Sullivan County Workplace Violence Prevention Policy

I. PURPOSE

Sullivan County is committed to providing its employees a safe environment free of disruptive, aggressive or violent behavior. Whenever possible, measures will be taken to prevent and minimize the hazard of workplace violence to its public employees. Since Sullivan County employees are subject to a diverse range of duties, general guidelines will be provided herein, but specific potential threats/acts unique to their department will be address by the individual department heads. Each individual and department is responsible in varying degrees, for ensuring their own and others well being in the workplace. The scope of this policy extends to the public, vendors, contractors, consultants and former employees.

II. POLICY

The County of Sullivan has a zero tolerance policy for threats and acts of violence. Workplace Violence is any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment. Workplace Violence includes, but is not limited to:

- 1. An attempt or threat, whether or not verbal or physical, to inflict physical injury upon an employee;
- 2. Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- 3. Intentional and wrongful physical contact with a person without his or her consent that entails some injury;
- 4. Stalking an employee with the intent of causing fear of material harm to the physical safety and health of such employee when such stalking has arisen through and in the course of employment.

In an effort to improve customer service and security, the County will be requiring employees to wear official, County issued photo identification (ID). County employees must display their photo ID badges during business hours while on County property and/or conducting County business. Having these badges prominently displayed will allow customers and law enforcement professionals to quickly identify individuals as County employees.

This requirement applies to all County employees including full-time, part-time, temporary and per diem while on County property, and /or while conducting County business in the community. Because the policy and procedures descripted herein are intended to provide for the safety and security of County employees, all employees are expected to fully comply with the provisions of this policy.

Anyone found in violation of this policy will be met with appropriate corrective and/or disciplinary action commensurate with the seriousness of the offense(s), and in accordance with the parameters of applicable collective bargaining agreements, state law and/or criminal prosecution.

III. DEFINITIONS

- **A. Authorized Employee Representative:** An employee authorized by the employees or their designated representative of an employee organization recognized or certified to represent the employees pursuant to Article 14 of the Civil Service Law.
- **B. County Manager:** The County Manager for the County of Sullivan or his or her duly authorized representative.
- **C. Employer:** The County of Sullivan.
- **D.** Employee: A public employee working for the County of Sullivan.
- **E.** Identification Badges or ID: Official County issued employee photo identification badges.
- **F.** Workplace: Any location away from an employee's domicile, permanent or temporary, where an employee performs any work related duty in the course of his or her employment by the County of Sullivan.
- **G. Supervisor:** Any person within the County of Sullivan who has the authority to direct and control the work performance of an employee, one who has the authority to take corrective action regarding the violation of a law, rule or regulation to which an employee submits written notice.
- **H. Retaliatory Action:** the discharge, suspension, demotion, penalization, or discrimination against any employee, or other adverse employment action taken against an employee in the terms and conditions of employment.

IV. PERSONS COVERED BY POLICY

This policy applies to all county officers, managers, supervisors, employees and all contractors, volunteers or other non-employees of the County. This policy maybe applied to the conduct of those who are not officers or managers, supervisors, other employees, contractors or volunteers of the County with respect to violence in the workplace toward County officers, managers, supervisors, other employees, volunteers, applicants, contractor or other non-employees in the workplace, depending on the nature of the alleged conduct.

All officers, managers, supervisors, other employees, volunteers, contractors or other non-employees will be expected to comply with this policy and take appropriate measures to ensure violence in the workplace does not occur. When violence in the workplace does occur, employees and non-employees are encouraged to use the compliant and investigative procedures set forth in this policy.

V. RESPONSIBILITIES OF DEPARTMENT HEADS/MANAGERS/SUPERVISORS

All department heads, managerial and supervisory personnel of the County of Sullivan shall be responsible for enforcing this policy and shall have particular responsibility for ensuring that the work environment is free from violence. This responsibility includes discussing this policy with subordinates and other employees or non-employees and assuring them that they are not to endure violence such as: physical harm, shoving, pushing, harassing, intimidating, coercing, brandishing weapons, and threatening or talking of engaging in those activities.

Department heads, managers and supervisory personnel must take immediate and, if authorized, appropriate corrective action when allegations of violence in the workplace comes to their attention to assure compliance with this policy. If a manager or supervisor is not authorized to take corrective action, the matter should be referred to an individual having that authority.

All department heads, managerial and supervisory personnel who receive a complaint of violence in the workplace will be responsible for immediately forwarding such complaints to the County Manager and the Personnel Officer.

The County of Sullivan will conduct periodic training for department heads, managerial and supervisory personnel in each department of the County regarding the issues surrounding workplace violence, its effects and its appearances, and the role and responsibility of department heads and managerial/supervisory personnel in preventing incidents of workplace violence.

Failure of a department head, manager or supervisor to comply with the aforementioned responsibilities may result in disciplinary action.

VI. Identification Badges Requirements

- All county employees are required to display identification provided by the County.
- All employees will display photo ID at all times while at a County facility. Requests for exemption to this requirement shall be made to the County Manager. The Requirement may be waived at the department head's discretion when wearing the ID presents a safety issue (e.g. Sheriff's Deputy or DPW field worker). However, the employee must carry the ID at all times during working hours or when acting in an official capacity.
- Employees should wear their ID when hosting or appearing at County functions or community events, especially if it is important to draw attention to the County's participation or attendance. Employees may use judgment in deciding whether or wear their ID while conducting official business that is not on County property, if anonymity is a consideration.
- ID will be provided by the County and will include the County Seal, a photo of the employee/person, the employee/person's name, and the department/division in which the employee/person works.
- Badges shall be worn using a clip-on type or a breakaway lanyard (unless there is a safety concern in the event that wearing something that hangs loosely might get caught in machinery).
- Employees shall surrender ID to their supervisor upon termination of employment, or when requested.
- Lost or misplaced ID is to be immediately reported to the employee's supervisor. Replacement ID will be issued as necessary and a record of the lost ID noted.

VII. EXAMPLES OF VIOLENCE IN THE WORKPLACE

- **A.** Some examples of workplace violence may include, but are not limited to, the following:
 - Threatening to harm an employee or customer/client;
 - Damaging or threatening to do damage to county property or property of others;
 - Possessing a dangerous weapon or incendiary device on property without prior authorization (Excludes law enforcement/peace officers and others employees who carry weapons in the performance of their duties);
 - Engaging in stalking behavior;
 - Enraged spouse/boyfriend/girlfriend/acquaintance
 - Disruptive behavior intended to disturb, interfere with or prevent normal work activities (such as yelling, using profanity, verbally abusing others, or waving arms and fists):
 - Engaging in physical contact for the purpose to cause harm (slapping, stabbing, punching, striking, punching or any unwanted physical contact);
 - Menacing behavior (throwing objects, pounding on a desk or door);
 - Out of control behavior (causing physical harm to self, suicide, emotionally disturbed);
 - Arson;
 - Sexual assault and rape;
 - Homicide, suicide or hostage situations;
 - Terrorism, bomb threats or contaminated mail/packages;
 - Catastrophes, such as natural disasters

B. Other types of Violence in the Workplace:

There are many variations of violence in the workplace. Other types of violence may be in the form of terrorism, hostage situations, bomb threats, catastrophes, natural disasters and contaminated mail. In most of these examples, there are no core rules or ultimate defense to protect our employees or the public. Our only response will be reactive; stabilize the situation, evaluate and remediate. If you find mail that looks suspicious, (no return address, excessive packaging or tape, cellophane enclosure or leaking liquid or powdery substance) do not move or relocate the parcel. Contact your supervisor or department head immediately and call 911.

VIII. METHODS OF PREVENTING WORKPLACE VIOLENCE

Wherever possible, the County will provide the following list of measures in an attempt to limit the potential hazards of workplace violence:

- Making high-risk areas more visible to more people;
- Installing good external lighting;
- Use of safes or other methods to minimize cash on hand;
- Posting signs stating that limited cash is on hand;
- Providing training on workplace violence at orientation and annually thereafter;
- Establishing and implementing reporting systems for incidents of aggressive behavior as stated in this policy;

- Limit the amount of access to highly secured areas from the public;
- Lock doors to the department at closing to prevent any intruders after regular business hours when there is little or no other staff working;
- Emergency drills, building evacuation plans;
- Use of electronic security measures and security guards
- Require a travel itinerary
- Establish a contingency plan (i.e.: field worker does not return as scheduled)

IX. GUIDELINES FOR COUNTY EMPLOYEES WHEN DEALING WITH WORKPLACE VIOLENCE

- Be familiar with your departments safety rules (e.g.: make sure your unit knows your whereabouts, frequent contact with unit while performing field work, carry radio or cell phone to call for help and note emergency exits);
- Report any threat or incident that makes you uncomfortable to your supervisor;
- Post emergency numbers by telephones;
- Make sure your emergency contact information is up-to-date with your department;
- Don't be a hero, escape to a safe location and call for help;
- Listen attentively and try to break down the problem into smaller problems;
- Never try to resist an armed person;
- Project calmness, move slowly, quietly and make slow movements;
- Employ delaying tactics that give the person time to calm down (offer a glass of water);
- Arrange yourself so that your exit is not blocked;
- Try to keep six feet of distance from person, do not crowd their space;
- Avoid physical contact; do not respond to a physical attack-walk away
- Wear photo identification at all times;
- Park on the street, if possible, when making house visits

X REPORTING VIOLENCE IN THE WORKPLACE

All employees are responsible for notifying their supervisor, department head, or Personnel Officer of any threats that are witnessed, received, or have been told that another person has witnessed or received. Even without an actual threat, employees should also report any behavior they have witnessed which they regard as threatening or violent, when that behavior is job related or might be carried out on a county site, or is connected to county employment. Employees are responsible for making this report regardless of the relationship between the aggressor and the individual to whom the threat or threatening behavior was directed.

A Workplace Violence Report should be used when there is cause for concern by any employee where an immediate response is not needed. If you experience an immediate threat or act of violence your first response should be to protect yourself and distance yourself from the situation then report the incident, as quickly as possible. If you are concerned about any situation that has or may occur, and are uncertain if a written report

is necessary, you are encouraged to voice your concerns with your immediate supervisor. Documentation of any threat or act of violence must be acknowledged by the recipient (supervisor, department head or the Commissioner of Personnel), reviewed and a determination of what course of action will be taken, if warranted. All such reports will be retained by management.

Retaliation against anyone acting in good faith who has made a complaint of workplace violence, who has reported witnessing workplace violence, or who has been involved in reporting, investigating, or responding to workplace violence is a violation of this policy. Those found responsible for retaliatory action will be subject to discipline up to and including termination.

XI. RESPONSE TO A VIOLENT THREAT OR ACT

When a report of violence in the workplace is submitted to management, the threat or incident will be evaluated to determine the level of risk posed to all persons involved. After reviewing the situation, notification should be given to any of the potential victim(s), security personnel and/or police. The determination of adding additional security measures should be taken, and if warranted, other measures such as, relocating the intended victims work area, changing their phone number or advising the individual's rights to obtain a restraining order may be instituted. A copy of any restraining order(s) (temporary or permanent) obtained by a County employee must be filed with management and security personnel.

In the case of an incident that has already occurred, the aggressor is a County employee, and the safety of all persons involved has been ensured, management will document the incident in writing supplying a copy of the report to the Personnel Officer and the County Manager. A determination will be made regarding the repercussions of such actions, and if necessary, disciplinary action pursuant to Civil Service Law will be pursued.

Communication must be maintained to all parties involved to alleviate anxiety and reduce misinformation. The rapid response in communication with employees can intercept rumors, calm fears and reassure employees. In the event of a major incident, the County Manager will act as spokesperson for the County. Any early dismissals or announcements not to report to a specific workplace will be communicated by local radio stations.

After an incident of violence has occurred, employee(s) experiencing psychological effects will be afforded initial counseling by the County or through the Employee Assistance Program (1-800-962-7487). Realizing the demoralizing, victimization and other detrimental effects of an incident, management should encourage staff to discuss and identify any lingering reservation or problems within the workplace. Inability to maintain a sufficient level of competence performing routine workloads is an indication of difficulty dealing with the incident and may be a reaction to Post Traumatic Stress Disorder. Employees displaying or communicating difficulties should be encouraged to seek professional help.

A copy of all Workplace Violence Reports obtained by County Management must be submitted to the Personnel Officer and the County Manager. The County Manager will retain all documentation and Workplace Violence Reports. The County Manager will also make recommendations to the Legislature to remedy any security breaches or suggest new policy to create a more secure working environment. An annual report will be prepared and submitted by the County Manager to the Legislature and Personnel Department stating the number of instances of workplace violence, including a general overview of the nature of violence reported.

XII. REPORTING A SERIOUS VIOLATION OF THIS POLICY

Labor Law Section 27-b, The New York State Workplace Violence Prevention Act, provides the following course of action for any employee who feels there is a serious violation of this policy.

Application:

- a.) Any employee or authorized employee representative who believes that a serious violation of the workplace violence protection program exists or that an imminent danger exists shall bring such matter to the attention of a supervisor in the form of a written notice and shall afford the County of Sullivan a reasonable opportunity to correct such activity, policy or practice. Written notice shall not be required where imminent danger or threat exists to the safety of a specific employee or to the general health of a specific patient and the employee reasonably believes in good faith that reporting to a supervisor would not result in corrective action.
- b.) If following a referral of such matter to the employee's supervisor's attention and after a reasonable opportunity to correct such activity, policy or practice the matter has not been resolved and the employee or representative of employees still believes that a violation of a workplace violence prevention program remains, or that an imminent danger exists, such employee or representative of employees may request an inspection by giving notice to the County Manager of such violence or danger. Such notice and request shall be in writing, shall set forth with reasonable particularity the grounds for the notice, shall be signed by such employee or representative of employees, and a copy shall be provided by the County Manager to the department head or the person in charge no later than the time of inspection, except that on the request of the person giving such notice, such person's name and the names of individual employees or representatives of employees shall be withheld. Such inspection shall be made forthwith.
- c.) A representative of the department or division and an authorized employee representative shall be given the opportunity to accompany the County Manager during an inspection for the purpose of aiding such inspection. Where there is no authorized employee representative, the County Manager shall consult with a reasonable number of employees concerning matters of safety in the workplace.
- d.) The authority of the County Manager to inspect premises pursuant to such an employee complaint shall not be limited to the alleged violation contained in such

- complaint. The County Manager may inspect any other area of the premises in which he or she has reason to believe that a serious violation of this section exists.
- e.) No department head or supervisor shall take retaliatory action against any employee because the employee does any of the following:
 - 1. makes an application pursuant to paragraph a of this subdivision;
 - 2. requests an inspection as authorized in paragraph b of this subdivision;
 - 3. accompanies the County Manager as authorized in paragraph c of this subdivision:
- f.) The County Manager may, upon his or her own initiative, conduct an inspection of any premises occupied by an employer if he or she has reason to believe that a violation of this section has occurred or if he or she has a general administrative plan for the enforcement of this section, including a general schedule of inspections, which provide a rational administrative basis for such inspecting. Within one hundred twenty days of the effective date of this paragraph the County Manager shall adopt rules and regulations implementing the provisions of this section.
- g.) Any information obtained by the County Manager pursuant to this subdivision shall be obtained with a minimum burden upon the employers.
- h.) When a request for an inspection has been made in a situation where there is an allegation of an imminent danger such that an employee would be subjecting himself or herself to serious injury or death because of the hazardous condition in the workplace, the inspection shall be given the highest priority by the department and shall be carried out immediately.
- i.) Employer is responsible to develop a Workplace Violence Incident Report, which shall contain, at a minimum: the workplace location where the incident took place; time of day/shift when the incident occurred; a detailed description of the incident, including events leading up to the incident and how the incident ended; names and job titles of involved employees; name or other identifier of other individual(s) involved; nature and extent of injuries arising from the incident; and names of witnesses.
- j.) Notwithstanding anything contained above to the contrary, when a case is a "privacy concern case", as defined below, the employer shall still be liable for developing a Workplace Violence Incident Report as set forth above. However before sharing, a copy of such report with any party other than the County Manager, the employer shall remove the name of the employee who was the victim of the workplace violence and shall instead enter "PRIVACY CONCERN CASE" in the space normally used for the employee's name.
 - 1. Employer shall treat incident involving the following injuries or illnesses as Privacy Concern Cases:

- i. An injury or illness to an intimate body part or the reproductive system;
- ii. An injury or illness resulting from a sexual assault;
- iii. Mental illness;
- iv. HIV infection;
- v. Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and
- vi. Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the Report.
- k) The Workplace Violence Incident Report must be maintained for use in annual program review and updates
- l) Reports and any determinations will be deemed not subject to disclosure under the New York State Freedom of Information Law (hereinafter "FOIL"), unless the complaint is founded. In such case, any such reports and determinations shall be disclosable under FOIL. Otherwise a lawful court order will be required.

Revised and Adopted March 17, 2016

SULLIVAN COUNTY WORKPLACE VIOLENCE REPORT

EMPLOYEE

| Employee Name | Telephone | |
|--------------------------------|------------------------|------|
| | Work | Home |
| Work Address/Location | Employee Title | |
| Department & Supervisor's Name | Departmental Telephone | |

INCIDENT

| Name of Aggressor | Is she/he an employee? Yes No | | | |
|---|--------------------------------|--|--|--|
| Date or Dates of Incident | Location of Incident | | | |
| Assault/Threat was from: Personal Confrontation Please Explain: | _ Telephone Conversation Other | | | |
| Were there witnesses? YES NO If yes, how many? | Provide information below and | | | |
| attach their statements. (Determine if witnesses prefer to remain anonymous due to the concern of | | | | |
| the retaliation by the aggressor.) | | | | |

WITNESSES (If additional Witnesses, provide information on attached sheet of paper.)

| Witness 1 - Name | Telephone: | |
|-------------------------|-----------------------------------|--|
| | Work Home | |
| Work Address & Location | Witness Roll (employee, customer) | |
| Witness 2 – Name | Telephone: Work Home | |
| Work Address & Location | Witness Roll (employee, customer) | |

| IF ASSAULTED |
|--|
| 1. What started the assault? |
| 2. What did the assaulter say when you were assaulted? |
| 3. What was used to hit/strike/injure you? |
| 4. What injuries did you sustain? Was medical treatment necessary? |
| 5. How did the assault end? |
| 6. How did you leave the assault site? |
| IF THREATENED |
| 1. As closely as possible, what were the exact words used? |
| 2. Was the aggressor in a position to carry out the threat immediately? |
| 3. How serious do you believe the treat was and why? |
| EMPLOYEE RELATED ACTIONS |
| What actions were taken by the employee?)e.g. workers compensation, obtained medical treatment, used sick/leave/ vacation time, etc.) |
| What specific actions from the County does the employee request related to the incident? If none, so indicate. |

| LAW ENFORCEMENT INFO | RMATION (Attac | ch a copy o | of the police report, | | |
|---|----------------------|--------------|-----------------------------------|-----------------------|--|
| Law Enforcement Agency Co | ntacted (Name of | Officer) | Date Contacted | Telephone | |
| Was a written report complete | d? YES NO | What act | l iion was promised? | | |
| hereby certify the above repor | rt made is a true ac | ecounting of | of the incident desc | ribed and the | |
| above questions have been answerjury. | wered truthfully an | nd to the bo | est of my ability un | der penalty of | |
| | | Signa | Signature of Person Making Report | | |
| | | | Title | | |
| SUPERVIOSRS ACTIONS | | | | | |
| Directions given to employee | (i.e. go home, go | to hospital | I, etc.) | | |
| | | | | | |
| Supervisors Recommendation Other, Please specify: | Prosecution | on Re | straining Order | _ Letter to Aggressor | |
| LEGAL COUNSEL ACTION | N(S)/RECOMME | NDATIO | NS | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NOTIFICATION DATES Received: | Employee Notifi | ied | | | |
| Received. | of Chosen Actio | | | | |
| County Manager/Personnel | EAP Officer | Was | s employee and ma | nagement notified of | |
| Officer Notified: | Notified: | | * • | e pursued personally? | |
| YES NO | YES NO | YES | * | | |
| Supervisors Signature | | Danart | ment Head Signatu | re | |
| ± | | | Date: | | |
| Daic. | | | Date: | | |