



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## POLICY BULLETIN

**TITLE:** Act of Violence

**NUMBER:** BUL-5047.1

**ISSUER:** Gregg Breed, Chief Risk Officer  
Division of Risk Management and Insurance Services  
  
Enrique G. Boull't, Chief Operating Officer  
Office of the Chief Operating Officer

**DATE:** April 22, 2013

### ROUTING

All Employees

All Locations

**POLICY:** The District is committed to providing extended industrial leave benefits, in accordance with specific bargaining agreements, to employees who have suffered an industrial injury as a result of an Act of Violence.

**MAJOR CHANGES:** This Bulletin replaces Bulletin No. BUL-5047.0 of the same name issued March 9, 2010. The content has been revised to provide clarification and to reflect changes to processing procedures.

**BACKGROUND:** The purpose of the Act of Violence benefit is to provide benefits beyond those allowed by workers' compensation laws and the Education Code to employees who have been seriously injured as a result of extraordinary acts of aggression. If an injured employee is a member of a bargaining unit which has a collective bargaining agreement with Act of Violence language and his/her on-the-job injury has been designated as an Act of Violence, that employee's full pay industrial illness leave will be extended beyond the 60 days provided for in the Education Code. The length of the extension is determined by the applicable bargaining agreement.

**GUIDELINES:** Eligibility Criteria:

1. The injured employee must be a member of a bargaining unit which has Act of Violence language in its Collective Bargaining Agreement.
2. The injury must be accepted as an industrial injury by the workers' compensation third party administrator (TPA).
3. The injury must be designated as an Act of Violence by the Division of Risk Management and Insurance Services.
4. Temporary Disability benefits must be authorized by the TPA. Act of Violence benefits will under no circumstances extend beyond the last day for which workers' compensation Temporary Disability benefits are



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authorized by the TPA.

### Definition:

An Act of Violence is a physical injury to an employee resulting from an intentional, violent, physical assault that occurred during the performance of assigned duties. The injury must be physical in nature and the assailant must have intended to do physical harm. Physical manifestations of emotional distress are not considered a physical injury.

Injuries caused by very young, or mentally/emotionally challenged students are not considered intentional if the action causing harm is typical of the age or disability of the student. Injuries resulting from misconduct of students are not covered unless there was an actual intent to cause physical harm to the employee. Accidental harm will not be considered even if due to gross misconduct.

### Determination:

A physical injury caused by a physical assault with intent to harm will be considered an Act of Violence regardless of who the assailant is. The assailant could be a student, co-worker, parent or unknown/unwelcome intruder.

The determination as to whether the physical injury was the result of an Act of Violence shall be made by the Division of Risk Management and Insurance Services, Workers' Compensation Department.

### Responsibilities of Site Administrator:

When an Act of Violence occurs, the site administrator or designee shall:

- A. Follow all procedures for handling/reporting an on-the-job injury – see Workers' Compensation Reference Guide or the Workers' Compensation Department website: <http://workerscompensation.lausd.net> for instructions.
  1. Report the incident immediately to the School Police Department for investigation. If the employee involved is a member of United Teachers of Los Angeles (UTLA), the Chapter Chair should also be notified, unless the employee requests that the notification not be made.
  2. Provide the injured employee with the "Special Physical Injury/Alleged Act of Violence Report". (LAUSD Form AOV-1 Rev. 4/05). Have the employee complete Section 1.





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NOTE: If the employee is unable to receive the Special Physical Injury/Alleged Act of Violence Report at the time of injury, the site administrator should mail it to the employee's home address.

3. The site administrator shall complete the employer section of the "Special Physical Injury/Alleged Act of Violence Report" and forward the report to the Division of Risk Management and Insurance Services – Workers' Compensation Department, fax number (213) 241-6778.
  4. The site administrator shall inform the Educational Service Center office or division administrator of the incident.
  5. If the incident involves a violent act committed by a student, appropriate disciplinary action should be considered.
- B. If an incident occurs on District premises other than the employee's regular assignment, the off-site administrator shall assume the responsibilities indicated above and:
1. Inform the injured employee's regular site administrator regarding the incident.
  2. Distribute reports as required and forward copies to the injured employee's site administrator.
  3. The injured employee's site administrator shall review the reports submitted by the off-site administrator or designee and verify that all required reports and notifications have been processed.

### Payroll Reporting Procedures:

The time reporter shall enter payroll code "FWC" on the employee's timecard for each date of absence attributed to the injury if the condition has been designated as FMLA. The "FWC" code will be used until eligibility for FMLA is exhausted.

If the employee is not eligible for FMLA, or eligibility has been exhausted, the time reporter shall enter payroll code "WC".

### Responsibilities of Injured Employee:

If an employee is injured as a result of an Act of Violence, the employee shall:



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- A. Report injury to the site administrator/supervisor immediately. Follow all instructions for reporting and obtaining medical treatment for an industrial injury.
- B. If not done so by the site administrator/supervisor, immediately notify the School Police that an Act of Violence has occurred.
- C. Complete the employee section of the *Special Physical Injury/Alleged Act of Violence Report*, (LAUSD Form AOV-1 Rev. 4/05). Submit the original to the site administrator/supervisor to complete and fax a copy to Division of Risk Management and Insurance Services – Workers' Compensation Department at (213) 241-6778.
- D. Refer to your specific Collective Bargaining Agreement for details regarding your rights and responsibilities regarding claims for Act of Violence benefits.

### AUTHORITY

This is a policy of the Superintendent of Schools. Eligibility for Act of Violence benefits is determined in accordance with the applicable bargaining agreement.

### RELATED RESOURCES:

- Collective Bargaining Agreements
- Workers' Compensation Reference Guide – [REF-1279.0](#) issued by the Division of Risk Management & Insurance Services
- Family and Medical Leave Act/ California Family Rights Act Policy – [BUL-1205.1](#) issued by the Chief Risk Officer

### ASSISTANCE:

For assistance or further information, please contact the Division of Risk Management and Insurance Services – Workers' Compensation Department at 213 241-3138 or visit our website at <http://workerscompensation.lausd.net>.

Please contact Payroll Department for questions or assistance with time reporting.

### ATTACHMENTS:

Special Physical Injury/Alleged Act of Violence Report, (LAUSD Form AOV-1)

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
DIVISION OF RISK MANAGEMENT AND INSURANCE SERVICES**

**Special Physical Injury/Alleged Act of Violence Report**  
(To Be Completed by the Site Administrator or Designee and Injured Employee)

**SECTION 1. (To be completed by employee)**

Employee Name: \_\_\_\_\_  
Last First Middle Employee Number

Home Address: \_\_\_\_\_  
Street City Zip (Area) Telephone No.

School/ Site Name: \_\_\_\_\_ District/Div.: \_\_\_\_\_ (Area) Telephone No. ( )

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Describe in detail how incident/injury occurred (You may attach additional information on separate sheet of paper):

Location where alleged act of violence occurred: \_\_\_\_\_

Nature of Injury/Illness and part(s) of body affected: \_\_\_\_\_

Incident reported to school police? Yes ☐ No ☐ Date Reported: \_\_\_\_\_

Name of School Police Officer: \_\_\_\_\_

Was another person responsible for injury? Yes ☐ No ☐ If yes provide identifying information below.  
Was this with intent to harm? Yes ☐ No ☐

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employee Signature	Date
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**SECTION 2. (To be completed by Site Administrator or designee)**

I concur with the description detailed above ☐ Yes ☐ No -- If you do not concur, state reason why:

(Attach additional sheet of paper if necessary)

\_\_\_\_\_  
Site Administrator Telephone No. Date