

# CATTARAUGUS COUNTY



## WORKPLACE VIOLENCE PREVENTION PROGRAM

Adopted by Resolution of the  
County Legislature on  
April 13, 2011

Revised August 15, 2016

# TABLE OF CONTENTS

SECTION 1 – INTRODUCTION	3
POLICY STATEMENT	3
OVERVIEW OF THE NEW YORK STATE WORKPLACE VIOLENCE PREVENTION ACT	5
WHAT IS WORKPLACE VIOLENCE?	6
WHAT IS A WORKPLACE VIOLENCE INCIDENT?	7
SAVINGS CLAUSE	8
SECTION 2 – EMPLOYEE AND SUPERVISOR ROLES AND RESPONSIBILITIES	9
EMPLOYEE RESPONSIBILITIES	9
SUPERVISOR RESPONSIBILITIES	9
HAZARD REDUCTION TEAM	10
SECTION 3 – RESPONSE PROCEDURES	11
DURING AN INCIDENT	11
POST INCIDENT	11
DEALING WITH CONFLICT	12
LIST OF RISK FACTORS	12
DEALING WITH POTENTIALLY VIOLENT INDIVIDUALS	13
SECTION 4 – TRAINING AND EDUCATION	15
SECTION 5 – INCIDENT RECORDKEEPING, REPORTING, AND INVESTIGATION	16
INCIDENT RECORDKEEPING	16
INCIDENT REPORTING	17
INCIDENT INVESTIGATION	19
SECTION 6 – WORKPLACE RISK ASSESSMENT	21
ASSESSMENT PROCESS	21
ASSESSMENT OUTCOMES	21
SECTION 7 – FORMS	23
SECTION 8 – APPENDICES	24
Workplace Specific Risk Factors List is on file in Human Resources Office	

# SECTION 1 – INTRODUCTION

---

## ***POLICY STATEMENT***

The County of Cattaraugus is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our agency, staff and clients.

Workplace Violence is defined as any physical assault or act of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment including, but not limited to, an attempt or threat, whether verbal or physical, to inflict physical injury upon an employee; any intentional display of force which would give an employee reason to fear or expect bodily harm; intentional and wrongful physical contact with a person without his or her consent that entails some injury; or 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.

Acts of violence against any of our employees where any work-related duty is performed will be thoroughly investigated and appropriate action will be taken, including involving law enforcement authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other as well as clients and visitors, following all policies, procedures and practices, and for assisting in maintaining a safe and secure work environment.

This policy is designed to meet the requirements of New York State Labor Law Article 2 §27-b and highlights some of the elements that are found within our Workplace Violence Prevention Program. The process involved in complying with this law includes a workplace evaluation that is designed to identify the risks of workplace violence to which our employees could be exposed. Employees may request a copy of their duty- or location-specific risk assessment and risk mitigation list from the Personnel Officer or his/her designee. Authorized employee representative(s) will, at a minimum, be involved in:

- evaluating the physical environment;
- developing the Workplace Violence Prevention Program; and
- reviewing workplace violence incident reports at least annually to identify trends in the types of incidents reported, if any, and reviewing the effectiveness of the mitigating actions taken.

All employees will participate in the annual Workplace Violence Prevention Training Program. The goal of this policy is to promote the safety and well-being of all people in our workplace. All incidents of violence or threatening behavior will be responded to immediately upon notification. All personnel are responsible for notifying the contact person designated below of any violent incidents, threatening behavior, including threats they have witnessed, received, or have been told that another person has witnessed or received.

Below is a description of the employer's incident alert and notification procedure for employees to follow in the event of a workplace violence incident and a description of how the authorized employee representatives are involved in the workplace violence prevention program:

1. Employee would submit workplace violence incident report to Department Head or Personnel Officer or his/her designee;
2. Reports of workplace violence will be processed by the Personnel Officer or his/her designee;
3. Personnel Officer or his/her designee will investigate the complaint and involve the Department Head in the investigation, if necessary;
4. All reports will be dated and numbered and shall be retained as records in the Human Resources Department, within the time limits for retention under the retention guidelines and County policies;
5. If it is determined by the Personnel Officer or his/her designee that a workplace violence incident has occurred, then the procedure with the County workplace violence program will be followed. The workplace violence program can be found at [www.cattco.org](http://www.cattco.org) in Human Resources or posted as provided for in the workplace violence program; and
6. The documented workplace violence incident reports will be reviewed with the Workplace Violence Hazard Reduction team, which includes appointees from each employee representative unions, on a quarterly basis.

Designated Contact Person and Title: Julie Carr, Personnel Officer  
Department: Cattaraugus County Human Resources  
Address: 303 Court Street  
Little Valley, New York 14755  
Phone: 716-938-2241  
E-mail: [jjcarr@cattco.org](mailto:jjcarr@cattco.org)

\*\*\*\*\*

For the purpose of this program, the workplace is defined as any location away from an employee's home, either permanent or temporary, where the employee performs any work-related duty in the course of employment. This includes, but is not limited to, County-owned buildings and surrounding perimeters, parking lots, work sites, clients' homes, and traveling to and from work assignments.

Any incident of workplace violence or imminent danger must be promptly reported to the Department Head who should thereafter report the incident to the Personnel Officer as outlined in Section 5 (Incident Record Keeping, Reporting and Investigation) of this program manual.

Violations of this policy will result in appropriate remedial, disciplinary, and/or legal action, according to the circumstances. An employee will not be subject to criticism, reprisal, retaliation, demotion, discrimination, disciplinary action, or other adverse employment action for making a good faith report of acts pursuant to this program.

This Workplace Violence Prevention Program policy statement will be posted where notices to employees are normally displayed. In addition, a copy of the program manual will be made available to employees, the authorized employee representative(s), and the Commissioner of the New York State Department of Labor at each of the County's work sites during normal working hours.

## ***OVERVIEW OF THE NEW YORK STATE WORKPLACE VIOLENCE PREVENTION ACT***

Based on an increasing awareness of, and in response to, the violence that was occurring in public sector workplaces, the New York State Workplace Violence Prevention Act was passed in 2006. The Act amended NYS Labor Law by adding Section 27-b. Section 27-b requires all state and local government employers to take steps to ensure their employees are provided adequate protection from potential incidents of violence in the workplace.

Among other stipulations, Section 27-b requires Cattaraugus County to:

1. Conduct a risk assessment of its work sites to identify and address any existing risk factors that may increase the possibility of workplace violence;
2. Provide training for all employees (upon initial assignment and annually thereafter) which informs them of the risk factors that may be present at their work sites, the measures they can take to protect themselves from such risks, and the steps the employer has implemented to protect employees, such as appropriate work practices, emergency procedures, and use of security alarms and other devices; and
3. Develop and implement a written workplace violence prevention program that lists the risk factors and the methods the employer is using to prevent violence and minimize or eliminate identified hazards.

## ***WHAT IS WORKPLACE VIOLENCE?***

An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;

Any intentional display of force which would give an employee reason to fear or expect bodily harm;

Intentional and wrongful physical contact with a person without his or her consent that entails some injury;

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.

Workplace Violence Prevention Program. An employer program designed to prevent, minimize and respond to any workplace violence, the development and implementation of which is required by Article 2, Section 27-b of the New York State Labor Law.

Workplace violence can be inflicted by an employee, a supervisor, department head, resident, member of the public, contractor, vendor, family member, or even a stranger.

Examples of types of Workplace Violence:

The following are examples of **Level I** types of workplace violence incidents:

- Attempt or threat, whether physical or verbal, to inflict physical injury upon an employee

The following are examples of **Level II** types of workplace violence incidents:

- Threatening with an object
- Verbal threats of assault
- Obscene or threatening calls
- Being followed or stalked

The following actions are examples of **Level III** types of workplace violence incidents:

- Pushing
- Grabbing
- Striking with an object
- Sexual Assault
- Stabbing
- Homicide
- Shooting

## **WHAT IS A WORKPLACE VIOLENCE INCIDENT?**

For the purpose of this program, workplace violence incident / workplace violence is defined as one or more of the following:

- a. An attempt or threat, whether verbal or physical, to inflict injury upon an employee;
- b. Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- c. Intentional and wrongful physical contact with a person without his or her consent that entails some injury; or
- d. 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 or in the course of employment.

**Workplace Violence Prevention Program.** An employer program designed to prevent, minimize and respond to any workplace violence, the development and implementation of which is required by Article 2, Section 27-b of the New York State Labor Law.

While sexual harassment (as defined in Executive Order #19 and the New York State Human Rights Law) is prohibited by Cattaraugus County, it is specifically excluded from the definition of a workplace violence incident. An employee should refer to the Cattaraugus County's Sexual Harassment Policy for more information about this topic.

### *Workplace Violence Imminent Danger*

The Department of Labor defines an imminent danger as any conditions or practices in any place of employment which are such that a danger exists that could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated.

### *Other Definitions*

The following definitions as set forth in Article 27b of the New York State Labor Law and 12 NYCRR Part 800.6 are to be used, incorporated into and made a part of this program.

**Authorized Employee Representatives** - An employee authorized by the employees or the designated representative of an employee organization recognized or certified to represent the employees pursuant to Article 14 of the Civil Service Law.

**Employee** - A public employee working for an employer.

**Employer** - The State, any political subdivision of the State, any public authority

public benefit corporation, and any other governmental agency or instrumentality thereof, except that an employer shall not include, for purposes of this part, any employer defined as such in Section twenty-eight hundred one-a (2801a) of the Education Law.

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.

Serious Physical Harm - Physical injury which creates a substantial risk of death, or which causes death or serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ or a sexual offense as defined in Article 130 of the Penal Law.

### ***SAVINGS CLAUSE***

Cattaraugus County has made every effort to ensure that this Workplace Violence Prevention Program complies with NYS Department of Labor regulations. In the event any of the provisions, portions or applications of this program are found to be invalid or inconsistent with any superseding legal requirements by any tribunal of competent jurisdiction, then the provisions, portions or applications specified in such decision shall be of no force and effect, but the remainder of this program shall continue to be in full force and effect.

## **SECTION 2 – EMPLOYEE AND SUPERVISOR ROLES AND RESPONSIBILITIES**

---

### ***EMPLOYEE RESPONSIBILITIES***

Employee and authorized employee representative involvement in Cattaraugus County's Workplace Violence Prevention Program is essential to the program's success. Employees are expected to read, understand, and comply with the County's program and to attend ongoing education and training on workplace violence. Any questions should be directed to the employee's Department Head.

Employees must promptly report any violations of the County's Workplace Violence Prevention Program or any workplace violence imminent danger in accordance with the reporting procedures outlined in Section 5 (Incident Recordkeeping, Reporting, and Investigation) of this program manual.

#### ***Protective and Restraining Orders***

An employee who applies for or obtains a protective or restraining order which lists specific workplace locations as being protected areas must provide the employee's Department Head a copy of the petition and declaration used to seek the order. The Department Head is to notify the Personnel Officer and/or the County Attorney immediately. A copy of any temporary or permanent protective or restraining order that was granted must also be provided. The County will follow confidentiality procedures that recognize and respect the privacy of the reporting employee.

### ***SUPERVISOR RESPONSIBILITIES***

Department Heads are responsible for communicating the Workplace Violence Prevention Program to employees and answering any of their questions. Department Heads are expected to enforce the program in a fair and consistent manner and ensure all aspects of the program under their area of responsibility are properly met.

If an employee notifies his/her Department Head of an actual or potential workplace violence incident or submits a completed Workplace Violence Incident Report (Form-1), the Department Head is responsible for following the reporting procedures as outlined in Section 5 (Incident Recordkeeping, Reporting, and Investigation) of this program manual.

## ***HAZARD REDUCTION TEAM***

Cattaraugus County will establish a Hazard Reduction Team to administer the Workplace Violence Prevention Program. The responsibilities of each individual team member shall be determined by the Safety Engineer. The Hazard Reduction Team will include representation from all of the unions employee representatives. The listing of the County's Hazard Reduction Team members is available in the Office of the Personnel Officer.

The team's responsibilities will include, but will not be limited to:

- Conducting a comprehensive risk assessment of the entire workplace to identify any factors or situations that may place employees at risk of violence;
- Conducting employee surveys and interviews to obtain feedback on the risk factors employees believe are present in the workplace, to determine if there have been previous workplace violence incidents, etc.;
- Developing and implementing risk reduction strategies and plans for responding to acts of violence;
- Coordinating employee training and education programs relating to workplace violence;
- Investigating workplace violence incidents and implementing any necessary measures to reduce or eliminate the likelihood of similar incidents occurring;
- Reviewing the Workplace Violence Prevention Program at least annually, to include analyzing Workplace Violence Incident Reports to identify trends in the types of incidents that occurred during the year and to determine the effectiveness of the mitigating actions taken; and
- Updating the Workplace Violence Prevention Program as needed.

## **SECTION 3 – RESPONSE PROCEDURES**

---

### ***DURING AN INCIDENT***

If a threatening situation arises:

- Try to remain calm;
- Remove yourself from the threat as soon as possible;
- Immediately call, or alert others to call, for on-site assistance from the appropriate resource (e.g., supervisor, police, ambulance). Refer to the County's emergency evacuation plan for the appropriate emergency contact number; and
- Notify coworkers as soon as practical to enable them to also reach safety if danger is imminent and applicable to them.

### ***POST INCIDENT***

If a workplace violence incident occurs or an employee submits a Workplace Violence Incident Report, a member of the Hazard Reduction Team or Safety Engineer will conduct a thorough investigation of the situation.

The County will respect the privacy and confidentiality rights of employees during investigations to the greatest extent possible, although the County cannot guarantee complete confidentiality.

Based on the specific situation and the results of the team's investigation, appropriate measures will be taken, if needed, to eliminate or reduce the likelihood of similar workplace violence incidents occurring in the future. If the workplace violence incident was related to a threat, all employees who might be affected if the threat-maker were to carry out such threat will be given proper notification. Throughout the investigation, the County will maintain open lines of communication with employees, visitors, and the public to answer questions and alleviate anxiety.

Cattaraugus County will provide information to potential or actual victims about the options available to them, such as obtaining a restraining order against the threat maker, obtaining follow-up medical care, if applicable, and/or the availability of any counseling services through an Employee Assistance Program (EAP) or a similar resource.

## ***DEALING WITH CONFLICT***

There is no sure way to tell whether someone will become violent. However, there are often warning signs before violence occurs. These warning signs do not mean that the individual will actually become violent, but in combination, they should be a cause for concern. Warning signs of potentially violent individuals include, but are not limited to:

- Written, oral, or implied threats or intimidation
- Fascination with weaponry or acts of violence
- Theft or sabotage of projects or equipment
- Alcohol or drug abuse in the workplace
- Expressions of hopelessness or heightened anxiety
- Intention to hurt self or others
- Lack of concern for the safety of others
- Externalization of blame
- Irrational beliefs and ideas
- Romantic obsession
- Displays of excessive or unwarranted anger
- Feelings of victimization
- Inability to take criticism
- New or increased sources of stress at home or work
- Productivity and/or attendance problems

## ***LIST OF RISK FACTORS***

The County, through the Workplace Violence Prevention Hazard Reduction Team and the County, has identified the following occupations on County property and in the County workplace as potential high risk for workplace violence:

- 1) offices which handle the exchange of money, including cash, checks and credit card receipts;
- 2) offices which handle issues which are stressful to employees and members of the public who receive services through or from the County, such as the Department of Community Services, Department of Social Services, Department of Aging, Probation Department, Veterans Services, Youth Bureau, Department of Health, County Clerk's Office, Department of Motor Vehicles, Department of Public Works, Sheriff's Office and County Jail, County Nursing Homes, and ancillary services of the County;

- 3) offices which handle issues which are stressful to employees, such as the Department of Human Resources, County Administration, and County Court areas;
- 4) working alone or in small groups; and
- 5) working late at night or early in the morning.

A list of additional and specific risk factors are set forth in Section 8, a copy of which is on file in the Human Resources Office and each employee may review his/her workplace site upon request.

## ***DEALING WITH POTENTIALLY VIOLENT INDIVIDUALS***

### **Do's**

- Do project calmness. Move and speak slowly, quietly, and confidently.
- Do listen attentively and encourage the person to talk
- Do let the speaker know that you are interested in what he or she is saying
- Do maintain a relaxed yet attentive posture
- Do acknowledge the person's feelings and indicate that you can see he or she is upset
- Do ask for small, specific favors such as asking the person to move to a quieter area
- Do establish ground rules. State the consequences of violent or threatening behavior.
- Do employ delaying tactics that give the person time to calm down. For example, offer a glass of water.
- Do be reassuring and point out choices
- Do help the person break down big problems into smaller, more manageable problems
- Do accept criticism. When a complaint might be true, use statements such as, "You're probably right" or "It was my fault." If the criticism seems unwarranted, ask clarifying questions.
- Do arrange yourself so that your exit is not blocked
- Do make sure there are three to six feet between you and the other person

### **Don'ts**

- Don't make sudden movements that may seem threatening
- Don't speak rapidly, raise your volume, or use an accusatory tone
- Don't reject all demands
- Don't make physical contact, jab your finger at the other person, or use long periods of eye contact

- Don't pose in challenging stances, such as directly opposite someone, hands on hips, or with arms crossed
- Don't challenge, threaten, or dare the individual. Never belittle the other person.
- Don't criticize or act impatient
- Don't attempt to bargain with a threatening individual
- Don't try to make the situation seem less serious than it is
- Don't make false statements or promises you cannot keep
- Don't try to impart a lot of technical or complicated information when emotions are high
- Don't take sides or agree with distortions
- Don't invade the individual's personal space

## SECTION 4 – TRAINING AND EDUCATION

---

All employees will receive training and education on the risks of workplace violence. Training will be provided at the time of hire and at least annually thereafter. Additional training may be required prior to starting a new job assignment, if new laws relating to workplace violence are enacted or there are changes in any current laws, or if the County makes significant changes in its Workplace Violence Prevention Program.

Employees may request a copy of their duty-or-location specific risk assessment and risk mitigation list from the Personnel Officer or his/her designee.

At a minimum, the County's employee training and education will address the following:

- Overview of the New York State Workplace Violence Prevention Act and NYS Labor Law Section 27-b
- Overview of the County's Workplace Violence Prevention Program
- Workplace location of the County's Workplace Violence Prevention Program manual and procedures for obtaining a copy
- Definition of workplace violence and the three levels of workplace violence
- Methods of recognizing and responding to the three levels of violence
- Standard response action plan for violent situations
- Procedures for reporting a workplace violence incident or imminent danger
- How and when incidents will be investigated by the County
- The risk factors identified in the Hazard Reduction Team's risk assessment and determination
- Measures employees can take to protect themselves from identified risks
- Procedures, policies, safety devices, and/or work environment accommodations that have been implemented to protect employees based on the results of the risk assessment

Specialized training and education shall be provided to those employees who are at higher risk of workplace violence based on their job duties and/or work site location, such as law enforcement personnel.

Employees will be provided access to a copy of the County's Workplace Violence Prevention Program and will be required to sign a Policy Acknowledgement Form (Form-3) and a Training Acknowledgement Form (Form-4). These signed acknowledgement forms will be placed in the employee's personnel file.

Training shall also include a review of the Site Specific Risk Factors.

## **SECTION 5 – INCIDENT RECORDKEEPING, REPORTING, AND INVESTIGATION**

---

### ***INCIDENT RECORDKEEPING***

Cattaraugus County will maintain accurate records regarding all workplace violence incidents. The County will adhere to all of the requirements of 12 NYCRR Part 801, known as the Public Employer Recordkeeping Rule, which is implemented pursuant to Section 27-a of the Labor Law, for the recording of employee injuries or illnesses due to workplace violence incidents. All workplace violence incident forms will be kept according to the applicable retention and disposition schedules.

Any situation that meets the definition of a workplace violence incident as defined in Section 1 (Introduction) page 4, or any workplace violence injury that results in imminent danger, serious physical harm, death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness will be documented on a Workplace Violence Incident Report. Any recordable injury will also be documented on the SH 900 Log.

If a workplace violence incident meets the definition of a privacy concern case as specified below, before sharing a copy of the Workplace Violence Incident Report Form with any party other than the Department of Labor, the County will remove the name of the employee who was the victim of the workplace violence incident and shall instead enter "PRIVACY CONCERN CASE" in the space normally used for the employee's name. The County will treat incidents involving the following injuries or illnesses as privacy concern cases:

- (1) An injury or illness to an intimate body part or the reproductive system;
- (2) An injury or illness resulting from a sexual assault;
- (3) Mental illness;
- (4) HIV infection;
- (5) Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material;
- (6) Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the Report.

## ***INCIDENT REPORTING***

The County will follow all federal, state and local laws and procedures in the reporting of workplace violence incidents.

### *Internal Reporting Procedures*

Any employee or authorized employee representative who believes that a workplace violence imminent danger exists or that there has otherwise been a violation of the County's Workplace Violence Prevention Program should report such to the employee's Department Head. If the Department Head is unavailable or is a party to the violation, the report should be made to the Personnel Officer or his/her designee. If the Personnel Officer or his/her designee is unavailable or is a party to the violation, the request should be made to the County Administrator or the County Attorney.

An employee is responsible for reporting all incidents of Level I violence in writing as soon as practicable from the time of the occurrence using the Workplace Violence Incident Report. All Level II and Level III incidents should be reported immediately using this form, as soon as practicable after the incident.

The Department Head, in turn, is responsible for forwarding copies of the Workplace Violence Incident Report to the Safety Engineer. If the Safety Engineer is unavailable or is a party to the violation, the report should be made to the Personnel Officer. All Level II and Level III incidents are suggested to be forwarded immediately and all Level I incidents should be forwarded within 48 hours of the incident. These reporting time frames are suggested, not mandated.

### *Reporting Process/Procedure*

Incidents of violence, threats or violence or observations of violence in the workplace in the County are not to be ignored by any member of the County workforce. Workplace violence should promptly be reported to the appropriate County official below. Additionally, all employees of the County are encouraged to report behavior they reasonably believe poses a potential for workplace violence in order to maintain a safe working environment.

Designated Contact Person:	Julie Carr
Title:	Personnel Officer
Department:	Human Resources
Phone:	716-938-2241
Email:	jjcarr@cattco.org

A. Any person experiencing or witnessing imminent danger or personal injury or violence involving weapons or actual violence should call the police 911 emergency, then report to the employee's immediate supervisor or Department Head and Personnel Officer.

B. Every threat should be reported to best maintain safety for the entire County.

C. Any individual who makes a threat, exhibits threatening behavior, or engages in violent acts in the County workplace may be subject to removal from the premises as quickly as safety permits.

If, after providing the County a reasonable opportunity to resolve the situation set forth in the Workplace Violence Incident Report, the employee believes that a violation of the County's program still exists or that there continues to be a workplace violence imminent danger, the employee may contact the Commissioner of Labor at the NYS Department of Labor to request an inspection. Such request must be in writing, be signed by the employee or the employee's authorized representative, and include specific information as to the alleged violation or imminent danger. The Commissioner of Labor will provide a copy of the employee's notice to Cattaraugus County no later than the time of inspection. The employee may request that his or her name, the names of individual employees, and/or the authorized employee representative's name be withheld from the County.

**An employee is not required to provide written notice to the Department Head if a workplace violence imminent danger exists to the safety of a specific employee or to the general health of a specific person and the employee reasonably believes in good faith that reporting this information to the Department Head would not result in corrective action.**

An employee will not be subject to criticism, reprisal, retaliation, demotion, discrimination, disciplinary action, or other adverse employment action for making a good faith report of acts pursuant to this program.

The reports must be in writing and shall be maintained for annual program review by the County. The review and update shall set forth any mitigating steps taken in response to any incident of workplace violence.

#### *Law Enforcement Reporting Procedures*

The Department Head or any County Official with knowledge is responsible for reporting any workplace violence incident that may be of criminal or domestic violence nature to the Cattaraugus County Sheriff's office. The Department Head or County Official will also notify the Personnel Officer and/or the County Attorney immediately upon reporting the incident to the authorities.

If a pattern of workplace violence incidents involving criminal conduct or serious injury develops, Cattaraugus County will work with the District Attorney and/or Sheriff's Office to develop a protocol to ensure that any future violent crimes occurring in the workplace are promptly investigated and appropriately prosecuted.

If an employee chooses to file a criminal complaint, the County will provide the employee with the protocol and contact information for the District Attorney and/or

County Sheriff's Office. The County will not infringe upon the right of an employee to pursue or file a criminal complaint.

### *DOSH Reporting Requirements*

The County is required to report any workplace violence related fatalities and multiple hospitalizations to the DOSH District Office within eight hours of the incident. (Refer to NYCRR Part 801 for complete information pertaining to employee recordkeeping and PESH reporting requirements). The nearest Division of Safety and Health (DOSH) District Office is located at:

Buffalo District Office  
65 Court Street, Room 400, Buffalo, NY 14202  
Phone: (716) 847-7133  
Fax: (716) 847-7108

DOSH will use the same criteria to review complaints as that utilized by the Public Employee Safety and Health (PESH) Program. Whenever there is a workplace violence incident resulting in an employee fatality or multiple employee hospitalizations, DOSH will conduct an on-site inspection. Other valid complaints that do not involve a fatality or multiple hospitalizations may result in an on-site inspection to determine if the County is in compliance with the Workplace Violence Prevention Act.

## ***INCIDENT INVESTIGATION***

### *Risk Assessment after a Workplace Violence Incident*

The Hazard Reduction Team or Safety Engineer will coordinate or perform a risk assessment and determination immediately after the occurrence of a workplace violence incident. The investigation may take various forms, depending upon the type of incident.

Upon completion of its review, the Hazard Reduction Team or Safety Engineer will address the cause(s) of the incident and take the necessary steps to eliminate or reduce the likelihood of such an incident occurring again. The team may also make recommendations for revising the Workplace Violence Prevention Program. Any revisions to the program will be put in writing and made available to employees. Employee training will be provided if significant changes to the program are made. The County will also consider global prevention enhancements at all work sites which may be necessary to properly protect employees.

### *Annual Review of Workplace Violence Incident Reports*

The Hazard Reduction Team or Safety Engineer is responsible for reviewing and updating the County's Workplace Violence Prevention Program at least annually. Part of this review will include summarizing the Workplace Violence Incident Reports and SH 900 Logs from the previous 12 months so they can be analyzed for any trends in the types of workplace violence incidents occurring and to review the effectiveness of the mitigating actions the County has taken. The County will review the incident reports at least annually with the Hazard Reduction Team.

## **SECTION 6 – WORKPLACE RISK ASSESSMENT**

---

### ***ASSESSMENT PROCESS***

As required by Section 27-b of the New York State Labor Law, Cattaraugus County performed and will continue to perform a risk assessment of the workplace in general and each work site.

The work site specific risk assessment process included:

- An examination of the workplace to determine existing or potential hazards that may place employees at risk for incidents of workplace violence, paying particular attention to the following: working with the public or in public settings, exchanging money with the public, working alone or in small numbers, working late night or early morning, uncontrolled access to the workplace, and having a mobile workplace;
- An examination of past workplace violence incidents to identify any patterns as to the type and cause of injuries, particular work areas, or specific operations or individuals involved;
- A review of occupational injury and illness records (i.e., SH-900 and SH-900.2 logs, C-2 forms), accident reports, and any available insurance, police, or other incident reports in order to identify injuries that may have been the result of workplace violence.
- Employees may request a copy of their duty-or-location specific risk assessment and risk mitigation list from the Personnel Officer or his/her designee.

### ***ASSESSMENT OUTCOMES***

#### *Work Site Risk Assessments*

The risk assessment entailed conducting a physical inspection of each worksite where one or more County employees perform any duties pertaining to their assigned job functions.

#### *Review of Workplace Violence Incidents*

A review will be made by the County on an annual basis to review reportable incidents of workplace violence, if any.

### *Review of Occupational Injury and Illness Records*

A review of the SH-900, SH-900.1, and SH-900.2 Logs and Workers' Compensation C-2 Forms for the years 2014 and 2015 was performed by the County and information on injuries due to violence were either recorded or not present for each facility. A review will be made by the County on an annual basis to review reportable incidents of workplace violence, if any.

**It must be recognized that there are no certain means by which workplace violence can be completely prevented, that no process can wholly identify any and all conditions and risk factors that may exist in Cattaraugus County's workplace, and that the County's ability to mitigate those conditions and risk factors may be limited by fiscal and administrative constraints.**

Cattaraugus County is committed to a safe working environment and will continue to assess substantiated risks that are reported. Cattaraugus County has in the past implemented policies and procedures that are designed to lower or eliminate workplace violence. This commitment is further supported by this Program.

## SECTION 7 – FORMS

---

The following forms are to be used in administering Cattaraugus County's Workplace Violence Prevention Program:

**FORM-1** – Workplace Violence Incident Report Form

**FORM-2** – Employee Security Survey Form

**FORM-3** – Policy Acknowledgment Form

**FORM-4** – Training Acknowledgment Form

**This form may be used to document any reportable workplace violence incident.** For any Level I incident, it is recommended that employees report the incident to their Department Head within 48 hours of the occurrence. For all Level II and Level III incidents, the incident should be reported immediately. The Department Head is responsible for completing and forwarding this form to the Personnel Officer and/or Safety Engineer within the same timeframes.

Victim's Name	
Job Title	
Contact Information: Telephone No.; Address: Street, City, State, ZIP	
Communication Preference: Telephone, Mail, Email	
Department / Location	
Date and Time of Incident	
Workplace Location of Incident	
Name / Job Title of Individual Completing Report	
Date Incident Report Completed	
Date Incident Report Received by Human Resources	

The following are examples of **Level I** types of workplace violence incidents.

- Attempt or threat, whether physical or verbal, to inflict physical injury upon an employee

The following are examples of **Level II** types of workplace violence incidents.

- Threatening with an object
- Verbal threats of assault
- Obscene or threatening calls
- Being followed or stalked

The following actions are examples of **Level III** types of workplace violence incidents.

- Pushing
- Striking with an object
- Sexual Assault
- Homicide
- Grabbing
- Stabbing
- Shooting

Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times or locations, please provide approximations, including events leading up to the incident, how the incident ended, and nature and extent of injuries. If the case is a "privacy concern case", remove the name of the employee who was the victim of the workplace violence and enter "Privacy Concern Case" in the space normally used for the employee's name. Privacy concern cases include cases involving (1) injury or illness to an intimate body part or the reproductive system; (2) injury or illness resulting from a sexual assault; (3) mental illness; (4) HIV infection; (5) needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious materials; and (6) other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report. Use additional pages if necessary.

---



---



---

---



---



---



---

List names and job titles of individuals involved in this incident:

Employee Name	Employee Job Title	Contact Information (ie: phone number)

List any individuals who may have witnessed this incident:

Witness Name	Witness Job Title	Witness Work Phone Number

Assailant/Perpetrator	<input checked="" type="checkbox"/>	Name	Address	County	State
Member of the Public	<input type="checkbox"/>				
Employee's Spouse	<input type="checkbox"/>				
Employee's Significant Other	<input type="checkbox"/>				
Employee's Supervisor	<input type="checkbox"/>				
Co-Worker	<input type="checkbox"/>				
Former Employee	<input type="checkbox"/>				
Other (specify)	<input type="checkbox"/>				

\*I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. I understand that Cattaraugus County prohibits any individual from retaliating against me for filing a complaint and that I am to notify my Department Head, the Personnel Officer or the Safety Engineer.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONNEL OFFICER

\_\_\_\_\_  
DATE

**For Internal County Use Only**

Did police respond to the incident?     Yes     No

Was a police report filed?     Yes     No    Police Report Number \_\_\_\_\_

Was the victim injured?     Yes     No

If yes, please specify the injuries and the name and location of the facility that provided medical care:

Did the victim lose any work days?     Yes     No    If yes, number of days \_\_\_\_\_

Has the victim been informed of the crisis counseling services available?     Yes     No

Has the victim received counseling since this incident?     Yes     No

Did the victim have any reason to believe that this incident might occur?     Yes     No

Are you aware of any measure that the County has taken to avert this incident from occurring in the future?

Yes     No    Please describe: \_\_\_\_\_

Has the authorized employee representative been notified?     Yes (date)\_\_\_\_\_     No     N/A

Indicate the steps that have been taken to mitigate future incidents of a similar nature:

Action Taken	Date Completed

Indicate any steps currently being taken by the County to mitigate future incidents and/or any interim protective measures being taken:

Action in Progress and/or Interim Protective Measures	Estimated Date of Completion

Indicate any other work sites, if applicable, that will require similar action to mitigate future incidents:


\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONNEL OFFICER

\_\_\_\_\_  
DATE

As part of the County's effort to provide a safe workplace and minimize the potential for workplace violence, we are requesting your feedback by completing the following survey. Although providing your name is optional, if further clarification is needed, it allows us to contact you directly. **Please complete this survey and return it to the Safety Engineer (Human Resources - Little Valley) in a sealed envelope.**

Name / Job Title: (optional) \_\_\_\_\_

Department: \_\_\_\_\_

Work Location: \_\_\_\_\_

**Workplace violence can be inflicted by an abusive employee, a supervisor, member of the public, family member, or even a stranger.**

The following are examples of **Level 1** types of workplace violence. During the last twelve months of your employment, have you been the victim of, or a witness to, any incident(s) of the nature listed below (check all that apply):

- None                       Verbal threat of physical assault                       Victim of attempted or threatened physical assault

Please describe any incident(s) in greater detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are examples of **Level II** types of workplace violence. During the last twelve months of your employment, have you been the victim of, or a witness to, any incident(s) of the nature listed below (check all that apply):

- None                       Threats of assault                       Obscene calls                       Being followed or stalked

Please describe any incident(s) in greater detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I hereby acknowledge that I have been provided with access to a copy of Cattaraugus County's Workplace Violence Prevention Program manual outlining the County's policy, objectives, procedures, and regulations regarding violence in the workplace. I further acknowledge that I have read or will read the contents of the program manual and will contact my Department Head with any questions.

I understand that the objectives, procedures and regulations in this program manual will remain in effect unless I am notified of changes.

I understand that Cattaraugus County reserves the right to interpret, add to, or revise any part of this program manual, consistent with statutory requirements. Moreover, this program manual may be subject to alteration by changes in federal or state legislation, rules, and/or regulations.

I agree to abide by Cattaraugus County's Workplace Violence Prevention Program's policies and procedures.

---

EMPLOYEE NAME (PLEASE PRINT)

---

EMPLOYEE SIGNATURE

---

DATE OF SIGNATURE

*A copy of this form is to be placed in the employee's personnel file.*

I hereby acknowledge that I have received training on the dangers of workplace violence, identified risk factors and available prevention methods, and my responsibilities and rights with respect to addressing the potential for workplace violence. I have been informed of the County's policy regarding workplace violence and the program and procedures in place to minimize risks.

---

DATE OF TRAINING

---

EMPLOYEE NAME (PLEASE PRINT)

---

SIGNATURE OF EMPLOYEE

---

DATE OF SIGNATURE

## SECTION 8 – APPENDICES

---

### **APPENDIX A – Worksite Risk Assessment Outcomes and Recommendations**

- (1) *Site Specific Recommendations*
- (2) *General Recommendations for All Departments*

### **APPENDIX B - Worksite Risk Assessment Security Checklists**

The Appendices are on file in the Human Resources Office and each employee may review his/her workplace site upon request.