat assessment in areas with high exposure for the four types identified in this plan.

Employees will be able to submit ideas, identified new workplace violence exposures and or recommended updates and or changes to this plan directly to the Director of Safety and Risk management by submitting the Workplace Violence Prevention Plan (WVPP) identification form Appendix B, to the email address risk@mtsac.edu. This form can be found on the risk or human resource website at www.mtsac.edu/risk and www.mtsac.edu/hr.

Options for meeting the requirements of this section could include the options below:

- Request employees to submit their ideas directly to the person responsible for this WVPP (as identified above) via email or telephone.
- Ethics point can be used anonymously to report any threats, concerns or incidents that were witnesses.

- Employees may also submit a Hazard form that the Health and Safety Committee reviews for review and assignment for action to be taken. The chair of the Health and Safety committee will follow up with the submission and report back to the individuals who submitted the hazard form.
- Have site/department managers solicit feedback and/or indicate their interest in participating during a staff meeting.

3. WVPP IMPLEMENTATION & COORDINATION

To ensure that all employees understand their respective roles in this plan, 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. Bi-monthly advertising training for all staff is sent out as a reminder to participate in the training. Training is scheduled in advance with a bi-monthly schedule, one training in Zoom and one in-person training held at the POD training center; this training is ongoing.
3. Individual staff trainings include management training, union group training for 651, and independent department training as requested by the Deans.
4. Training will be updated as new compliance recommendations are established.

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

Employees should report workplace violence to the EthicsPoint platform at [EthicsPoint](#) and/or call 9-1-1 if the threat/act of violence is imminent and severe. The *Associate VP of Human Resources* will adhere to the following process for accepting and responding to reports of workplace violence:

The Associate VP of Human Resources will determine next steps to be taken, by reviewing the report submitted, confirming receipt of the report and then do one or any of the following steps:

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 they can do so without fear of reprisal.

5. PROCEDURES TO ENSURE EMPLOYEES COMPLY WITH THE WVPP

While the Associate Vice President of Human Resources oversees 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 and in their perspective work areas.
- Follow the 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 who fails to adhere to the procedures and practices of this plan shall be disciplined by one of the following measures, depending on the severity of the infraction.

1. Attend another training for retraining.
2. Receive an oral warning.
3. Warning with reprimand placed in personnel file.
4. Suspension from work with no compensation and a record added to the personnel file.
5. Discontinue employment with a record added to the personnel file.

6. EMPLOYEE COMMUNICATION

Employees should report any workplace violence-related incidents, threats, and concerns by submitting a report via [EthicsPoint](#) 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 be as detailed as possible, complete all categories of the form (please note, workplace violence does not include lawful acts of self-defense or defense of others):

Employer's Evaluation & Response

When responding to a report of workplace violence, the Associate Vice President of 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):
 - i. Was security or law enforcement contacted?
 1. If so, what was their response (please explain):
 - 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:
 - i. Name
 - ii. Title
 - 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.

7. RECORDKEEPING

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

Training records will be created and maintained for at least 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 at least 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 Associate Vice President of Human Resources will ensure 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 Mt San Antonio CCD, with responsibility shared by management and staff alike.

GENERAL SAFETY TRAINING RECORD LOG (if in person)
ALL ADDITIONAL TRAINING RECORDS FOR EMPLOYEES ARE KEPT IN POD

SUBJECT COVERED

LOCATION OF TRAINING:

DATE OF TRAINING:	NAME & QUALIFICATIONS OF TRAINER <i>(Years of related experience, designations, certifications, etc.)</i>
-------------------	--

[illegible]

WORKPLACE VIOLENCE INTAKE/INVESTIGATION FORM

THIS FORM IS TO BE USED BY THE ASSOCIATE VICE PRESIDENT OF HUMAN RESOURCES TO CONDUCT AN INTAKE FROM THE ETHICS REPORT RECEIVED TO IDENTIFY AN INCIDENT, THREAT OR CONCERN RELATED TO WORKPLACE VIOLENCE. THIS FORM BRINGS THE ISSUE TO THE ATTENTION OF THE MANAGEMENT AND NECESSARY STAKEHOLDERS.

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.

This is to be completed by the individual investigating the incident. Return completed form within 2 days following incident to the individual reporting the incident threat or concern and to the identified manager of the department that is involved.

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)

<input type="checkbox"/> Type 1 Committed by a person who has no legitimate purpose at the worksite.	<input type="checkbox"/> Type 2 Committed by a person who does have a legitimate purpose at the worksite	<input type="checkbox"/> Type 3 Committed by a present or former employee, supervisor, or manager.	<input type="checkbox"/> 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.
---	---	---	---

Classification of Incident Location (Select One)

<input type="checkbox"/> At Workplace, Indoors (Please Include Bldg. Name/Room No.)	<input type="checkbox"/> At Workplace, Outdoors (Please Specify)	<input type="checkbox"/> Other Area (Please Explain)
---	--	--

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)

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

Yes	No	Name	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	[APPLICABLE CONTACT/DEPT]		
<input type="checkbox"/>	<input type="checkbox"/>	[APPLICABLE CONTACT/DEPT]		

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

Violent Incident and Debrief form

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

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

[Enter the date the incident occurred (Day, Month, Year)]

[Enter the time (or approximate time) that the incident occurred] a.m./p.m.

Location(s) of Incident	Workplace Violence Type (Indicate which type(s) (Type 1, 2,3,4)
[Enter location(s) where the incident occurred]	[Enter the workplace violence type(s)]

Check which of the following describes the type(s) of incident, and explain in detail:

Note: It's important to understand that "Workplace Violence Type" and "Type of Incident" have separate requirements. **For this part of the log, "Type of Incident" specifically refers to the nature or characteristics of the incident being logged. It does not refer to the type of workplace violence.**

- Physical attack without a weapon, including, but not limited to, biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting.
- Attack with a weapon or object, including, but not limited to, a firearm, knife, or other object.
- Threat of physical force or threat of the use of a weapon or other object.
- Sexual assault or threat, including, but not limited to, rape, attempted rape, physical display, or unwanted verbal or physical sexual contact.
- Animal attack.
- Other.

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.]

Consequences of the incident, including, but not limited to:

-

- Were there any injuries? Yes or No. Please explain:

Indicate here if there were any injuries, if so, provide description of the injuries

- Were emergency medical responders other than law enforcement contacted, such as a Fire Department, Paramedics, On-site First-aid certified personnel? Yes or No. If yes, explain below:

[

Did the severity of the injuries require reporting to Cal/OSHA? If yes, document the date and time this was done, along with the name of the Cal/OSHA representative contacted.

A copy of this violent incident log needs to be provided to the employer. Indicate when it was provided and to whom.

This violent incident log was completed by:

[Name of person completing this log], [Job Title of person completing this log], [Date this log was completed]

[Signature of person completing this log]

[Date of completion]