



PLEASE DISREGARD

I have received, read and understand the policies of Contra Costa County and the Contra Costa Health Services Department which I have initialed below.

Please place your initials in the spaces provided to indicate that you have read and understood the following policy/information.)

_____ Service Excellence (Contra Costa Health Services Department Policy No. 117-A)

_____ Confidentiality of Patient Information (Contra Costa Health Services Department Policy No. 500)

_____ Posting, E-Mailing, or Mailing Protected Information (Contra Costa Health Services Policy No. 500)

_____ Other Drugs (Contra Costa County Board Resolution No. 2017-001)

_____ Violation of Contra Costa Health Services Policy No. 225

I understand that if I violate any policy or procedure, I will be subject to disciplinary action up to and including termination of employment.

Signature: _____

Print Name: _____

Date Signed: _____

Attach this page with the performance evaluation to Health Services Personnel Department: 1320 Arnold Drive, Suite 261, Martinez, CA



Contra Costa Health Services

Administration	Service Excellence	Policy # 117-A
		Original Date: 07/2000
		Revised: 09/2008
		Supersedes: 117-A 6/2007

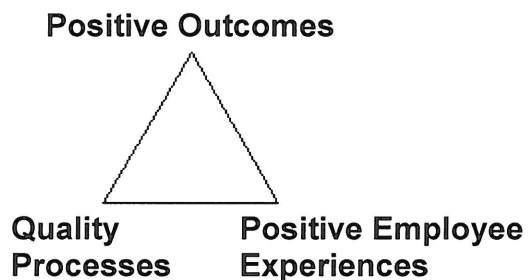
PURPOSE

To describe Contra Costa Health Services' commitment to and protocols for Service Excellence

POLICY

CCHS defines Service Excellence to be providing high quality services with respect and responsiveness for all in order to meet the CCHS mission.

The goal of Service Excellence is positive outcomes for all who use our programs. Positive employee experiences and quality processes support the achievement of positive outcomes. These principles are represented by the Service Excellence triangle:



Service Excellence is critical to achieving CCHS' mission:

The mission of Contra Costa Health Services is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

- We provide high quality services with respect and responsiveness to all.
- We are an integrated system of health care services, community health improvement and environmental protection.
- We anticipate community health needs and change to meet those needs.
- We work in partnership with our patients, cities and diverse communities, as well as other health, education and human service agents.
- We encourage creative, ethical and tenacious leadership to implement effective health policies and programs.
- We have a department-wide goal to reduce health care disparities and health disparities by addressing issues of diversity and linguistic and cultural competence

REFERENCES

CCHS Rewards and Recognition Policy 217-PM

CCHS Mission Policy 111-A

Access to Services for Limited English Proficient (LEP) Persons 402-PCS

Reducing Health Disparities 200-PM

Employee Performance Evaluations 207-PM

PROCEDURE

A. Definitions Each unit and Division will define positive outcomes based on its unique purpose, goals, and end users. The general definitions below are provided to assist managers and staff in applying Service Excellence to day-to-day activities. Each Division and program/unit is expected to develop its own standards and behavioral expectations based on the following general definitions.

High Quality Service Means

- Meeting or exceeding defined standards
- Meeting or exceeding reasonable patient/user expectations

Respect and Responsiveness Means

- Staff, including managers, treat each other and patients, clients or users as they would want to be treated.
- Staff, including managers, are caring, pleasant and courteous.
- Staff, including managers, keep patients, clients or users informed about when they will be served.
- Staff, including managers, take personal responsibility for helping patients, clients and users get what they need especially when that means working with a program or service in another Division.
- Staff, including managers, treat each other and patients, clients and users in a culturally sensitive and appropriate manner.

Positive End User Outcomes Requires

- Implementing regular ways to find out from users what does and does not work.
- Defining and measuring progress toward specific standards of performance.
- Communicating the standards of performance to all.
- Providing services in a linguistically competent and culturally sensitive and responsive manner.

Quality Processes Means

- Systems are organized to support positive employee experiences and positive outcomes.
- Policies and procedures are in place to promote diversity and cultural and linguistic competence.
- Communication is clear.
- Services are provided within specific defined time standards.
- Mechanisms are created and implemented to hold staff, including managers, accountable for meeting standards.
- Systems are created and implemented to measure positive outcomes

- Workplace environments and cultures are welcoming and inclusive
- Mechanisms are in place, where appropriate, to engage and partner with the community.

Positive Employee Experience Means

- Identifying and recognizing excellent employee performance.
- Creating and maintaining work environments which encourage mutual respect, responsiveness and trust.
- Promoting and encouraging diversity and cultural and linguistic competence.
- Identifying specific Service Excellence behaviors and expectations for programs and clearly communicating them to staff.
- Creating or arranging for necessary training so that staff competencies to perform are maintained and improved.

B. Creating Behavioral Expectations Division Directors, managers and supervisors are responsible for developing behavioral expectations that are appropriate for the employees in their programs and using them to conduct annual performance evaluations (See Employee Performance Evaluations Policy 207-PM) and to implement a formal Rewards and Recognition Program. (See Rewards and Recognition Program Policy 217-PM.)

Examples of expectations are available on iSITE, CCHS' intranet. The CCHS workbook on Service Excellence Rewards and Recognition available through Personnel describes steps managers and supervisors should follow to develop appropriate behavioral expectations.

C. Measuring Positive Outcomes Division Directors, managers and supervisors are responsible for measuring positive outcomes on a regular basis using Service Excellence standards and other measures dictated by regulatory and funding agencies.

RESPONSIBLE

Health Services Director
 Personnel Officer
 Division Directors

ATTACHMENTS

None

DEPARTMENTAL REVIEW: /s/

William Walker, M.D.
 Health Services Director

Contra Costa Health Services

Patient/Client Confidentiality	Confidentiality of Patient/Client Information	Policy #	500-PCC
		Original Date:	12/1991
		Revised:	02/2015
		Supersedes:	103-A

PURPOSE To establish a Department-wide policy that expresses the Health Services Department’s commitment toward protecting a patient’s right to confidentiality, and to educate Health Services employees about the possible penalties for the inappropriate review or viewing of patient information without a direct need for diagnosis, treatment, or other lawful use.

POLICY While individuals are patients/clients of Contra Costa Health Services (CCHS), it is each employee’s obligation to contribute to the provision of care in an environment that protects the patient’s/client’s right to privacy.

To accomplish this, all observations and/or verbal, written, pictorial, photographic, or electronic communications regarding patients/clients, in the absence of appropriate authority to access or release that information, should be safeguarded as “CONFIDENTIAL.” Caution must be exercised to protect the confidentiality of all patients/clients, with particular attention given to Contra Costa Health Plan members who may be fellow employees, and patients with alcohol, drug abuse, sexually transmitted disease, HIV, or mental health conditions, all of which are afforded additional protection under various state and federal privacy laws.

Individual access to patient/client information will be tailored to the user’s needs to perform their assigned tasks as the system allows. The inappropriate review or viewing of patient information without a direct need for diagnosis, treatment, or other lawful use is considered unauthorized access, and is punishable under California and federal privacy law.

REFERENCES

- Welfare and Institutions Code 5530 (Mental Health)
- Code of Federal Regulations 42
 - Subpart A, Section 2.1 (Drug Abuse)
 - Subpart B, Section 2.2 (Alcohol Abuse)
- California Civil Code, Division 1, Part 2.6 Confidentiality of Medical Information, commencing with Section 56.
- California Health and Safety Code, Sections 130200-130205 (AB 211)
- California Health and Safety Code, Section 1280.15 (AB1755)
- California Administrative Code, Title 22, Section 70707
- Tarasoff vs. Regents of University of California (1976) 17 CAL.3d425
- JCAHO Information Management Standards IM. 2 and IM. 4
- Health Department Policy on Public Release of Patient Information, JCAHO cited
- CMS Conditions of Participation, CFR Title 42, Section 482.24

45 CFR, Parts 160 and 164 (HIPAA Privacy Rule)
78 Fed. Reg. 5566
42 U.S.C. Sections 1320d-5, 1320d-5, 1320d-6 and 17939
45 C.F.R. Sections 160.300-160.552

PROCEDURE

Medical Records are owned by the County, which has a legal obligation to protect the confidentiality of each patient/client record. The Health Services Department also has a legal obligation to protect the relationship and confidentiality of all patient/client medical records, including those of employees and family members. Records must only be shared via the Provider/Patient relationship.

A. Employee Notification

Upon initial appointment to Contra Costa Health Services, the Personnel Office will give each employee a copy of this policy. Thereafter, supervisors will review this policy with the employee during his/her annual evaluation. The Department may mandate additional training on patient/client confidentiality to reinforce its importance, clarify issues, and ensure optimum compliance with any regulatory changes to the federal or state privacy laws.

B. Computerized Patient/Client Information

Each Division shall establish guidelines and a written plan describing the following:

- a. Who has access to information;
- b. The information that each individual can access;
- c. The confidentiality obligation of individuals with access;
- d. Requirements for release of information; and
- e. Mechanisms to secure information against intrusion, corruption and damage.

C. Disposal of Patient Identifiable Information

Every employee is responsible for properly disposing written materials containing patient identifiable information. Patient identifiable information is any information collected from an individual that relates to the past, present or future physical or mental health conditions of an individual, the provision of healthcare to an individual, or payment for the provision of healthcare. It is also any information that could be used to identify an individual, including but not limited to name, address, birth date, phone number, email address, social security number, and medical record number.

The proper way to dispose of patient identifiable information is to shred it. Patient identifiable information should **not** be disposed of

in regular trash receptacles. The recycle bags/bins designated for shredding should be used. Smaller recycle containers may be used in work areas provided the contents are routinely emptied into the larger recycle bags/bins designated for shredding.

Information Systems will dispose of electronic patient information in accordance with industry standards.

D. Definitions

The state law does not use the term “breach”, instead it uses the term “unlawful or unauthorized access to, and use or disclosure of patient’s medical information.”

The term “unauthorized” is defined as the inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (CMIA) or any other statute or regulation governing the lawful access, use, or disclosure of medical information.

The federal law uses the term “breach”. The term “breach” is defined as the acquisition, access, use or disclosure of protected health information (PHI) in a manner not permitted by the Privacy Rule which compromises the security or privacy of PHI.

E. Violations

Violations will result in disciplinary action up to and including termination of employment. CCHS will consider action against any individual who violates a patient’s privacy rights. In addition, violators may be subject to additional action under California privacy law and Federal HIPAA law.

F. Penalties and Personal Liability Under California Privacy Law

The penalties for breaches of confidential patient information are stricter and more protective under California law than under the federal privacy law (i.e. HIPAA, the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act).

AB1755: Assembly Bill 1755 amended section 1280.15 of the Health and Safety Code and changed reporting and patient notification requirements for unlawful or unauthorized access to, or use or disclosures of, a patient’s medical information by specified health care facilities. This applies to licensed health facilities (e.g. the Contra Costa Regional Medical Center and the Health Centers). Effective January 1, 2015, this law requires

licensed health facilities to report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the California Department of Public Health (CDPH) and to the affected patient within fifteen (15) business days after detection of the breach. Failure to do so can result in fines of \$100/day for late reporting. CDPH may also assess an administrative penalty against a hospital or clinic of up to \$25,000 per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, plus an additional \$17,500 for each subsequent occurrence, up to a maximum of \$250,000 per event.

AB 211: When CDPH concludes their investigation of the licensed facility, they report their findings to the California Office of Health Information Integrity (CalOHII), a state office created by Assembly Bill 211.

CalOHII oversees the enforcement of medical information privacy by holding individuals accountable for *unauthorized* access to medical information. Specifically, AB 211 gives CalOHII the authority to:

- investigate breaches by individuals and licensed health care professionals.
- assess administrative fines of up to \$250,000 against any person, including providers of health care (whether licensed or unlicensed) for the unauthorized access, use, or disclosure of medical information.
- refer violators to appropriate licensing boards.
- recommend that further actions be brought by the Attorney General or the District Attorney.

When assessing fines, CalOHII is directed to consider factors such as the defendant's efforts to comply with the law; the nature and seriousness of the conduct; the willfulness of the misconduct; the persistence of the misconduct; the length of time over which the misconduct occurred; and the defendant's assets, liability, and net worth.

G. Penalties and Personal Liability Under Federal HIPAA Law

The HIPAA statute authorizes civil money penalties and criminal sanctions for violations of HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) act. Responsibility for enforcing HIPAA privacy, security and breach notification standards falls under the Department of Health and Human Services (DHHS) Office for Civil Rights (OCR). The OCR:

- has the authority to investigate complaints, conduct compliance reviews and audits, and seek civil money penalties for violations.

- must notify the United States Department of Justice (DOJ). The DOJ has the authority to investigate and prosecute criminal violations of HIPAA.
- has the authority to punish business associates and covered entities.

Failure to comply with HIPAA regulations and California privacy laws may have civil and criminal consequences. HIPAA issues fines of up to \$50,000 per violation with a \$1.5 maximum for repeated violations during a calendar year. There are also criminal penalties of up to 10 years in prison and fines. The covered entity is subject to both state and federal penalties.

RESPONSIBLE

A. Employees

1. Each employee is responsible for keeping patient/client information confidential. Employees may not access, discuss, or reveal any patient/client medical information without proper written authorization from the patient, except as required in the course of authorized business.
2. Employees shall only have access to patient/client information as needed to carry out their specific job duties.
3. Employees who are patients must follow all the policy guidelines, and therefore may not look up their own records. Employees should only review their medical records with a health care provider. Employees can also view and/or request a copy of their medical record by going to the Medical Records Department at the facility where care was provided.
4. Employees will only discuss a patient's medical condition with those individuals authorized by the patient.
5. Employees may not access or duplicate medical information from the work site unless required in the course of authorized business or in accordance with their duties, and may not remove medical records.
6. Under no circumstances is it appropriate for employees to access a family member's medical record, electronic or otherwise, unless required to do so in the course of authorized business or in accordance with their duties.
7. Licensed personnel are expected to adhere to any applicable state licensing regulations as they relate to the protection of patient confidentiality.

8. Employees of programs treating patients with mental health, drug abuse, alcohol abuse, STD or HIV conditions should consult with their supervisor or manager for guidance about the prevailing legal considerations that affect the withholding or release of health information specific to those programs, and should also review the pertinent references cited herein.

B. Supervisors

Supervisors are responsible for:

1. Providing their employees with guidance related to confidentiality.
2. Keeping staff advised of prevailing legal considerations that may apply.
3. Reviewing this Confidentiality policy with each employee during his or her annual evaluation.

C. Health Services Personnel

The Health Services Personnel Officer will implement and monitor compliance with the employee notification obligation of this policy (see Procedure A).

D. Division Directors

Contra Costa Health Services must conform to whichever federal or state law provides patients/clients with the greatest privacy protections. Therefore, each Division Director is responsible for developing, implementing, and maintaining policies to ensure that patients/clients of specific programs (e.g. patients being treated for alcohol abuse, drug abuse, sexually transmitted disease, HIV, or mental health conditions) are afforded the greatest privacy protection available under the federal and state laws that regulate each of these programs.

Departmental Review	Signature	Date
Health Services Director		
Privacy Officer		

Contra Costa Health Services

Patient/Client Confidentiality	Faxing, E-Mailing, or Mailing Protected Health Information	Policy # 505-PCC
		Original Date: 04/14/2003
		Revised: 07/01/2010
		Supersedes:

PURPOSE To insure the confidentiality of protected health information disclosed by fax machine, electronic mail, or mail sent via the postal service.

POLICY Federal and state law requires Contra Costa Health Services to implement administrative, technical, and physical safeguards to protect confidential medical information disclosed by electronic mail or mail sent via the postal service.

REFERENCES California Healthcare Association Consent Manual
 45 CFR, §164.530, §164.514(a)
 45 CFR, §164.312
 42 CFR, Chapter 1, Subchapter A, Part 2
 California Welfare and Institutions Code, §5328
 California Code of Regulations, Title 22, §70707 and §70751
 CCHS Policy 541-PCC 'De-Identified Health Information'

PROCEDURE

- A. Fax machines shall be located in areas not accessible to the general public.
- B. Receipt by Contra Costa Health Services of protected health information by fax:
 - 1. Protected health information may be received from any location outside of, or within Contra Costa Health Services by use of a fax machine.
 - 2. Discard protected health information faxed in error into a confidential shred bag and immediately call the sender.
- C. Disclosure of protected health information by fax machine:

Protected health information may only be faxed to a health care provider in a medical emergency situation, or when the continuity of patient care is at risk.

 - 1. Information may be disclosed only after the credibility of the requestor is established.
 - a) Verify the telephone number of a requesting party and call them back if there are doubts as to the veracity of the request. Double-check every

fax number before hitting “Send” or preprogramming it into a fax machine.

- b) A cover sheet must be used and contain the sender’s name, business address, phone and fax number. The following language must also be included:

Notice: The document being faxed (e-mailed) is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged and confidential, and re-disclosure is prohibited. If you are not the intended recipient, or are the employee or agent responsible for delivering the message to the intended recipient, you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone (e-mail) and return the fax to us at the address above via the U.S. Postal Service (and delete this e-mail from your computer). Thank you.

- c) Document the disclosure of protected health information in the correspondence section of the medical record. Include what was released, to whom, the date, and the reason for the release.

- 2. HIV test results may be faxed if the authorization is valid, in writing, indicates to whom the disclosure will be made, and specifically states “HIV Test Results”. The disclosure of the test results shall only be released to the person who is responsible for the care and treatment of the test subject. Written authorization is required for each separate disclosure of the test results.

D. Receipt by Contra Costa Health Services of protected health information by e-mail:

- 1. Protected health information may be received from any location outside of Contra Costa Health Services and shall be made part of the patient’s medical record.
- 2. Delete any message received in error and immediately notify the sender by e-mail.

E. Disclosure of protected health information by e-mail within Contra Costa Health Services:

1. E-mail may be used to communicate protected health information or patient-specific clinical information within Contra Costa Health Services providing:

- a) All messages disclosing PHI sent via Lotus Notes must have 'prevent copying' checked as a Delivery Option so that e-mails containing PHI may not be copied.
- b) Clinical messages with confidential content must be transmitted only from one clinician to another clinician for purposes related to patient care, and must never be broadcast to a list distribution. The minimum necessary standard must be followed. Staff should be aware that e-mail communication might be subject to discovery in a lawsuit. The subject line should note "confidential" to further safeguard the electronically submitted data.
- c) E-mail should not be used for urgent communications.
- d) The patient's name should not be used. Preferred identification methods include the medical record number or the patient's first and last initials.
- e) The confidentiality disclaimer in step b) of Section C above must be included in the message.
- f) Clinical e-mail messages must be promptly deleted after they are read. E-mail messages should not be saved or archived on a computer.
- g) Patient-specific e-mail communications between clinicians must be documented in the patient's medical record just as other means of clinician-to-clinician communication would be.

F. Use of e-mail to disclose protected health information into or outside of the Contra Costa Health Services system is discouraged, but not prohibited **provided** the e-mail message is de-identified and steps outlined in section E above are

followed. Use of encryption software is encouraged when sending e-mail containing patient health information.

1. De-identified health information is information that there is no reasonable basis to believe can be used to identify an individual. For purposes of e-mail, all patient identifying information must be stripped from the message. This includes patient name, medical record number, social security number, driver's license or license plate number, telephone and fax numbers, patient's e-mail address, health plan numbers, account numbers, photographic images, all parts of the patient's address, and any other unique identifying number, characteristic, name or code.

See CCHS Policy 541-PCC 'De-Identified Health Information' for additional information.

- G. Information sent to patients via the postal service, including registered or certified mail, must not display any information about the patient other than the patient's name and address.
1. The return address or name of the 'sender' should be Contra Costa Health Services. Under no circumstances should the name of the specific clinic where the patient received care appear on the envelope or on the green return receipt notice sent along with registered or certified letters.
 2. DO NOT include the patient's medical record number, date of birth, date of a visit or a scheduled visit, the name of the primary provider, the health insurance number, or any other identifying information about the patient, other than the name and address, on the envelope or on the green return receipt notice sent along with registered or certified letters.

See CCHS Policy 541-PCC 'De-Identified Health Information' for additional information.

RESPONSIBLE Privacy Officer, Privacy Coordinators of HIPAA covered components

Departmental Review	Review Date
Health Services Director	July 2010
Privacy Officer	July 2010



CONTRA COSTA COUNTY
Office of the County Administrator

SUBJECT: In the Matter of RESOLUTION No. 2017/325
Adopting a Revised
Alcohol
and Other Drug
Abuse Policy

The Contra Costa County Board of Supervisors acting solely in its capacity as the governing board of the County of Contra Costa **RESOLVES THAT:**

WHEREAS the Board of Supervisors enacted Resolution No. 92/52 hereinafter referred to as the Alcohol and Other Drug Abuse Policy; and

WHEREAS the Board of Supervisors continues to oppose the use of illegal drugs to protect the public's safety and welfare and in order to provide a safe work environment; and

WHEREAS revision to the Alcohol and Other Drug Abuse Policy is necessary to confirm that marijuana remains prohibited in the workplace under federal law, notwithstanding the Adult Use of Marijuana Act of 2016 (Proposition 64), which was passed by voters on November 8, 2016);

NOW, THEREFORE, BE IT RESOLVED that Resolution No. 92/52 is hereby rescinded and superseded by the following revised Alcohol and Other Drug Abuse Policy:

- I. The Government of Contra Costa County has the overall goals of reducing the incidence of the abuse of alcohol and other drugs through prevention and education together with intervention and treatment. The County believes that alcohol and other drug abuse are conditions requiring professional intervention and recovery services. Because Contra Costa County Government is committed to protecting the health, well-being and safety of employees and the public from hazards relating to alcohol and other drug abuse by employees, it will: (a) encourage affected individuals to seek professional help voluntarily at an early state; and (b) assist supervisors in dealing with associated problems related to work performance.
- II. Pursuant to the requirements of the federal Drug-Free Workplace Act of 1988 (41 USC §§ 8101 et seq.) and the California Drug-Free Workplace Act of 1990 (CA Gov. Code §§

8350 et seq.), it is the policy of the Contra Costa County Government to continue to provide a drug-free workplace.

- III. For purposes of this policy only, “workplace” means a site for the performance of work that includes 1) all property under the control and use of Contra Costa County, and 2) the employee’s location while on County business, such as while operating County vehicles or equipment.
- IV. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, as defined by the federal Comprehensive Drug Abuse Prevention and Control Act (21 USC § 812), including marijuana, is prohibited in the workplace.
- V. The consumption, use, being under the influence of, or unlawful distribution of alcohol is prohibited in the workplace.
- VI. Any violation of this policy by an employee of Contra Costa County may result in: (1) requiring such employee to participate satisfactorily in a substance abuse assistance or rehabilitation program; and/or (2) disciplinary action up to and including termination.
- VII. An employee must notify her/his department head within five calendar days of any criminal drug statute conviction for a violation occurring in the workplace.
- VIII. An employee will not be disciplined because she/he voluntarily requests assistance for a substance abuse problem. However, seeking assistance or raising any claim related to substance abuse does not relieve an employee of her/his responsibility to meet the County’s performance, safety, or attendance standards, does not relieve an employee of her/his responsibility to adhere to this policy, and does not insulate the employee from discipline for reasons other than seeking assistance for a substance abuse problem.
- IX. The County Administrator and Departments may adopt regulations consistent with this policy.

AGREEMENT TO COMPLY WITH CONTRA COSTA COUNTY
ALCOHOL & OTHER DRUG ABUSE POLICY

I acknowledge that I have read and understand the Alcohol and Other Drug Abuse Policy of the County of Contra Costa, and I agree that as a condition of my employment by the County/District, I am required to abide by the terms of the Policy.

Cc: Employee
Personnel File

Contra Costa Health Services

Personnel Management	Violence in the Workplace Policy	Policy # 223-PM
		Original Date: 06/2007
		Revised: 05/2018
		Supersedes: New

PURPOSE

Contra Costa County prohibits violence in the workplace. The purpose of this policy is to provide Contra Costa County Health Services Department employees with guidance on maintaining a work environment that is free from violence and threats of violence.

POLICY

Violence or threats of violence of any kind are prohibited in the workplace. Any such conduct by a County employee, temporary, agency or contract staff will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and subject to disciplinary action up to and including termination. Violent threats or actions by a non-employee may result in criminal prosecution. The Department will investigate all complaints alleging violations of this policy of which the Department is made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence is also prohibited.

PROHIBITED BEHAVIOR

Violence in the workplace may include, but is not limited to the following list of prohibited behaviors directed at or by an employee or member of the public:

1. Direct threats of physical intimidation.
2. Implications or suggestions of violence.
3. Stalking.
4. Possession of weapons of any kind on or in County property, including County-owned vehicles, or while engaged in activities for the County, or at County-sponsored events, unless such possession or use is a requirement of the job.
5. Assault or battery of any kind, including but not limited to, striking, punching, shoving, grabbing, slapping, threatening, fighting, and challenging others to fight.
6. Physical restraint or confinement, except as required for law enforcement or other legally authorized purposes.
7. Sexual assault or any kind, including but not limited to threat, display, contact, and verbal sexual advances or language.
8. Dangerous or threatening horseplay, or hazing.
9. Loud, disruptive or angry behavior or language that is clearly not part of the typical work environment.
10. Blatant or intentional disregard for the safety or well-being of others.
11. Commission of a violent felony or misdemeanor while on or in County property, or against County employees while performing their job duties.
12. Any other act that a reasonable person would perceive as constituting a threat of violence.

REPORTING ACTS OR THREATS OF VIOLENCE

1. An employee who is the victim of violence, or believes they have been threatened with violence, or witnesses an act or threat of violence towards anyone else should take the following steps:
 - If an emergency exists and the situation is one of immediate danger, the employee should contact on site security or the police by dialing 9-1-1, and take whatever emergency steps are reasonably necessary to protect themselves from immediate harm, such as leaving the area.
 - If the situation is not one of immediate danger, the employee should report the incident to the appropriate supervisor or manager, and to on site security or the police if necessary, as soon as possible and report the incident by completing either the Workplace Violence Incident Report Form or entering the report online using the Safety Event Reporting System (SERS) software used by CCRMC & Health Centers, and Dentention Medical .
 - Give the completed Workplace Violence Incident Report Form to your supervisor/manager or FAX completed form to HSD Personnel at (95) 957-5260, ATTN: Safety Services Manager.
2. Supervisors must inform their Department Director or designee, the Health Services Personnel office and, if appropriate, local law enforcement officials, of the report of alleged workplace violence.
3. Employees who have been granted a restraining order by a court, against a co-worker or other person who may come near them at work, must immediately supply a copy of the court order to their supervisor. The supervisor must provide copies to the Department Director and the Health Services Personnel office.

INCIDENT INVESTIGATION

Acts or threats of violence should be investigated immediately in order to protect employees from danger, unnecessary anxiety concerning their welfare, and the loss of productivity. The appropriate supervisor/manager or Health Services Personnel will investigate all reported workplace violence incidents. Procedures for investigating incidents of workplace violence may include, but are not limited to:

- Visiting the scene of an incident as soon as possible.
- Interviewing injured or threatened employees and witnesses.
- Examining the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator.
- Determining the cause of the incident.
- Taking mitigating actions to prevent the incident from recurring.
- Documenting the witness statements, findings, and mitigating measures taken, if any.

MITIGATING MEASURES

Incidents that threaten the security of employees must be mitigated as soon as possible following their discovery. Mitigating actions may include, but are not limited to:

- Notification of law enforcement authorities when a potential criminal act has occurred.
- Providing necessary emergency medical care in the event of injury.
- Referral to the County’s Employee Assistance Program (EAP) for those employees desiring such assistance.
- Implementation of new security measures.

TRAINING AND INSTRUCTION

Managers and supervisors are responsible for ensuring that all employees, including temporary and contract staff are provided with initial and annual refresher Health Services Department Workplace Violence Prevention training as well as instructions on job specific workplace security practices. Training is available online and in a classroom setting.

References:

CCC Board Resolution 96/184, adopted May 7, 1996.

CCC Admin. Bulletin No. [434](#)

CA Code of Civil Procedure 527.8

CA Labor Code 6400 et seq.

CA Code of Regulations (CCR) Title 8, Section 3342. Violence Prevention in Health

Care: <https://www.dir.ca.gov/title8/3342.html>

[Workplace Violence incident Report Form – Employee Instruction Packet](#)

[Workplace Violence Incident Report Form – Supervisor/Manager Instruction Packet](#)

Departmental Review	Signature	Date
Health Services Director		