CITY POLICY & PROCEDURE

SECTION:	**Human Resources**	**NO: HR - HS - 48**
REFERENCE:	**Respect in the Workplace Risk Assessment**	**Date: Jan 23, 2017**
		Next Review Date: Jan 23, 2019

TITLE: ROBBERY PREVENTION

1.0 Policy

1.1 The City of Dryden is committed to the health, safety and well-being of our employees and the citizens that it serves. The City of Dryden will ensure that all appropriate safeguards are enacted to protect our employees that may be exposed to the risk of robbery. This policy has been created based on the results of the City wide risk assessment process and will provide a consistent, preventive approach throughout the city departments. It will also define what City employee's obligations are should a robbery occur.

1.2 Departments where this does not apply must indicate this in writing to the City of Dryden and also provide to the Health and Safety Coordinator (HSC) the documentation on the informal process in place which supports this position. This documentation shall be kept on file at both the department and the Coordinators office.

2.0 Application

2.1 This policy applies to all employees of the City of Dryden, as well as volunteers, co-op placement personnel, students, agents of the Corporation, consultants, contractors, sub-contractors and Council when on City property.

3.0 Responsibilities

3.1 Supervisors and Managers are responsible for communicating this policy to all employees (and those identified under 2.0 Application) and ensuring overall adherence to this policy.

3.2 Employees are responsible to adhere to this policy at all times.

4.0 Definition

4.1 Robbery is defined as the theft or attempted theft of property by the use of force or threat of use of force.

5.0 Objectives

5.1 The City of Dryden's employees are required to know and understand the following:

(a) How to set up an office where a product is supplied or cash is exchanged to reduce the likelihood of a robbery;

(b) What to do while a robbery is taking place to avoid the robbery from escalating into a more dangerous situation (i.e. hostage situation; physical harm, etc); and,

(c) What to do after the robber has vacated the premises.

6.0 Guidelines for Developing Robbery Prevention Procedures

6.1 Where applicable, all departments identifying robbery as a risk are to create procedures with respect to this policy. The following are prevention measures to reduce the risk of a robbery taking place.

(a) If you have windows in your area, keep that view unobstructed, blinds up and poster or marketing should be off the windows. This allows the police, passerby etc. to see in easily and for you to see potential problems coming into the work place.

(b) If you handle cash, keep cash at a minimum and have the cash register bolted securely to the counter.

(c) When making deposits or moving money do not do it on a routine basis.

(d) Have a wide counter between you and your customers to create distance and reaction time.

6.2 Remember, the objective is to get the robber out of the area as quickly as possible.

(a) Say to yourself – "stay calm";

(b) Do exactly as you are told; no more, no less; and,

(c) Using caution and being careful is not cowardice.

7.0 Robbery Prevention Procedures: What to do during the Robbery

7.1 Alert the robber to any event or action you know is going to happen that may startle or upset the robber. (Example – someone is due to arrive soon).

7.2 Be observant, make a conscious effort to get a description of the robber, BUT avoid making direct eye contact. (The perception is that eye contact promotes recognition).

7.3 Do not make any sudden or quick movements.

7.4 When it is necessary to move or reach to comply with demands, tell the robber what you are going to do and why.

7.5 Listen carefully. Not only in order to obey commands but perhaps to hear a name used or something else said that can be used in the investigation.

7.6 Do not resist! Take a step back. Place your hands in front of you with palms held outward. Turn your body sideways (reduces target area)

7.7 Passively try to keep any note or written instructions the robber may have given you. If able, you can, turn this over to the police later.

7.8 If equipped with a discreet alarm system (panic or toe button), activate when safe to do so. Take no chances!

7.9 Give the robber adequate time to leave. Avoid the urge to give chase!

7.10 Note the direction of travel when he/she leaves.

7.11 Try to get a description of any vehicle used in the getaway, if you can do so without compromising your personal safety. Try to identify the make, model, color, license number, distinguishing features (decals, dents, bumper stickers, hubcaps, etc.). As soon as possible, write down what you remember about the robber.

8.0 Robbery Prevention Procedures: What to do after the robbery

8.1 Call the Police – even if the alarm has been triggered.

8.2 Alert the dispatcher if there have been injuries so emergency services can be dispatched also.

8.3 Provide basic first aid or CPR to any injured employees or customers until paramedics arrive.

8.4 Lock the doors from the inside! Ask any witnesses to fill out a Robbery Report (see Appendix A). If they cannot take the time to do that, at least get their names, addresses, and phone numbers so the police can follow up.

8.5 All employees and witnesses should begin filling out the Robbery Report independently (before speaking with others) (see Appendix A)

8.6 Don't touch anything that the robbers may have touched; block off any areas to protect evidence that may have been left behind.

8.7 When the police arrive, go outside to greet them showing that the premises are safe and secure.

8.8 At this point, turn the matter over to the police. Cooperate fully.

8.9 Refer any inquiries from outsiders (media, etc.) to the responding police service.

8.10 Do not discuss items or amounts taken with anyone other than law enforcement.

9.0 After the Event

9.1 It is normal, after being the victim of a robbery, to feel one or more of these symptoms: fear, nausea, the shakes, anger, excessive perspiration, numbness, rapid breathing, palpitations, and/or depression. If you feel the need to speak with a counseling service, management will arrange for that.

9.2 If you don't initially decide to speak with a counseling service, and any of the above symptoms persist for more than a week, management would strongly suggest that you allow then to arrange a session with a counseling service.

9.3 Counseling services will always be made available to those affected by a robbery.

History			
Approval Date:	April 18, 2011	**Approved by:**	By-law 3875-2011
Review / Amendment Date:	January 23, 2017	**Approved by:**	CAO E. Remillard
Review / Amendment Date:		**Approved by:**	
Review / Amendment Date:		**Approved by:**	

Appendix A - Internal Robbery Report

Please print or type and checkmark (√) on this form.

Date of Incident: _____ **Time of incident:** _____

Location/Address of Incident: _____

Police Report No.: _____ **Officer in charge:** _____

Vehicle information:

Make: _____ (Ex. – Chevy)
Model: _____ (Ex. – Impala)
Color: _____
No. of doors: _____
License: _____ (Prov. & #)
Features: _____ (i.e. dents, bumper stickers, etc.)

Weapon: Yes ☐ No ☐

If Yes,
Don't know/didn't see: ☐
Gun: ☐
Type of Gun: ☐
Other: ☐

Knife: ☐
Type of Knife: ☐

Description of Robber: (use a separate sheet for each robber)

Male: _____ Female: _____

Height: _____ Weight: _____ Hair Colour: _____

General Body Type: _____ (thin, fat, small, medium, large)

Colour of Eyes: _____ Glasses: Yes ____ No ____ Sunglasses: Yes____ No____

Race: Caucasian _____ First Nation _____ Asian _____ Other _____

Skin Colour: Pale/Fair _____ Dark _____ Black _____ Brown _____

Skin Type: Good Complexion _____ Pimply/Acne _____ Greasy _____ Pock marked _____

Distinguishing Marks: tattoos, scars – indicate part of body

_____

_____

Clothing:
Jacket/Coat: yes _____ no _____ Colour:_____
Shirt/Sweater: yes _____ no _____ Colour:_____
Pants: yes _____ no _____ Colour:_____
Shoes: yes _____ no _____ Colour:_____
Headgear: yes _____ no _____ Colour:_____
Gloves: yes _____ no _____ Colour:_____

Distinguishing Personal Mannerisms:
(Posture, accent, stutter, fast speech, slurring, runny nose, facial tics, body twitches etc.)

Written Description of the Incident:

(Continue on back if necessary)

Name of person filling out this report:

Phone Number: _____

(Please print)

Signature: _____ Date: _____