

MANUAL MATERIAL TRANSMITTED					
MANUAL: Common Chapters			CHANGE NUMBER: 36		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
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DATE: 04/05/99			TO: ALL COMMON CHAPTERS MANUAL HOLDERS		

DW-17

This manual change is being made to reflect the changed titles of Bureau for Children and Families administrative staff following the latest reorganization. The core information is unchanged.

Common Chapters Manual

Office Security

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should reflect only the names of those clients whose past behavior evidences a genuine threat to office security or employee safety.

The Community Services Manager/designee is required to review the Receptionist's "Hostile-Client Register" and the "Hostile Client Action Forms" semi-annually or more frequently, if necessary, to purge the listings. The Community Services Manager/designee is responsible for placing this on the agenda of the Local Management Team.

- E. The Community Services Manager/designee should immediately review all newly-completed HCA-F forms to determine any other appropriate action to be taken.
- F. If a client becomes hostile and is considered a potential threat while in the waiting/interviewing room area, the Receptionist must utilize common sense and best judgment. If the receptionist observes any instance of physical confrontation, violence or perceives an imminent threat thereof, contact should immediately be made to alert and summon appropriate law enforcement officials. The receptionist should also in such instance, or in the event of any disturbance, initiate either or both of the following courses of action:
 - 1. Contact the immediate supervisor/designee of the worker or unit responsible for the client. If the immediate supervisor is unknown, contact the Community Services Manager/designee. This person will then assume responsibility for dealing with the client.
 - 2. If the Receptionist believes that serious, or immediate danger exists, a buzzer or coded message over the telephone public-address system should be activated. The Community Services Manager/designee shall identify in advance those staff who are to respond to such a situation. For those offices or situations where a buzzer or public-address system is not available or otherwise inappropriate, the Community Services Manager/designee shall be responsible for formulating an alternative plan to ensure appropriate and prompt communication or warning.

The Receptionist should always convey such situations to the Community Services Manager/designee at the earliest opportunity.

evacuation. In the event of an evacuation for a bomb threat, it is crucial for all staff to survey their immediate work area and surroundings while vacating the building. Any suspicious objects (boxes, packages, etc.) should be reported to law enforcement personnel or the Community Services Manager/designee in order to assist their assessment of potential danger.

2. The Community Services Manager shall be responsible for clearly identifying and designating the appropriate outside authority(s) or agency(s) to be contacted in the event of the receipt of a bomb threat, and to convey this information to the Switchboard Operator and Receptionist. Upon receipt of any such threat, the Switchboard Operator or Receptionist will be responsible to immediately make such contracts and will so notify the Community Services Manager/designee. It is recommended that the Receptionist or receiver complete a "Bomb Threat Report Form" (attached as Exhibit E) as quickly as is feasible in order to assist administrative staff or law enforcement personnel in determining a course of action and investigation.
 3. The Community Services Manager/designee will be responsible for assisting the outside agency(s) that responds to the bomb threat in any way possible. This can include efforts to identify a volunteer staff member familiar with the structure, interior layout, and normal characteristics of the facility who is willing to assist with its physical evaluation after the receipt of a bomb threat. No staff member should be forced to assist in such an evaluation unwillingly.
 4. The Community Services Manager/designee will notify the Regional Director immediately after a facility has been evacuated. The Regional Director should convey this information to the Bureau Commissioner, and any other agency parties which may be designated by the Department Secretary.
- C. Emergency Situations (Bomb Threats, Fire, Hostile Clients, etc.)
Received by Other Agency Personnel
1. Any employee who in good faith perceives an imminent danger to the facility or its occupants (i.e., locates a bomb, observes a fire in the building, observes an individual armed with a weapon, etc.) may initiate evacuation of the building if necessary.

making of decisions concerning staff re-entry into, or closure of, an evacuated facility.

1240 LISTING OF AGENCY TELEPHONE NUMBERS TO BE CONTACTED IN EMERGENCIES

- A. The Community Services Manager is to formulate a listing of local agencies and their telephone numbers that are to be contacted for specific emergencies.
- B. All staff are to be provided a copy of this listing.
- C. This listing must be kept easily accessible in the Receptionist area.
- D. Each page of the listing is to be numbered and dated. The listing should be kept current, and is to be updated at least on an annual basis.

1250 INTERNAL TRAFFIC

- A. Photo-identification cards for all staff headquartered in a facility will be obtained. The Community Services Manager, in conjunction with the Regional Director, will establish plans for each office facility in relation to the need and use of employee photo-identification cards and visitor badges.

It shall be the responsibility of the Community Services Manager to see that photo-identification cards are used appropriately in their particular office. All visitors are to register with the Receptionist. After such registration, it shall be the responsibility of the attending caseworker (or other employee "escort/host") to issue badges which identify each respective client/guest as a registered office visitor. All badges should be collected when no longer needed, by the individual who issued them. The Community Services Manager may employ some discretion as to how such badges will be utilized in a particular office.

- B. All clients and visitors should be escorted to and from the waiting room area by an appropriate caseworker or other responsible staff member. Visiting agency staff will check in with the Receptionist desk and may receive direction to their destination within the office. If deemed appropriate by the Community Services Manager, visiting agency staff are to wear name tags.

of their particular office. Given the nature of building renovations and State funding, the items involving structural adjustments to field offices will need to follow the prescribed chain of command for approval. However, in those locations where it is feasible to proceed, renovations should proceed now. If individual circumstances warrant, the renovations should be addressed at the time of renegotiating the building lease.

- A. Exterior doors except client/visitor entrance into the waiting area should be self-locking (crash bar) type doors to prevent outside entrance to the area. Local Management Teams may establish staff work time frames for locking of exterior entrances up to but no later than 9:00 a.m.
- B. Interior doors which lead from the client waiting areas to employee work areas should be self-locking with a method for employees to utilize a key, magnetic strip card, or electronically activated lock for re-entrance to the staff work areas.
- C. Employees who require entrance to the facility building from entrances other than the client/visitor entrance need to follow the established Office Key Policy for consideration in obtaining a key.

Upon resignation/retirement of any employee, the Supervisor must obtain the key assigned to that employee along with their photo-identification card, if applicable.

1270 AFTER HOURS USAGE OF AGENCY FACILITIES

- A. The Community Services Manager, with careful consideration by the Regional Director, will develop an approach to after hours use and access to agency facilities. Items to be addressed include:
 - 1. The development of a written (local) policy for use of the facility after hours, giving due consideration to concerns such as client confidentiality, office security, and maintenance of the facility. Such a policy should not interfere with or jeopardize the effectiveness of other existing procedures, policies or guidelines in any manner.
 - 2. The Community Services Manager (or Regional Director) should set as the initial review authority for any individual or group making request to use the facility. Requests for after hours use of the facility should be made using the Agreement for Utilization of Facility Form (see Exhibit F).

All Community Services Managers shall conduct, at least on an annual basis, a Facilities and Emergency Procedures Assessment of the office facilities for which each is responsible. The primary reason for this effort is to ensure that each office facility has standards and procedures for dealing with emergency situations which may affect the safety of staff. The assessment tool and instructions which follow this section should allow Community Services Managers to work toward identification of areas needing physical improvements or establishment of workable procedures to better respond to the safety needs of agency staff and clients. This assessment is to be completed upon receipt of this policy and at least each September thereafter.

FACILITIES REVIEW ASSESSMENT

Lease # _____ County _____ Date _____
Street Address _____ Lease Exp. Date _____

Section I Client Waiting Areas

- _____ 1) On average, what is the daily client traffic volume?
- _____ Sq. Ft. 2) What is the square footage of the area designated for the client waiting area?
- Yes/No 3) Is there a structural barrier (i.e., a locking door) which separates the client waiting/reception/interviewing area from the staff work areas, which allows exit from the work area to the client waiting area but prevents open access from the client waiting area to staff work area?
- Yes/No 4) Is client/walk-in receptionist area segregated from client waiting areas in the form of a counter or window?
- Yes/No 5) Does the client/walk-in receptionist area provide for direct exit into the staff work area (i.e., providing for emergency exit of the receptionist area)?
- Yes/No 6) Does the Receptionist have secure partitioning from client waiting area (i.e., bullet proof glass)?
- Yes/No 7) Is there a plan which outlines the staff roles/responsibilities in the event of an emergency or hostile client? If yes, attach a copy.
- Yes/No 8) Is there a current evacuation plan for this facility? If yes, attach a copy.
- Yes/No 9) Are there adequate fire extinguishers and smoke detectors present and in working order?

Section II Client Interviewing Areas

- 1) How are clients being interviewed in this office?

- Yes/No 5) Does the emergency response telephone list include when and whom should make the telephone calls to local emergency response personnel?
- Yes/No 6) Have local law enforcement agencies/local management staff members been identified and listed along with their telephone numbers to expedite notification in the event of an after hours emergency?

West Virginia
Department of Human Services **RECEPTION REGISTER**

Name	Time In	Time Out	Date _____ Worker's Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
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27.			
28.			

HOSTILE CLIENT ACTION FORM (HCA-F)

Client's Name _____

Date(s) of Threat/Hostile Action _____

Nature of Threat/Hostile Action _____

Action to be taken by Receptionist if client visits the office:

Call Worker

Call Immediate Supervisor of Worker

Call Police (in association with at least one additional action)

*Simply having the Receptionist call the police is not a complete plan

Other (explain) _____

Immediate Supervisor's Signature _____

Date _____

Local Management Team Decision _____

Date _____

Remarks and Review (Date) _____

This form is to be completed by the immediate supervisors of workers who have been threatened in some manner by a client. The original is to be forwarded to the permanent or designated Receptionist with a copy to the Local Management Team. The Receptionist is to add this client's name to the Hostile Client Register and file this HCA-F. The Local Management Team is to immediately meet to review this form to determine if the plan is appropriate and any other action that may need to be taken.

BOMB THREAT REPORT FORM

INSTRUCTIONS: BE CALM. BE COURTEOUS, LISTEN, DO NOT INTERRUPT THE CALLER. NOTIFY SUPERVISOR/SECURITY OFFICER BY PREARRANGED SIGNAL WHILE CALLER IS ON LINE.

Date _____ Time _____

Exact Words of Person Placing Call: _____

QUESTIONS TO ASK:

1. When is the bomb going to explode? _____

2. Where is the bomb right now? _____

3. What kind of bomb is it? _____

4. What does the bomb look like? _____

5. Why did you place the bomb? _____

TRY TO DETERMINE THE FOLLOWING (CIRCLE AS APPROPRIATE)

Caller's Identity: Male Female Adult Juvenile Age _____ years

Voice: Loud Soft High-Pitch Deep-Raspy Pleasant Intoxicated Other _____

Accent: Local Not Local Foreign Region

Speech: Fast Slow Distinct Stutter Nasal Slurred Lisp

Language: Excellent Good Fair Poor Foul Other

Manners: Calm Angry Rational Irrational Coherent Incoherent Deliberate Emotional Righteous Laughing Intoxicated

Background Noises: Office Machines Factory Machines Bedlam Trains Animals Music Quiet Voices Mixed Airplanes

Street Traffic Party Atmosphere

ADDITIONAL INFORMATION: _____

ACTION TO TAKE IMMEDIATELY AFTER CALL: Notify your supervisor/security officer as instructed. Talk only to persons designated by your supervisor/security officer.

RECEIVING TELEPHONE NUMBER _____

PERSON RECEIVING CALL _____

AGREEMENT

Between _____ and

West Virginia Dept. Of Health & Human Resources

For Utilization of Facilities

I, _____ representing _____

_____, hereby agree to assume full financial and legal responsibility for any damages or liabilities caused by members of my organization while utilizing the facilities of the West Virginia Department of Health & Human Resources located at _____

_____. I accept the responsibility for controlling the behavior of the members of my organization while utilizing the facilities and to assure the agency that the space utilized will be cleaned upon the group's exit from the building. My organization agrees to reimburse the Department for any damages or liabilities caused by our organization using the facility.

The agency staff member who has volunteered to be present and responsible for proper use of the facility is _____.

Signature, Utilizing Party Date

Signature, Agency Employee Date

Signature, Operations Supervisor Date

Distribution:

- 1 copy to utilizing party
- 1 copy to Operations Supervisor