Sample Workplace Violence Prevention Program
Policy Statement

(Effective Date for Program)

Our establishment,______________________________, is concerned and committed to our employees' safety and health. We refuse to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by implementing a Workplace Violence Prevention Program (WPVP). We will provide adequate authority and budgetary resources to responsible parties so that our goals and responsibilities can be met.

All managers and supervisors are responsible for implementing and maintaining our WPVP Program. We encourage employee participation in designing and implementing our program. We require prompt and accurate reporting of all violent incidents whether or not physical injury has occurred. We will not discriminate against victims of workplace violence.

A copy of this Policy Statement and our WPVP Program is readily available to all employees from each manager and supervisor.

Our program ensures that all employees, including supervisors and managers, adhere to work practices that are designed to make the workplace more secure, and do not engage in verbal threats or physical actions which create a security hazard for others in the workplace.

All employees, including managers and supervisors, are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment.

The management of our establishment is responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

Our Program will be reviewed and updated annually.
Workplace Violence Prevention Program

Threat Assessment Team
A Threat Assessment Team will be established and part of their duties will be to assess the vulnerability to workplace violence at our establishment and reach agreement on preventive actions to be taken. They will be responsible for auditing our overall Workplace Violence Program.

The Threat Assessment Team will consist of:

Name: ________________________   Title: ________________________   Phone: ________________
Name: ________________________   Title: ________________________   Phone: ________________
Name: ________________________   Title: ________________________   Phone: ________________
Name: ________________________   Title: ________________________   Phone: ________________
Name: ________________________   Title: ________________________   Phone: ________________

The team will develop employee training programs in violence prevention and plan for responding to acts of violence. They will communicate this plan internally to all employees. The Threat Assessment Team will begin its work by reviewing previous incidents of violence at our workplace. They will analyze and review existing records identifying patterns that may indicate causes and severity of assault incidents and identify changes necessary to correct these hazards.

These records include but are not limited to, OSHA 300 logs, past incident reports, medical records, insurance records, workers compensation records, police reports, accident investigations, training records, grievances, minutes of meetings, etc. The team will communicate with similar local businesses and trade associates concerning their experiences with workplace violence.

Additionally, they will inspect the workplace and evaluate the work tasks of all employees to determine the presence of hazards, conditions, operations and other situations with might place our workers at risk of occupational assault incidents. Employees will be surveyed to identify the potential for violent incidents and to identify or confirm the need for improved security measures. These surveys shall be reviewed, updated and distributed as needed or at least once within a two year period.

Periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence will be performed by the following representatives of the Assessment Team, in the following areas of our workplace:

Representative: ________________________   Area: ________________________
Representative: ________________________   Area: ________________________
Representative: ________________________   Area: ________________________

Periodic inspections will be performed according to the following schedule:

________________________ Frequency (daily, weekly, monthly, etc.)
Hazard Assessment

On ______________________, the Threat Assessment Team completed the hazard assessment. This consisted of a records review, inspection of the workaday and employee survey.

**Records Review** – The Threat Assessment Team reviewed the following records:

- OSHA 300 logs for the last three years
- Incident reports
- Records of or information compiled for recording of assault incidents or near assault incidents
- Insurance records
- Police reports
- Accident investigations
- Training records
- Grievances
- Other relevant records or information:

From these records, we have identified the following issues that need to be addressed:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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Workplace Security Analysis

**Inspection** – The Threat Assessment Team inspected the workplace on _______________. From this inspection the following issues have been identified:

---

**Review of Tasks** – The Threat Assessment Team also reviewed the work tasks of our employees to determine the presence of hazards, conditions, operations and situations which might place workers at risk of occupational assault incidents.

The following factors were considered:
- Exchange of money with the public
- Working alone or in small numbers
- Working late at night or early in the morning hours
- Working in a high crime area
- Guarding valuable property or possessions
- Working in community settings
- Staffing levels

From this analysis, the following issues have been identified:

---

**Workplace Survey**

Under the direction of the Threat Assessment Team, we distributed a survey among all of our employees to identify any additional issues that were not noted in the initial stages of the hazard assessment. From that survey, the following issues have been identified:

---

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Workplace Hazard Control & Prevention
In order to reduce the risk of workplace violence, the following measures have been recommended:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Engineering Controls and Building and Work Area Design
Management has instituted the following as a result of the workplace security inspection and recommendations made by the Threat Assessment Team:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

These changes were completed on______________________:

Policies and Procedures developed as a result of the Threat Assessment Team's recommendations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Training & Education
Training for all employees, including managers and supervisors, was given on______________________:

This training will be repeated every two years.

Training included:
• a review and definition of workplace violence;
• a full explanation and full description of our program (all employees were given a copy of this program at orientation);
• instructions on how to report all incidents including threats and verbal abuse;
• methods of recognizing and responding to workplace security hazards;
• training on how to identify potential workplace security hazards (such as no lights in parking lot while leaving late at night, unknown person loitering outside the building, etc.)
• review of measures that have been instituted in this organization to prevent workplace violence including:
  o use of security equipment and procedures;

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- how to attempt to diffuse hostile or threatening situations;
- how to summon assistance in case of an emergency or hostage situation;
- post-incident procedures, including medical follow-up and the availability of counseling and referral.
- Additional specialized training was given to:
  - Name, Department, Job Title
  - Name, Department, Job Title
  - Name, Department, Job Title

This training was conducted by ______________________ on ___________ and will be repeated every two years.

Trainers will be qualified and knowledgeable. Our trainers are professionals ______ [list type of certification]. At the end of each training session, employees will be asked to evaluate the session and make suggestions on how to improve the training.

All training records will be filed with ____________________.

Workplace Violence Prevention training will be given to new employees as part of their orientation.

A general review of this program will be conducted every two years. Our training program will be updated to reflect changes in our Workplace Prevention Program.

**Incident Reporting & Investigation**

All incidents must be reported within ____________. An "Incident Report Form" will be completed for all incidents. One copy will be forwarded to the Threat Assessment Team for their review and a copy will be filed with ______________ ______.

Each incident will be evaluated by the Threat Assessment Team. The team will discuss the causes of the incident and will make recommendations on how to revise the program to prevent similar incidents from occurring. All revisions of the Program will be put into writing and made available to all employees.

**Recordkeeping**

We will maintain an accurate record of all workplace violence incidents. All incident report forms will be kept for a minimum of ____________________, or for the time specified in the Statute of Limitations for our local jurisdiction.

Any injury which requires more than first aid, is a lost-time injury, requires modified duty or causes loss of consciousness, will be recorded on the OSHA 200 log. Doctors' reports and supervisors' reports will be kept of each recorded incident, if applicable.

Incidents of abuse, verbal attack, or aggressive behavior which may be threatening to the employee, but not resulting in injury, will be recorded. These records will be evaluated on a regular basis by the Threat Assessment Team.

Minutes of the Threat Assessment Team meetings shall be kept for ____________________.
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## Sample
### Self-Inspection Security Checklist

**Facility:**

**Inspector:**

**Date of Inspection:**

<table>
<thead>
<tr>
<th>1. <strong>Security Control Plan:</strong></th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, does it contain:</td>
<td></td>
</tr>
<tr>
<td>a. Policy Statement</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b. Review of Employee Incident Exposure</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>c. Methods of Control</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, does it include:</td>
<td></td>
</tr>
<tr>
<td>i. Engineering</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>ii. Work Practice</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>iii. Training</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>iv. Reporting Procedures</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>v. Recordkeeping</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>vi. Counseling</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>d. Evaluation of Incidents</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>e. Floor Plan</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>f. Protection of Assets</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>g. Computer Security</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>h. Plan Accessible to All Employees</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>i. Plan Reviewed and Updated Annually</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>j. Plan Reviewed and Updated When Tasks Added or Changed</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2. <strong>Policy Statement by Employer</strong></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>3. <strong>Work Areas Evaluated by Employer</strong></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, how often?</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Engineering Controls</strong></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, does it include:</td>
<td></td>
</tr>
<tr>
<td>a. Mirrors to see around corners and in blind spots</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b. Landscaping to provide unobstructed view of the workplace</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>c. &quot;Fishbowl effect&quot; to allow unobstructed view of the interior</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>d. Limiting the posting of sale signs on windows</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>e. Adequate lighting in and around the workplace</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>f. Parking lot well lighted</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>g. Door Control(s)</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

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### 5. Structural Modifications
Plexiglas, glass guard, wire glass, partitions, etc.

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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If yes, comment: ________________________________

### 6. Security Guards

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

a. If yes, are there an appropriate number for the site?  
   | Yes | No |
|---|-----|----|
|   |     |    |

b. Are they knowledgeable of the company WPVP Policy?  
   | Yes | No |
|---|-----|----|
|   |     |    |

c. Indicate if they are:  
   - Contract Guards  
   - In-house Employees  
   | Yes | No |
|---|-----|----|
|   |     |    |

d. At Entrance(s)  
   | Yes | No |
|---|-----|----|
|   |     |    |

e. Building Patrol  
   | Yes | No |
|---|-----|----|
|   |     |    |

f. Guards provided with communication?  
   | Yes | No |
|---|-----|----|
|   |     |    |

If yes, indicate what type: ________________________________

---

g. Guards receive training on Workplace Violence situations?  
   | Yes | No |
|---|-----|----|
|   |     |    |

Comments: ________________________________

### 7. Work Practice Controls

<table>
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</tbody>
</table>

If yes, indicate:

a. Desks Clear of Objects which may become Missiles  
   | Yes | No |
|---|-----|----|
|   |     |    |

b. Unobstructed Office Exits  
   | Yes | No |
|---|-----|----|
|   |     |    |

d. Vacant (Bare) Cubicles Available  
   | Yes | No |
|---|-----|----|
|   |     |    |

d. Reception Area Available  
   | Yes | No |
|---|-----|----|
|   |     |    |

e. Visitor/Client Sign In/Out  
   | Yes | No |
|---|-----|----|
|   |     |    |
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| f. Visitor(s)/Client(s) Escorted | Yes | No |
| g. Barriers to Separate Clients from Work Area | Yes | No |
| h. One Entrance Used | Yes | No |
| i. Separate Interview Area(s) | Yes | No |
| j. ID Badges Used | Yes | No |
| k. Emergency Numbers Posted By Phones | Yes | No |
| l. Internal Phone System | Yes | No |
| m. Internal Procedures for Conflict (Problem) Situations | Yes | No |
| n. Procedures for employee dismissal | Yes | No |
| o. Limit Spouse & Family Visits to Designated Areas | Yes | No |
| p. Key Control Procedures | Yes | No |
| q. Access Control to the Workplace | Yes | No |
| r. Objects which may become Missiles Removed from Area | Yes | No |
| s. Parking Prohibited in Fire Zones | Yes | No |
| t. Other: | | |

7a. Off-Premises Work Practice Controls
(For staff who work away from a fixed workplace, such as: social services, real estate, utilities, policy/fire/sanitation, taxi/limo, construction, sales/delivery, messengers, and others.)

| a. Trained in hazardous situation avoidance | Yes | No |
| b. Briefed about areas where they work | Yes | No |
| c. Have reviewed past incidents by type and area | Yes | No |
| d. Know directions and routes for day’s schedule | Yes | No |
| e. Previewed client/case histories | Yes | No |
| f. Left an itinerary with contact information | Yes | No |
| g. Have periodic check-in procedures | Yes | No |
| h. After hours contact procedures | Yes | No |
| i. Partnering arrangements if deemed necessary | Yes | No |
| j. Know how to control/defuse potentially violent situations | Yes | No |
| k. Supplied with personal alarm/cellular phone/radio | Yes | No |
| l. Limit visible clues of carrying money/valuables | Yes | No |
| m. Carry forms to record incidents by area | Yes | No |
| n. Know procedures if involved in incident (see also Training Section) | Yes | No |

8. Training Conducted
If yes, is it:

| a. Prior to Initial Assignment | Yes | No |
| b. At Least Annually Thereafter | Yes | No |
| c. Does it Include: | | |
| i. Components of security control plan | Yes | No |
| ii. Engineering and Workplace Controls Instituted at Workplace | Yes | No |
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Sample Incident Report Form

Victim’s Name: ___________________________  Job Title: ___________________________

Victim’s Address: ___________________________

Home Phone #: ___________________________  Work Phone #: ___________________________

Employer’s Name and Address: ___________________________

Department/Section: ___________________________

Victim’s Social Security #: ___________________________

Incident Date: ____________  Incident Time: ____________  Incident Location: ___________________________

Work Location (if different): ___________________________

Type of Incident: (check one): ☐ Assault  ☐ Robbery  ☐ Harassment  ☐ Disorderly Conduct  ☐ Sex Offense  ☐ Other (Please Specify): ___________________________

(See attached – Definition of Incidents Worksheet)

Were you injured? ☐ Yes ☐ No
If yes, please specify your injuries and the location of any treatment:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Did police respond to incident? ☐ Yes ☐ No

What police department?

Police report filed: ☐ Yes ☐ No  Report #: ___________________________

Was your supervisor notified? ☐ Yes ☐ No

Supervisor’s Name: ___________________________

Was the local union/employee representative notified? ☐ Yes ☐ No

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Who should be notified? __________________________________________

Was any action taken by employer?  □ Yes  □ No
(if yes, specify): __________________________________________

Assailant/Perpetrator: (check one):
□ Intruder  □ Customer  □ Patient  □ Resident  □ Client  □ Visitor  □ Student
□ Co-Worker  □ Former Employee  □ Supervisor  □ Family/Friend
□ Other (specify): __________________________________________

Assailant/Perpetrator – Name/Address/Age (if known): __________________________________________

Please briefly describe the incident: __________________________________________

Incident Disposition: (Check all that apply):
□ No action taken  □ Arrest  □ Warning  □ Suspension  □ Reprimand
□ Other (please specify): __________________________________________

Did the incident involve a weapon?  □ Yes  □ No
If yes, please specify: __________________________________________

Did you lose any work days?  □ Yes  □ No
If yes, please specify: __________________________________________

Were you singled out, or was the violence directed at more than one individual?

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

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Did you have any reason to believe that an incident might occur?  
Yes  No

Why? ________________________________

Have similar incident(s) happened to you or your co-workers before?  
Yes  No
If yes, please specify: ________________________________

Have you had any counseling or support since the incident?  
Yes  No
If yes, please specify: ________________________________

What do you feel can be done in the future to avoid such an incident?

______________________________
______________________________
______________________________

Was this assailant involved in previous incidents?  
Yes  No

Are there any measures in place to prevent similar incidents?  
Yes  No
If yes, please specify: ________________________________

______________________________
______________________________

Has corrective action been taken?  
Yes  No
If yes, please specify: ________________________________

______________________________
______________________________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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Sample
Employee Security Survey

This survey will help detect Security Problems in your building or at an alternate worksite.

Please fill out this form, get your co-workers to fill it out and review it to see where the potential for major security problems lie.

Name: __________________________________________

Work Location: _______________________________________
(in building or alternate worksite)

1. Do either of these two conditions exist in your building or at your alternate worksite?
   - Work alone during working hours.
   - No notification given to anyone when you finish work.

   Are these conditions a problem? If so when, please describe. (For example, Mondays, evening, daylight savings time)

   __________________________________________

2. Do you have any of the following complaints (that may be associated with causing an unsafe worksite)? (Check all that apply)
   - Does your work place have a written policy to follow for addressing general problems?
   - Does your work place have a written policy on how to handle a violent client?
   - When and how to request the assistance of a co-worker
   - When and how to request the assistance of police
   - What to do about a verbal threat
   - What to do about a threat of violence
   - What to do about harassment
   - Working alone
   - Alarm System(s)
   - Security in and out of building
   - Security in parking lot
   - Have you been assaulted by a co-worker?
   - To your knowledge have incidents of violence ever occurred between your co-workers?

3. Are violence-related incidents worse during shift work, on the road, or in other situations? Please specify:

   __________________________________________
4. Where in the building or worksite would a violence related incident most likely to occur?
   - Lounge
   - Exits
   - Deliveries
   - Private Offices
   - Parking Lot
   - Bathroom
   - Entrance
   - Other (specify): 

5. Have you ever noticed a situation that could lead to a violent incident?

   

6. Have you missed work because of a potential violent act(s) committed during your course of employment?

   

7. Do you receive workplace violence related training or assistance of any kind?

   

8. Has anything happened recently at your worksite that could have lead to violence?

   

9. Can you comment about the situation?

   

10. Has the number of violent clients increased?

   

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United Heartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.
Definition of Incidents

1. Assault:
The intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.

2. Criminal Mischief:
Intentional or reckless damaging of the property of another person without permission.

3. Disorderly Conduct:
Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or in violent nymious or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.

4. Harassment:
Intentionally striking, shoving or kicking another or subjecting another person to physical contact, or threatening to do the same (without physical injury). ALSO, using abusive or obscene language or following a person in about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

5. Larceny:
Wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present.

6. Menacing:
Intentionally places or attempts to place another person in fear of imminent serious physical injury.

7. Reckless Endangerment:
Subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury.

8. Robbery:
Forcible stealing of another's property by use of threat of immediate physical force. (Victim is present and aware of theft).

9. Sex Offense:
- Public Lewdness: Exposure of sexual organs to others.
- Sexual Abuse: Subjecting another to sexual contact without consent.
- Sodomy: A deviant sexual act committed as in rape.
- Rape: Sexual intercourse without consent.