

# TUSCARAWAS COUNTY HEALTH DEPARTMENT



## SECURITY POLICY & PROCEDURES

Version: 2018.2

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Date of Last Revision: N/A

Date of Last Review: N/A

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## STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) **SECURITY POLICY AND PLAN** establishes the detailed procedures to promote security and safety for TCHD staff, clients and visitors.

Program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the TCHD.

TCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This **SECURITY POLICY AND PLAN** is hereby adopted, and all program areas are directed to implement it. All previous versions of the **SECURITY POLICY AND PLAN** are hereby rescinded.

### ***SIGNED PROMULGATION STATEMENT ON FILE IN THE PREPAREDNESS OFFICE***

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Katie Seward, Health Commissioner, Tuscarawas County General Health District

Date

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Michael Cochran, Board of Health President, Tuscarawas County General Health District

Date

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Workplace Security Team Representative, Tuscarawas County General Health District

Date

## RECORD OF CHANGES

The Health Commissioner for the Tuscarawas County Health Department authorizes all changes to the Tuscarawas County Health Department **SECURITY POLICY AND PLAN**. Change notifications are sent to those on the distribution list. To annotate changes:

- Add new pages and destroy obsolete pages.
- Make minor pen and ink changes as identified by letter.
- Record changes on this page.
- File copies of change notifications behind the last page of this EOP.

Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		

## RECORD OF DISTRIBUTION

A single copy of this Tuscarawas County Health Department **SECURITY POLICY AND PLAN** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	Administration	Health Commissioner, TCHD	Katie Seward
		Reception Desk	Deb Brindel

This plan is available to all Tuscarawas County Health Department employees on the agency websites.

## DOCUMENT DESCRIPTION

The content of the **SECURITY POLICY AND PLAN** seeks to minimize security risks and violence toward its employees, staff, clients and visitors. All employees are tasked with cooperating to help minimize threats and violence in the workplace by adhering to Tuscarawas County's Security Policies and Plan. This policy will give guidelines structured to minimize violence and threat within the Health Department while maintaining an acceptable level of accessibility to the public.

## INTRODUCTION

### PURPOSE

**Tuscarawas County Health Department Security Policy** seeks to minimize security risks and violence toward its employees. All employees are tasked with cooperating to help minimize threats and violence in the workplace by adhering to Tuscarawas County's Security Policies and Plan. This policy will give guidelines structured to minimize violence and threat within the Health Department while maintaining an acceptable level of accessibility to the public.

### DEFINITIONS

**Workplace Violence** is defined as any intentional act, or threat of an act that inflicts, or attempts to inflict bodily harm to any individual while on the property of the Tuscarawas County Health Department, or while engaged in the duties of their employment off of County property.

**Workplace** is defined as any county property designated for use by the Tuscarawas County Health Department, or any location where county employees are engaged in the performance of their duties.

## ROLES & RESPONSIBILITIES

### EMPLOYEE RESPONSIBILITY

Employees shall immediately (if possible) verbally inform a supervisor of any workplace violence whether it is witnessed or if they are involved directly or indirectly, and will follow this up with completing any required forms or reports and submitting them to their supervisor or other management official as appropriate.

All employees will promptly complete a Workplace Violence Report when requested by a supervisor or management or when the employee deems it necessary for their safety and well-being.

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### RESPONSIBILITIES

- Employees and staff are responsible at all times to help maintain the building's safety and security.
- Report any suspicious, unattended bags, backpacks or other such packages to building maintenance.
- See something – say something.

## WORKPLACE SECURITY COMMITTEE

- The Workplace Security Committee will consist of volunteer employees in addition to law enforcement representatives having jurisdiction on Tuscarawas County Health Department property and other properties where employees are engaged in the business of the Tuscarawas County Health Department.
- The Workplace Security Committee shall act as an over-site committee to the de-escalation response team (Dr. Dover team), developing a security plan and policy for the Tuscarawas County Health Department, and reviewing the plan a minimum of yearly for updates and changes as necessary. This review will occur during the last quarter of each calendar year.
- The Workplace Security Committee will also be tasked with reviewing incident reports along with the Dr. Dover Team to assess for policy or plan improvements that may benefit the security of Tuscarawas County Health Department. A report on each incident will be filed with the Health Commissioner by the Workforce Security Committee with recommendations and comments after each incident.

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## RESPONSIBILITIES

- The Workplace Security Committee in conjunction with the Dr. Dover Team, will conduct a facility risk assessment a minimum of every 5 years or as needed after an incident.
- Responsible for overseeing the Dr. Dover Team's actions and trainings including employee trainings.
- Responsible for overseeing twice yearly security drills scheduled by the Dr. Dover Team.
- Responsible for developing and reviewing the Tuscarawas County Health Department Security Policies and Procedures.
- Responsible for reviewing all violence in the workplace reports and making recommendations for updating or changing security policies and procedures as needed based upon incident reviews.

## DR. DOVER TEAM

The Dr. Dover Team will be comprised of volunteer employees who have had training in De-escalation Response techniques and other security trainings. The Dr. Dover Team will meet quarterly at a minimum to train or review security issues. The Dr. Dover Team will report to the Workplace Security Committee.

See De-Escalation (Dr. Dover) Team Procedures, Page 11.



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## RESPONSIBILITIES

- Responsible for responding to and holding a security perimeter around any violent incident to keep other employees from walking into a violent incident (if possible) without risk to themselves until law enforcement can respond and take control of the situation.
- If the incident has not escalated to physical violence, and the Dr. Dover Team members feel they can safely do so, they may (at their discretion) attempt to diffuse the situation.
- Under no circumstances will the Dr. Dover Team be required to deliberately put themselves in harm's way.

## DIRECTORS

Directors will immediately notify the Health Commissioner after first notifying the Police or EMS if the situation calls for their response. The supervisor/ manager will submit the required reports to the Dr. Dover Team and Workforce Security Committee for review and possible action.

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## RESPONSIBILITIES

Responsible for ensuring all employees adhere to Tuscarawas County Health Department Policies concerning security.

## TCHD RECEPTIONIST

**Safety is the first priority for the receptionist. If the following can be safely achieved then:**

Upon receiving information of a confrontational situation, immediately page the TCHD Dr. Dover Team or the building using one of the following messages:

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## VERBAL CONFRONTATION

- Announce via "PAGE":

*"Dr. Dover to (appropriate location)"*

- The announcement should be made a total of three times, if possible.
- Notify Health Commissioner or designee, and notify law enforcement if necessary

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## PHYSICAL CONFRONTATION

- If injuries are reported immediately page the TCHD Dr. Dover Team to the appropriate location and repeat twice if possible
- Call (911) EMS and Law Enforcement then the Health Commissioner.

## ACTIVE WEAPON SITUATION

- A clear concise message stating:

*“There is a person with a weapon in (location); evacuate the building immediately through the closest exit”.*

- The announcement should be made a total of three times, if possible.
- If not, the receptionist should immediately evacuate along with the other building occupants.

## LAW ENFORCEMENT INVOLVEMENT

If law enforcement responds, all employees will fully cooperate with law enforcement as requested. The Incident Command Structure and procedures will be implemented. Law Enforcement will assume control of any dangerous situations until the threat is neutralized. If the violence is perpetrated by or on law enforcement while on TCHD property, their internal investigative unit will be conducting an independent review of the incident and our Workplace Security Committee will also do an internal review the incident.

## GENERAL SECURITY PROCEDURES

1. Staff are responsible for their own clients.
  - a. After hours, the doorbell is to be answered by the staff member expecting the client.
  - b. Once a client is in the building, the staff member is responsible for them. Do not allow them to wander throughout the building.
  - c. Clients should be escorted throughout the building (except restrooms) at all times.
2. Exterior doors are not to be propped open.
3. After-hours clients are to be instructed to park in the parking lot behind the building.
4. During normal business hours, all clients, patients and visitors are to report to the front desk. The TCHD Receptionist will notify the appropriate staff member that their client or patient is here.
5. In the event of a confrontation, maintain your composure. Failure to do so may escalate the situation.

Remain courteous and polite – this may actually diffuse the situation.

## DE-ESCALATION OF AN AGITATED/THREATENING PERSON (DR. DOVER) PROCEDURE

Agitation is an acute behavioral emergency requiring immediate intervention for the safety of TCHD staff, our clients and visitors. Your response to this behavior is often the key to avoiding a physical confrontation.

- A. Protect yourself and others. Avoid a physical altercation if at all possible.
- B. Notify the TCHD Switchboard Operator and announce “Dr. Dover, \_\_\_\_\_ (location).”
- C. If the person appears to be coming violent and threatening, call 911 and ask for law enforcement.
- D. Volunteer De-escalation Responders
  1. A group of TCHD employees who have volunteered to respond to a Dr. Dover page for the purpose of trying to de-escalate the situation and peacefully resolve the situation.
  2. Purpose is to make a staff presence when dealing with a potentially volatile situation.
  3. Responders are under no obligation to respond or intervene in a situation.

E. De-escalation tips (<https://www.crisisprevention.com/media/CPI/resources/CPI-s-Top-10-De-Escalation-Tips-US/CPI-s-Top-10-De-Escalation-Tips>)

1. Be empathetic and nonjudgmental
  - a. Do not discount their feelings
  - b. These feelings are real to this person
2. Respect personal space
  - a. If possible stand 1 ½ to 3 feet away.
  - b. Tends to decrease their anxiety
3. Use nonthreatening body language
  - a. The more a person loses control, the less they hear your words
  - b. Be mindful of your facial expressions, gestures, movements, tone of voice
4. Avoid overreacting
  - a. Remain calm, rational and professional
  - b. How you respond to their behavior will have a direct effect on whether the situation escalates.
5. Focus on their feelings
  - a. Facts are important, but how a person *feels* is at the heart of the matter.
  - b. Watch and listen carefully for the person's real message.
6. Ignore challenging questions
  - a. When a person challenges your authority, redirect their attention to the issue at hand.
  - b. Ignore the challenge, but not the person.
7. Set limits
  - a. Set clear, simple and enforceable limits.
  - b. Offer concise, respectful choices and consequences.
8. Choose wisely what you insist upon
  - a. If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.
9. Allow silence for reflection
10. Allow time for decisions

## PROCEDURES FOR SPECIFIC SECURITY SITUATIONS

*It is expected each incident will be different, and the following guidelines are only to give a general outline for responses to situations.*

### VERBAL CONFRONTATIONS

If possible, move involved parties to a secure room away from public view. Contact the Dr. Dover Team by paging Dr. Dover Team directly to the location, or dialing the operator and giving the following information “Dr. Dover” room (location you are currently in) if possible. The operator will then activate the page and page “Doctor Dover to Room (whatever location needed) repeated for a total of three times. If you are unable to call the operator, hit the page button and make a reference to Dr. Dover. The Dr. Dover Team will attempt to diffuse the situation, if not possible, Law Enforcement will be called.

### PHYSICAL CONFRONTATIONS

Dr. Dover Team to Room # will be announced over the intercom. 911 will be called, requesting law enforcement and EMS if needed for injuries. The Dr. Dover Team will respond to that area to prevent escalation of the physical situation by restricting access to the area.

The Dr. Dover Team will begin evacuation of the immediate area closest to the confrontation, directing all to a designated secure meeting area inside or outside the building as necessary.

### PERSON WITH A WEAPON

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#### RECEIPT OF INFORMATION

Anyone may page a clear concise message stating “there is a person with a weapon located in (location) evacuate the building immediately through the closest exit”. This message will be repeated a minimum of two more times if possible. If no other way to alert the building occupants, the fire alarm may be activated. The Dr. Dover Team will evacuate along with other occupants. The Health Commissioner or designee will begin a call down contact list (once it is safe to do so) to account for all employees’ safety.

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## ALICE RESPONSE

All personnel should react to a person with a weapon using the ALICE approach. Remember that these are all different approaches, NOT in a chronological ordered action list.

A - Alert

L - Lockdown

I - Inform

C - Counter

E - Evacuate

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## ALERT

Any person who encounters or suspects an active threat situation should:

1. Shout out a clear warning to others using clear text.
2. Staff should pick up handset of the closest telephone, press "Page" button and announce in clear text:
  - a. There is a person with a weapon, their location, what they are wearing, what kind of weapon, etc.
  - b. Describe person in as much detail as possible so they can be easily identified by everyone.
  - c. Example: "There is a man with a gun in the front lobby, wearing blue jeans and a red t-shirt. He is headed towards Environmental."
3. Call 911 or delegate someone to call 911 and attempt to provide the following information:
  - a. The name of the person reporting the active threat situation
  - b. Number and description of assailants
  - c. Current location or last known location
  - d. Type of weapon
  - e. Door closest to location of assailant(s) or the office's window/door identifier number.
  - f. Stay on the line until dispatcher says to hang up.

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## LOCKDOWN – INCLUDING BARRICADE

1. If you are unable to evacuate/escape:
  - a. Close and lock all doors.
  - b. Go to a lockable room and secure the door (See Appendix 1 map for "lockdown/gathering rooms")

- c. Stay in the locked room until an “all clear” is announced or until the door is unlocked with a key
- d. Barricade door with furniture, etc.
- e. Get on floor behind heavy and bulky items such as furniture, file cabinets, etc.
- f. Each “gathering room” is stocked with an emergency bucket. This kit includes a window punch in the event you must break the window to escape.
- g. If a lockable room is not available, find a place of concealment and consider quick actions to block doors with furniture or other items

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## INFORM

The purpose of INFORM is to continue to communicate information in as real time as possible, if it is safe to do so. Armed intruder situations are unpredictable and evolve quickly, which means that ongoing, real time information is key to making effective survival decisions. Information should always be clear, direct and in plain language, not using codes. If the shooter is known to be in an isolated section of a building, occupants in other wards can safely evacuate while those in direct danger can perform enhanced lockdown and prepare to counter.

1. Silence your personal devices/mobile phones.
2. Don't make any unnecessary phone calls.
  - a. Once you escape from the building, run away from the building and take refuge until the situation is contained and controlled.

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## COUNTER

1. Take action – As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the intruder(s) by:
  - a. Acting as aggressively as possible against him/her
  - b. Throwing items and improvising weapons
  - c. Yelling
  - d. Committing to your actions

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## EVACUATE

1. First and best choice!
2. Evacuating to a safe area takes people out of harm's way and hopefully prevents civilians from having to come into any contact with the shooter.
3. RUN! A moving target is harder to hit!
4. RUN away from the building and take refuge until situation is contained and controlled.

1. Avoid getting in your vehicle and driving away due to causing traffic problems for responding agencies.
5. Do not stop to attempt patient care activities until it is safe to do so.

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#### IF AND WHEN LAW ENFORCEMENT IS ENCOUNTERED:

1. Immediately raise hands and spread fingers.
2. Put down any items in your hands
3. Stay calm and follow officer's instructions
4. Ensure your ID is prominently displayed
5. Avoid making quick movements towards officers such as holding on to them for safety.
6. Avoid pointing, screaming and/or yelling.
7. Do not stop to ask officers for help or directions when evacuating, just proceed in the direction from which officers are entering the premises.

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#### ALL CLEAR PROCEDURE

1. Law enforcement will determine when an active threat situation is cleared to be safe.
2. The lockdown/gathering rooms will be reached using the phone number extension listed on the map.



## WORKPLACE VIOLENCE REPORT

With all incidents of workplace violence, a Workplace Violence Incident Report must be completed within one hour of the incident by the person who witnessed the incident. This report is to be forwarded to your director or the Health Commissioner.

This report will be reviewed by the TCHD Workplace Security Committee to assist them in completing the After-Action Review Report.

See Appendix 2.

## AFTER ACTION REVIEW

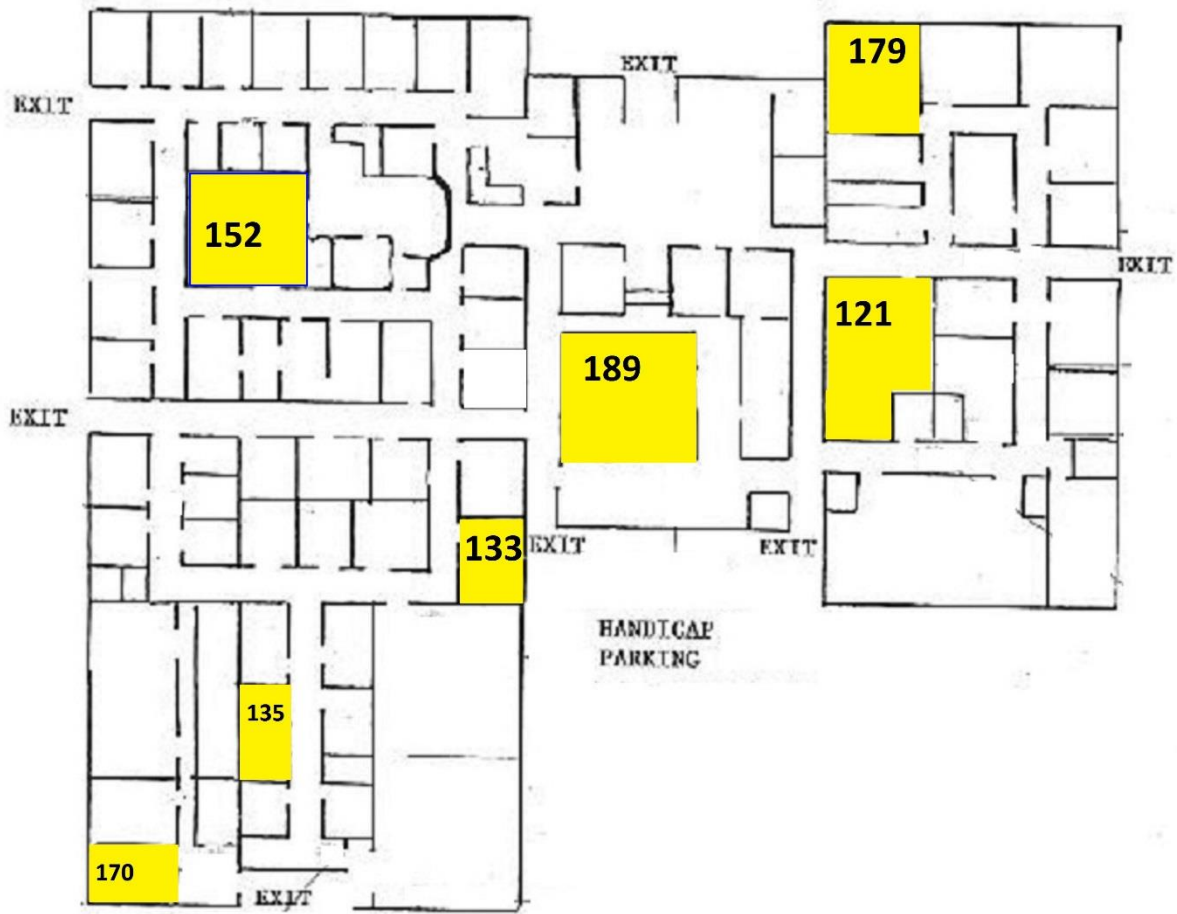
The goals of the review are to record relevant facts about what took place before, during and after the incident; to identify strengths and areas for improvement in related TCHD policies and procedures; and to recommend specific near- and longer-term actions to enhance security at TCHD.

The Dr. Dover Team along with the Workplace Security Committee, Health Commissioner and involved employees shall meet within 24 hours of the event to complete an After-Action Review. Other involved agencies may participate as deemed necessary by the Health Commissioner.

Required changes and actions will be turned over to appropriate channels for resolution such as CQI, or management team.

See Appendix 3.

APPENDIX 1 – LOCKDOWN/GATHERING ROOMS



APPENDIX 2 – VIOLENT INCIDENT REPORT FORM



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VIOLENT INCIDENT REPORT FORM

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Day of Week: \_\_\_\_\_

A reportable violent incident is defined as any threatening remark or overt act of physical violence against a person (s) or property whether reported or observed.

SPECIFIC LOCATION: \_\_\_\_\_

VIOLENCE DIRECTED TOWARD:  Patient  Staff  Visitor  Other  
 VICTIM'S NAME: \_\_\_\_\_  
 Male  Female

ASSAILANT:  Patient  Staff  Visitor  Other  
 ASSAILANT'S NAME: \_\_\_\_\_  
 Male  Female

PREDISPOSING FACTORS?  Possible intoxication  Dissatisfied with care/waiting time  
 Grief reaction  Prior history of violence  
 Other (Describe): \_\_\_\_\_

DESCRIPTION OF INCIDENT:  Physical  Verbal  Other (Describe): \_\_\_\_\_  
 Unarmed  Armed (Weapon) Describe: \_\_\_\_\_

INJURIES?  No  Yes (Describe): \_\_\_\_\_  
 EMS CALLED?  No  Yes (Agency): \_\_\_\_\_

DETAILED DESCRIPTION OF THE INCIDENT (Use back of form for more room):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DE-ESCALATION TEAM ACTIVITY  
 \_\_\_\_\_  
 \_\_\_\_\_

DIRECTOR NOTIFIED?  No  Yes Name: \_\_\_\_\_ Time: \_\_\_\_\_

HEALTH COMMISSIONER NOTIFIED:  No  Yes Time: \_\_\_\_\_

TERMINATION OF INCIDENT Incident diffused?  No  Yes  
 Police notified?  No  Yes (Department): \_\_\_\_\_

DISPOSITION OF ASSAILANT  Stayed on premises  Arrested  
 Escorted off of premises  Left on own  
 Other: \_\_\_\_\_

WITNESSES: \_\_\_\_\_  
 \_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



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VIOLENT INCIDENT REPORT FORM**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Day of Week: \_\_\_\_\_

<b>FURTHER COMMENTS:</b>				
<b>DIRECTOR'S REMARKS:</b>				
<b>DE-ESCALATION TEAM MEMBERS</b>				
<b>WORKPLACE SECURITY COMMITTEE</b>				
<b>DATE SUBMITTED TO COMMITTEE:</b>				
<b>COMMITTEE REMARKS:</b>				
<b>ACTION RECOMMENDED:</b>				
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<b>REMARKS:</b>	<b>SIGNATURE:</b> _____			

# APPENDIX 3 – VIOLENT INCIDENT AFTER ACTION REPORT



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## TUSCARAWAS COUNTY HEALTH DEPARTMENT VIOLENT INCIDENT AFTER-ACTION REPORT

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Date of This Review: \_\_\_\_\_

To be completed by the Workplace Security Team/Committee for the purposes of CQI. Findings are to remain confidential.	
<b>CHRONOLOGICAL TIMELINE OF ACTIONS DURING THE INCIDENT:</b>	
<b>COMPLETE LIST OF ALL TCHD PERSONNEL INVOLVED IN THE INCIDENT:</b>	
<b>DE-ESCALATION TEAM MEMBERS</b>	
<b>WORKPLACE SECURITY COMMITTEE REVIEW</b>	
COMMITTEE REMARKS:	
ACTION RECOMMENDED:	
CHAIR PERSON: _____	SIGNATURE: _____
DATE: _____	
<b>HEALTH COMMISSIONER</b>	
DATE RECEIVED _____	SIGNATURE: _____
REMARKS:	



**TUSCARAWAS COUNTY HEALTH DEPARTMENT  
VIOLENT INCIDENT AFTER-ACTION REPORT**

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Day of Week: \_\_\_\_\_

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Date of This Review: \_\_\_\_\_

ADDITIONAL COMMENTS

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