



Staff and Customers Safety

Procedure No: 2019-02
Effective Date: 08/23/2019

Commitment

TC Futures is committed in providing a safe and healthful work environment for staff, customers, employers and visitors.

TC Futures Safety Officer

The Re-engagement Steering Committee has appointed Becky Smith from Benton-Franklin Development Council (BFWDC) as the TC Futures Safety Officer.

The responsibilities of the Safety Officer are:

- To assist TC Futures leadership in carrying out their responsibilities as they relate to this procedure.
- Ensure that an adequate number of staff hold valid first-aid certificates.
- Maintain a current listing of employees with valid first-aid/CPR certifications.
- To provide information to staff about workplace safety and health issues through regular internal communication channels such as staff meetings, bulletin board postings, or other written communications.
- Act as liaison between the TC Futures leadership and the Re-engagement Steering Committee on matters pertaining to safety.
- Record occupational injuries involving more than 5 days away from work or restricted work, and medical treatment other than first-aid treatment.
- Recommend appropriate changes as necessary to improve Safety and Health in the workplace.
- Recommend Safety and Health training needs for staff.

Staff Responsibilities

- Each staff person is expected to obey safety rules and to exercise caution in all work activities. Staff must immediately report any unsafe condition to the appropriate supervisor. Staff who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate, remedy such situations, may be subject to disciplinary action.

- Any concerns related to your safety and security should be mentioned to TC Futures Director and your supervisor. All concerns will be acted upon immediately.

Scenarios and Guidance

- If anyone sees a customer carrying a gun or other weapon, do not confront the individual, call 8-911 immediately. It is however, expected that staff would use prudent judgment, erring on the side of caution, in its assessment of the appropriate response.
- Unless specifically approved by TC Futures Director, do not permit customers access to the building from a locked side door. If you do not recognize the person(s) and they do not have a key, tell them to use the front entrance.
- If you encounter a customer in the building, in an area not typically occupied by a customer or where no other customers are present, politely ask how you can help, and determine what they need.
- If the customer gets loud, angry or hostile, calmly tell them you will call for assistance. When safe to do so, call a supervisor, Leadership Team member, or another staff employee. If by phone, state: "I have a customer with an Urgent Need and request your Assistance Here Now." If the customer cannot be satisfied calmly and safely, tell that person to leave the building. If the customer refuses to leave the premises, call 9-911 immediately.

Remember, should a security incident event occur and leadership is absent, call 8-911 immediately. Document the incident to your supervisor. Be sure and include the time of day, date, and any pertinent detail that will be important in reporting the incident to your supervisor. Your supervisor may ask you to add additional information after they speak with you about the incident. Having this information is critical in case we have to seek action against the customer. We do have the authority to "trespass" an individual from our facility when they cannot behave themselves. The Kennewick Police Department is very helpful in creating the paperwork to ensure the customer no longer has access to our facility and the surrounding property.

All actions will be documented on a Security Incident Report provided as **Appendix A**. In the case of accidents or near accidents that result in injury, regardless of how insignificant the injury may appear, staff should immediately notify their appropriate supervisor. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefits procedures.

SECURITY INCIDENT REPORT

Part 1 – Please check appropriate box (s)

- Assault
 Threat
 Theft
 Trespass/
Un-authorized
Entry
 Vandalism
 Harassment
 Other

Incident location (include address):

Case number	1. Date of incident / /	2. Time of incident <input type="checkbox"/> AM <input type="checkbox"/> PM	3. Date incident reported to Supervisor/Manager / /
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Part 2 – Employee/ Witness Identification Information

1. Name (last, first, middle initial)		2. <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Date of Birth / /	4. Phone number ()
5. Work site Address		6. City	State	Zip Code
7. Division	8. Section/Unit		9. Relationship to subject (Suspect)?	

SUBJECT (SUSPECT) INFORMATION (to be completed by employee/witness)

1. Subject's name (last, first, middle initial)			1. <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Agency Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Home address		5. City	State	Zip Code	6. Date of Birth / /
7. Height	8. Weight	9. Hair color	10. Eye Color	11. Nationality, if known	12. Distinguishing marks, if apparent
13. Claim number (if any)	14. Driver's license number		15. Other subject(s) and relationship to #1 subject		
16. Make of subject's vehicle(s)		model	year	color	license number

THEFT INFORMATION (provide all available information)

1. Equipment/item missing:			2. Date of theft: / /		
3. Equipment/Item contain Classified data: <input type="checkbox"/> Yes (Refer to ESD Policy 0031-1, Security Breach Notification) <input type="checkbox"/> No			4. Encrypted Data <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Agency ID/tag #:		6. Serial Number:		7. Cost:	

Part 3 – Employee/Witness report of security incident (To be completed by employee/Witness)

Date	Employee's Name	Employee's Signature
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Part 4. –Supervisor's Report of Security Incident *(To be completed by supervisor)*

Supervisor's Investigation of security incident *(Based upon your investigation; ask questions like, who, what, where, when, and how.)*

Action "taken" by supervisor **(contact police, interviews, documentation, HR coordination or other action)**

Date	Supervisor's Name	Supervisor's signature
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Part 5. - Security Incident Resolution (to be accomplished by supervisor or program manager)

Check appropriate box below

- Case open (awaiting findings, coordination and/or additional information)
- Case closed (incident resolved)

- Action taken to resolve incident:
- Recommended action to prevent or mitigate future incidents:

Date	Supervisor's Name	Supervisor's signature
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Supervisor, make copies and distribute to:
 Program Mgr
 Supervisor
 Employee

Send original to:
 Risk & Emergency Management (MS 6000)