



# CITY OF HORNELL WORKPLACE VIOLENCE PREVENTION PROGRAM



Adopted 3/21/2022

SECTIONS:

- 1. Introduction**
- 2. Employee and Supervisor Roles and Responsibilities**
- 3. Response Procedures**
- 4. Training and Education**
- 5. Incident Recordkeeping, Reporting, and Investigation**
- 6. Workplace Risk Evaluation**
- 7. Forms**

**APPENDICES:**

**Appendix A: Workplace Violence Prevention Policy Statement**

**Appendix B: Workplace Violence Incident Report Form**

**Appendix C: Employee Security Survey Form**

**Appendix D: Policy Acknowledgment Form**

**Appendix E: Training Acknowledgment Form**

**Appendix F: Worksite Risk Evaluations, Outcomes, and Responsibilities**

**Appendix G: Worksite Risk Evaluation Security Checklists**

## 1. INTRODUCTION

**POLICY STATEMENT:** The City of Hornell is committed to providing its employees with a work environment that is safe, secure, and free from violence. The City of Hornell also considers the safety of its residents, vendors, contractors, and the general public to be of paramount importance and strives to provide them the same type of protections while on City property.

In accordance with the New York State Workplace Violence Prevention Act, the City of Hornell has developed a Workplace Violence Prevention Program. As a part of this program, the City of Hornell conducted a comprehensive risk evaluation of the entire workplace. The City of Hornell encourages the participation and cooperation of employees and their authorized employee representative(s) throughout implementation and review of this program.

The City of Hornell will not tolerate ANY acts of violence in the workplace, including but not limited to, physical assault (e.g., hitting, pushing), threatening, intimidating, or aggressive behavior, or verbal abuse or harassment. Employees are prohibited from possessing firearms or weapons (e.g., guns, knives (except for pocket knives used in the normal course of the employee's job), explosives, and other items with the intent to inflict harm) in the workplace, even if the employee is licensed to carry the weapon. The only exceptions are law enforcement and security personnel. An employee who has knowledge that a coworker or visitor possesses a weapon on City property must report this to the Mayor immediately.

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, City -owned buildings and surrounding perimeters, parking lots, work sites, clients'/residents' homes, and traveling to and from work assignments.

Any incident of workplace violence or imminent danger must be promptly reported to the Mayor who should thereafter report the incident to the Chief of Police as outlined in Section 5 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.

The Workplace Violence Prevention Policy statement will be posted where notices to employees are normally displayed. A copy of this Policy statement can be found in Section 7. 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 City'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 the City 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?** For the purpose of this program, the term "violence" means physically harming another, fighting, shoving, pushing, harassing, intimidating, coercing, brandishing weapons, or threatening or talking of engaging in those activities. Workplace violence is any act of physical violence, threats of physical violence, harassment, intimidation, or other threatening, disruptive behavior, whether physical or verbal, that occurs in the workplace.

Workplace violence incidents are generally categorized into three levels:

Level I – Disruptive behavior including, but not limited to verbal abuse, shouting, harassment, bullying, intimidation, obscene language or gestures, or making false statements

Level II – Aggressive or threatening behavior including, but not limited to threatening with an object, verbal threats of assault, obscene or threatening calls, being followed or stalked

Level III – Physical assault including, but not limited to pushing, grabbing, striking with an object, sexual assault, stabbing, shooting or homicide

A number of different actions in the work environment can trigger or cause workplace violence. It may even be the result of non-work-related situations, such as domestic violence or “road rage.”

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.

**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 another person;
- b. Any intentional display of force which would give a person 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 offensive touching;
- d. Harassment of a nature that would give a person reason to fear escalation or make it difficult to pursue a normal life when the harassment arises out of or in the course of employment; or
- e. Stalking a person with the intent of causing fear of material harm to physical safety and health, and when such stalking has arisen through or in the course of employment.

A workplace violence incident may be committed without one person actually touching, striking, or doing bodily harm to another person.

While sexual harassment (as defined in the New York State Human Rights Law) is prohibited by the City, it is specifically excluded from the definition of a workplace violence incident. An employee should refer to the sexual harassment policy in the City’s employee handbook for more information about this topic.

**WORKPLACE VIOLENCE IMMINENT DANGER:** The Department of Labor defines imminent danger as any condition(s) or practice(s) in any place of employment 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.

## **2. EMPLOYEE AND SUPERVISOR ROLES AND RESPONSIBILITIES**

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

Employees must promptly report any violations of the City's Workplace Violence Prevention Program or any workplace violence imminent danger in accordance with the reporting procedures outlined in Section 5 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 Mayor immediately. A copy of any temporary or permanent protective

or restraining order that was granted must also be provided. The City 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, the Department Head is responsible for following the reporting procedures as outlined in Section 5 of this program manual.

**SAFETY COMMITTEE:** The City will establish a Safety Committee to administer the Workplace Violence Prevention Program. The responsibilities of each individual team member shall be determined by the Mayor. The listing of the City's Safety Committee members is available in the office of the Mayor.

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

- Conducting a comprehensive risk evaluation of the entire workplace to identify any factors or situations that may place employees at risk of violence;
- Conducting employee surveys and/or 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.

### 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 City '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 Safety Committee or a designee will conduct a thorough investigation of the situation.

The City will respect the privacy and confidentiality rights of employees during investigations to the greatest extent possible, although the City 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 City will maintain open lines of communication with employees, visitors, and the public to answer questions and alleviate anxiety.

The City 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:

- 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

#### **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.

#### **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 City makes significant changes in its Workplace Violence Prevention Program.

At a minimum, the City'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 City's Workplace Violence Prevention Program
- Workplace location of the City'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 City
- The risk factors identified in the Safety Committee’s risk evaluation 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 evaluation

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 City’s Workplace Violence Prevention Program and will be required to sign a Policy Acknowledgement Form and a Training Acknowledgement Form. These signed acknowledgement forms will be placed in the employee’s personnel file.

## **5. INCIDENT RECORDKEEPING, REPORTING, AND INVESTIGATING**

**INCIDENT RECORDKEEPING:** The City will maintain accurate records regarding all workplace violence incidents. The City 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, 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 City 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 City 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 City 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 City '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 Mayor.

An employee is responsible for reporting all incidents of Level I violence in writing within 48 hours of the occurrence using the Workplace Violence Incident Report. All Level II and Level III incidents must be reported immediately using this form.

The Department Head, in turn, is responsible for forwarding copies of the Workplace Violence Incident Report to the Mayor. If the Mayor is unavailable or is a party to the violation, the report should be made to the Deputy Mayor. All Level II and Level III incidents must be forwarded immediately and all Level I incidents must be forwarded within 48 hours.

If, after providing the City a reasonable opportunity to resolve the situation set forth in the Workplace Violence Incident Report, the employee believes that a violation of the City '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 the City 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 City.

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.

**LAW ENFORCEMENT REPORTING PROCEDURES:** The Department Head or any City Official with knowledge is responsible for reporting any workplace violence incident that may be of criminal or domestic violence nature to the City Attorney, City Clerk, the Mayor and the Chief of Police who will in turn report the incident to the District Attorney's office and the appropriate Law Enforcement Agency.

If a pattern of workplace violence incidents involving criminal conduct or serious injury develops, the City will work with the District Attorney and/or Law Enforcement Agency 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 City will provide the employee with the protocol and contact information for the District Attorney and/or Law Enforcement Agency. The City will not infringe upon the right of an employee to pursue or file a criminal complaint.

**PESH REPORTING REQUIREMENTS:** The City is required to orally report any death of any employee in the work environment, regardless of the cause, or the in-patient hospitalization of two (2) or more employees as a result of a work-related incident, to the PESH District Office within eight hours of the incident. (Refer to NYCRR Part 801 for complete information pertaining to employee recordkeeping and PESH reporting requirements).

Whenever there is a workplace violence incident resulting in an employee fatality or multiple employee hospitalizations, PESH 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 City is in compliance with the Workplace Violence Prevention Act.

**INCIDENT INVESTIGATION:**

**RISK EVALUATION AFTER A WORKPLACE VIOLENCE INCIDENT:** The Safety Committee will coordinate or perform a risk evaluation 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 Safety Committee 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 committee 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 City 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 Safety Committee is responsible for reviewing and updating the City'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 City has taken.

## **6. WORKPLACE RISK EVALUATION**

**EVALUATION PROCESS:** As required by Section 27-b of the New York State Labor Law, the City performed a risk evaluation of the workplace in general and each work site specifically in 2021.

The work site specific risk evaluation 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;
- A survey of employees to gather information regarding violent incidents they may have experienced or witnessed but not reported, as well as to identify conditions that could be contributing to potential incidents.

**EVALUATION OUTCOMES:**

**WORK SITE RISK EVALUATIONS:** The risk evaluation entailed conducting a physical inspection of each worksite where one or more City employees perform any duties pertaining to their assigned job functions.

**REVIEW OF PAST WORKPLACE VIOLENCE INCIDENTS:** A review of accident reports, insurance records, police reports, and other incident reports for the year was performed by the City and information on injuries due to violence were either recorded or not present. A review will be made by the City 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 log, SH-900.1 summary, and Workers' Compensation C-2 Forms for the year was performed by the City and information on injuries due to violence were either recorded or not present. A review will be made by the City on an annual basis to review reportable incidents of workplace violence, if any.

**EMPLOYEE SURVEYS:** Each City employee was provided with a copy of an Employee Security Survey Form and was asked to complete and return the survey to the Mayor.

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 the City's workplace, and that the City's ability to mitigate those conditions and risk factors may be limited by fiscal and administrative constraints.

The City is committed to a safe working environment and will continue to assess substantiated risks that are reported. This commitment is further supported by this program.

**DETAILED RESULTS OF THE WORKPLACE RISK EVALUATION ARE PROVIDED IN THE APPENDICES.**

## **7. FORMS**

The following forms, which can be found in the appendices, are to be used in administering the City's Workplace Violence Prevention Program:

- 1 – Workplace Violence Prevention Policy Statement
- 2 – Workplace Violence Incident Report Form
- 3 – Employee Security Survey Form
- 4 – Policy Acknowledgment Form
- 5 – Training Acknowledgment Form



**APPENDIX A: WORKPLACE VIOLENCE PREVENTION POLICY STATEMENT**

The City of Hornell 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 Art. 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.

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.

**Title, Name, and Department of Designated Contact Person: John J. Buckley, Mayor**

**Phone: 324-7421 ext.458**

**E-mail: [mayorbuckley@cityofhornell.com](mailto:mayorbuckley@cityofhornell.com)**



**APPENDIX B: WORKPLACE VIOLENCE INCIDENT REPORT FORM**

This form must be used to document any reportable workplace violence incident. For any Level I incident, an employee must submit this completed form to the Department Head within 48 hours of the occurrence. For all Level II and Level III incidents, this completed form must be submitted immediately. The Department Head is responsible for forwarding this form to the Mayor within the same timeframes.

Victim’s Name:

---

Job Title:

---

Department/Location:

---

Date and Time of Incident:

---

Location of Incident:

---

Name and Job Title of Individual Completing Report:

---

Date Incident Report Completed:

---

Date Incident Report Received by Mayor:

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

- Harassment
- Obscene language
- Verbal abuse
- Intimidation
- Shouting
- Obscene gestures
- Bullying
- False statements

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
- Stabbing
- Homicide
- Shooting

Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times, or locations, please provide approximations. Use additional pages if necessary.

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List any individuals who may have witnessed this incident.

| <u>Witness Name</u> | <u>Witness Job Title</u> | <u>Witness Phone Number</u> |
|---------------------|--------------------------|-----------------------------|
|                     |                          |                             |
|                     |                          |                             |
|                     |                          |                             |
|                     |                          |                             |

| <u>Assailant/Perpetrator</u> | <input checked="" type="checkbox"/> | <u>Name</u> | <u>Address</u> | <u>County</u> | <u>Stat</u> |
|------------------------------|-------------------------------------|-------------|----------------|---------------|-------------|
| 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"/>            |             |                |               |             |
| Coworker                     | <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 the City of Hornell prohibits any individual from retaliating against me for filing a complaint and that I am to notify my Department Head or the Mayor if I believe that I am a victim of retaliation.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAYOR SIGNATURE

\_\_\_\_\_  
DATE

**FOR INTERNAL USE ONLY**

Did police respond to the incident?

\_\_\_\_\_

Was a police report filed? If yes, please provide the report number:

\_\_\_\_\_

Was the victim injured?

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the victim lose any work days? If yes, specify the number of days: -

\_\_\_\_\_

Has the victim been informed of the crisis counseling services available? -

\_\_\_\_\_

Has the victim received counseling since this incident?

\_\_\_\_\_

Did the victim have any reason to believe that this incident might occur?

\_\_\_\_\_

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

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, has the authorized employee representative been notified? If yes, please specify the date:

\_\_\_\_\_

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

| <u>Action Taken</u> | <u>Completion Date</u> |
|---------------------|------------------------|
|                     |                        |

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

| <u>Action in Progress and/or Interim Protective Measures</u> | <u>Estimated Date of Completion</u> |
|--|-------------------------------------|
|  |                                     |

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAYOR SIGNATURE

\_\_\_\_\_  
DATE

**APPENDIX C: EMPLOYEE SECURITY SURVEY FORM**

As part of the City’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 Mayor in a sealed envelope.

Name/Job Title (optional):

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Department: -

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Work Location: -

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**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 I** 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 \_\_\_\_\_ Harassment of any kind \_\_\_\_\_

Shouting \_\_\_\_\_ Intimidation or bullying \_\_\_\_\_ Obscene language or gestures \_\_\_\_\_

Please describe any incident(s) in greater detail:

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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:

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The following are examples of **Level III** 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 this nature (check all that apply):

None \_\_\_\_\_ Sexual assault \_\_\_\_\_ Stabbing \_\_\_\_\_ Pushing or grabbing \_\_\_\_\_

Shooting \_\_\_\_\_ Assault with biological or chemical material \_\_\_\_\_

Striking with an object \_\_\_\_\_ Striking with hands or feet \_\_\_\_\_

Please describe any incident(s) in greater detail:

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Have you experienced any of the following (check all that apply):

Working alone during off hours where you felt unsafe \_\_\_\_\_

Working in isolated areas or where your whereabouts are unknown to coworkers \_\_\_\_\_

Poor security in and around building and parking lots \_\_\_\_\_

Poor lighting in or around building and parking lots \_\_\_\_\_

What training do you feel would help create a more productive and safe work environment:

Conflict resolution \_\_\_\_\_

What to do if subjected to workplace violence \_\_\_\_\_

How to prevent harassment in the workplace \_\_\_\_\_

How to implement effective counseling and corrective discipline \_\_\_\_\_



Other (please specify)

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Please indicate any other concerns with respect to workplace violence that you would like to address:

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**Thank you for completing this survey.**



**APPENDIX D: POLICY ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I received a copy of the City’s Workplace Violence Prevention Program manual outlining the City’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 or the Mayor 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 the City 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 the City’s Workplace Violence Prevention Program’s policies and procedures.

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

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

\_\_\_\_\_  
DATE

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



**APPENDIX E: TRAINING ACKNOWLEDGEMENT FORM**

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 City’s policy regarding workplace violence and the program and procedures in place to minimize risks.

\_\_\_\_\_  
DATE OF TRAINING

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

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

\_\_\_\_\_  
DATE OF SIGNATURE

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



**APPENDIX F: WORKSITE RISK EVALUATIONS, OUTCOMES, AND RESPONSIBILITIES**

**SITE-SPECIFIC RECOMMENDATIONS:** Based on the risk factors identified in the risk evaluation, it is recommended that the City implement the following measures in the effort to reduce or prevent workplace violence.

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 the City’s workplace, and that the City’s ability to mitigate those conditions and risk factors may be limited by fiscal and administrative constraints.

**DEPARTMENT OF PUBLIC WORKS:**

**Engineering Controls:**

**Work Practice Controls:**

- 1.
- 2.

**Training:**

- 1. Temporary and seasonal employees must be provided with Workplace Violence Prevention Awareness training.

**CITY HALL:**

**Engineering Controls:**

**Work Practice Controls:**

- 1.
- 2.

**Training:**

- 1. Temporary and seasonal employees must be provided with Workplace Violence Prevention Awareness training.





## **APPENDIX G: WORKSITE RISK EVALUATION SECURITY CHECKLISTS**

Checklists for the facilities indicated below are shown on the following pages:

1. Department of Public Works
2. City Hall
3. Police Department
4. Firehouse
5. Sewer Plant
6. Water Plant



**WORKPLACE VIOLENCE SECURITY CHECKLIST**

**Location:** \_\_\_\_\_

**Workplace Violence Prevention Team:**  
 \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_

**Instructions:** The Methods of Control Section (Engineering Controls, On and Off-site Work Practice Controls) and Structural Modifications Sections refer to present conditions. Check "NA" for any items you do not consider applicable to the worksite/facility being evaluated.

| Items  | Yes | No | NA | Notes/Comments |
|--|-----|----|----|----------------|
| <b>1. Security Control Plan - Does it contain the following?</b>                       |     |    |    |                |
| (A) Policy Statement   |     |    |    |                |
| (B) Review of WPV Incident Reports and Injury and Illness Incident Reports (SH 900.2s) |     |    |    |                |
| (C) Methods of Control - Does it contain the following?                                |     |    |    |                |
| <b>(1) Engineering Controls</b>  |     |    |    |                |
| Mirrors to see around corners and in blind spots                                       |     |    |    |                |
| Landscaping to provide unobstructed view of the workplace                              |     |    |    |                |
| "Fishbowl effect" to allow unobstructed view of the interior                           |     |    |    |                |
| Limiting the posting of signs on windows   |     |    |    |                |
| Adequate lighting in and around the workplace  |     |    |    |                |
| Parking lot well lighted   |     |    |    |                |
| Door Control(s) i.e. locks, remote buzzer, panic bars                                  |     |    |    |                |
| Panic Button(s)  |     |    |    |                |
| Door Detector(s) door alarm  |     |    |    |                |
| Closed Circuit TV  |     |    |    |                |
| Stationary Metal Detector  |     |    |    |                |
| Sound Detection  |     |    |    |                |
| Intrusion Detection System   |     |    |    |                |
| Intrusion Panel  |     |    |    |                |
| Video Monitor(s)   |     |    |    |                |
| Video Recorder   |     |    |    |                |
| Video Monitor Switcher   |     |    |    |                |
| Hand Held Metal Detector   |     |    |    |                |

|   |            |           |           |                       |
|---|------------|-----------|-----------|-----------------------|
| Hand held video camera  |            |           |           |                       |
| Personnel traps ("Sally Ports")   |            |           |           |                       |
| Second Exits  |            |           |           |                       |
| <b>Items</b>  | <b>Yes</b> | <b>No</b> | <b>NA</b> | <b>Notes/Comments</b> |
| <b>(2) On-Site Work Practice Controls</b>   |            |           |           |                       |
| Trained in hazardous situation avoidance (i.e. Crisis Prevention Intervention)  |            |           |           |                       |
| Desks Clear of Objects which may become Missiles  |            |           |           |                       |
| Unobstructed Office Exits   |            |           |           |                       |
| Vacant (Bare) Cubicles Available  |            |           |           |                       |
| Reception Area Available  |            |           |           |                       |
| Visitor/Client Sign In/Out  |            |           |           |                       |
| Visitor(s)/Client(s) Escorted   |            |           |           |                       |
| Barriers to Separate Clients from Work Area   |            |           |           |                       |
| One Client Entrance Used  |            |           |           |                       |
| Separate Interview Area(s)  |            |           |           |                       |
| I.D Badges Used   |            |           |           |                       |
| Emergency Numbers Posted by Phones  |            |           |           |                       |
| Telephone systems: (Most systems with voice mail require electricity to work.)  |            |           |           |                       |
| Does your location have voice mail?   |            |           |           |                       |
| If yes, is there battery backup?  |            |           |           |                       |
| Does your location have Power Failure Telephones  |            |           |           |                       |
| Internal Procedures for Conflict (Problem) Situations   |            |           |           |                       |
| Procedures for employee dismissal   |            |           |           |                       |
| Limit Spouse & Family Visits to Designated Areas  |            |           |           |                       |
| Key Control Procedures  |            |           |           |                       |
| Access Control to the Workplace   |            |           |           |                       |
| Objects which may become Missiles Removed from Area   |            |           |           |                       |
| Parking Prohibited in Fire Zones  |            |           |           |                       |
| Other:  |            |           |           |                       |
| <b>(3) Off-Site Work Practice Controls (For staff who work away from a fixed workplace, such as: Field Staff, Social Workers, Recreation Staff, Code Enforcement Officers, Building Inspectors, Police Officers, Fire Department, Sanitation Workers, DPW Personnel, Animal Control Officers, etc.)</b> |            |           |           |                       |
| Trained in hazardous situation avoidance (i.e. Nonviolent Crisis Intervention)  |            |           |           |                       |
| Briefed about areas where they work   |            |           |           |                       |
| Have reviewed past incidents by type and area   |            |           |           |                       |
| Know directions and routes for day's schedule   |            |           |           |                       |

| Previewed client/case histories  |     |    |    |                |
|--|-----|----|----|----------------|
| Left an itinerary with contact information   |     |    |    |                |
| Have periodic check-in procedures  |     |    |    |                |
| After hours contact procedures   |     |    |    |                |
| Partnering arrangements if deemed necessary  |     |    |    |                |
| Items  | Yes | No | NA | Notes/Comments |
| Know how to control/defuse potentially violent situations  |     |    |    |                |
| Supplied with personal alarm/cellular phone/radio  |     |    |    |                |
| Limit visible clues of carrying money/valuables  |     |    |    |                |
| Carry forms to record incidents by area  |     |    |    |                |
| Know procedures if involved in incident (see also Training Section)  |     |    |    |                |
| <b>2. Workplace Violence Prevention Policy Statement Posted by Employer?</b>   |     |    |    |                |
| <b>3. Work Areas Evaluated by Employer?</b> - If yes, specify how often in notes.  |     |    |    |                |
| <b>4. Structural Modifications?</b> (i.e. Plexiglass, glass guard, wire glass, partitions, etc.If yes, explain in Notes) |     |    |    |                |
| <b>5. Security Guards?</b>   |     |    |    |                |
| If yes, are there an appropriate number for the site?  |     |    |    |                |
| Are they knowledgeable of the company WPVP Policy?   |     |    |    |                |
| Indicate if they are:  |     |    |    |                |
| Contract Guards  |     |    |    |                |
| In-house employees   |     |    |    |                |
| At Entrance(s)   |     |    |    |                |
| Building Patrol  |     |    |    |                |
| Guards provided with communication? - If yes, indicate what type in Notes.   |     |    |    |                |
| Did Guards receive training on Workplace Violence situations?  |     |    |    |                |
| <b>6. Workplace Violence Prevention Training Conducted?</b><br>If yes, is it:  |     |    |    |                |
| Prior to Initial Assignment  |     |    |    |                |
| At Least Annually thereafter   |     |    |    |                |
| Does it Include:   |     |    |    |                |
| Hazards unique to job tasks  |     |    |    |                |
| Components of security control plan  |     |    |    |                |
| Engineering and Workplace Controls Instituted at Workplace   |     |    |    |                |
| Recognizing Domestic Abuse   |     |    |    |                |
| How to Anticipate/Read Behavior  |     |    |    |                |
| Techniques to Use in Potentially Volatile Situations   |     |    |    |                |

|   |              |              |              |              |
|---|--------------|--------------|--------------|--------------|
| Procedures to Follow After an Incident  |              |              |              |              |
| Periodic Refresher for On-Site Procedures   |              |              |              |              |
| Opportunity for Q and A with Instructor   |              |              |              |              |
| <b>7. Written Training Records Kept?</b>  |              |              |              |              |
| <b>8. Are Incidents Reported?</b> - If yes, are they:   |              |              |              |              |
| Reported in Written WPV Incident Report?  |              |              |              |              |
| First Report of Injury Form DOSH-900.2? (lost time)   |              |              |              |              |
| <b>Items</b>  | <b>Items</b> | <b>Items</b> | <b>Items</b> | <b>Items</b> |
| <b>9. Incidents Evaluated Timely?</b>   |              |              |              |              |
| EAP Counseling Offered?   |              |              |              |              |
| Were other actions taken? (Reporting Requirements, suggestions, reporting to local authorities, etc. Explain in Notes.) |              |              |              |              |
| Are Steps Taken to Prevent Recurrence? (Explain in Notes.)  |              |              |              |              |
| <b>10. Floor Plans Posted Showing Exits, Entrances, Location of Security Equipment, etc.? - If yes, does it:</b>        |              |              |              |              |
| Include an Emergency Action Plan, Evacuation Plan, and/or Disaster Contingency Plan?                                    |              |              |              |              |
| <b>11. Do Employees Feel Safe?</b>  |              |              |              |              |
| Have employees been surveyed to find out their concerns?  |              |              |              |              |
| Has the employer utilized the crime prevention services and/or lectures provided by the local or State Police?          |              |              |              |              |
| <b>12. Have all employees taken the following?</b> - If not, explain in Notes.  |              |              |              |              |
| Sexual Harassment Prevention Training   |              |              |              |              |

Comments: -

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Signatures:

 \_\_\_\_\_ Date 3-22-22

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

