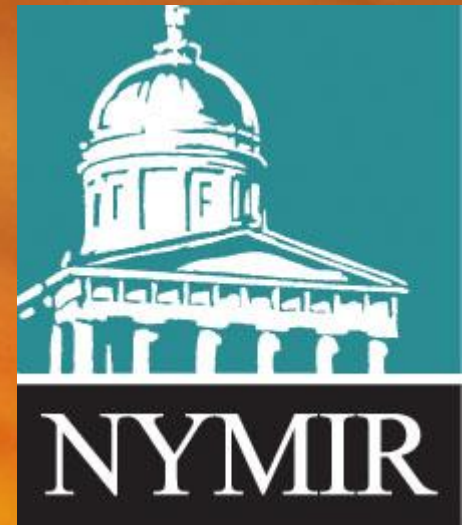


# **Workplace Violence Prevention**

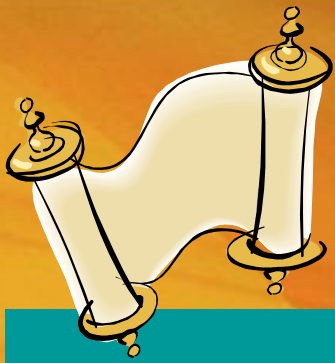
## ***“The New York State Experience”***

Questions: David M. Bloodgood  
Senior Risk Control Specialist  
(845) 412-5262  
[dbloodgood@wrightinsurance.com](mailto:dbloodgood@wrightinsurance.com)





# **Town of Hammond, NY**



# Workplace Violence Act

**Final Rule Effective April 29, 2009**

- Signed Policy Statement needed for Public Employees in New York State within 30 days of hire and annually.



# What is Workplace Violence?

- Any physical assault, acts of aggressive behavior (verbal threats, displays of force and stalking), or other threatening behavior that rises to the level of perception of potential violence occurring in the work setting.
- This includes any location where work is completed – temporary or permanent, on-site or off-site, etc.

# Extent of Workplace Violence Problem

- Job-related homicides were the third leading cause of deaths for all workers.
- **Workplace violence is the #1 cause of occupational death for female employees; and the #2 cause for male employees.**
- Annually, about 500,000 workers lose work-days due to workplace violence.

# Employee Workplace Violence Prevention Training

- Categories
- Policy Statement
- Identifying Risk Factors
- Warning Signs
- Incident Reporting and Review
- Protective Measures
- Hazard Control & Prevention



# Scenario

**Think of examples of  
workplace violence...**

**Robber Holds Up Valero**



# Categories of Workplace Violence

- **TYPE 1** – Violent acts by criminals who have no other connection with the workplace, but enter to commit robbery or other crime.
- **TYPE 2** – Violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.



# Categories of Workplace Violence

- **TYPE 3** – Violence against coworkers, supervisors, or managers by a present or former employee.
- **TYPE 4** – Violence committed in the workplace by someone who doesn't work there, but has a personal relationship with an employee – an abusive spouse or domestic partner.

# Policy Statement

- Adopted by the Board
- Management Commitment
- Employee Involvement

## Town of Hammond

### WORKPLACE VIOLENCE PREVENTION PROGRAM POLICY STATEMENT

April 10, 2019

Our municipality, **Town of Hammond** is concerned and committed to our employees' safety and health. We refuse to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by implementing a Workplace Violence Prevention Program (WPVP). We will provide adequate authority and budgetary resources to responsible parties so that our goals and responsibilities can be met.

All administrators, managers and supervisors are responsible for implementing and maintaining our WPVP Program. We encourage employee participation in designing and implementing our program. We require prompt and accurate reporting of all violent incidents whether or not physical injury has occurred. We will not discriminate against victims of workplace violence.

A copy of this Policy Statement and our WPVP Program is readily available to all employees from the Compliance Officers.

Our program ensures that all employees, including administrators, supervisors and managers, adhere to work practices that are designed to make the workplace more secure, and do not engage in verbal threats or physical actions, which create a security hazard for others in the workplace.

All employees, including administrators, managers and supervisors, are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe and secure work environment.

The management of our municipality is responsible for ensuring that all safety and health policies and procedures involving workplace security are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

Our Program will be reviewed and updated annually.

✓ I have reviewed the Town of Hammond Workplace Violence Prevention Program

Print \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*(This policy statement is taken from the Workplace Violence Awareness and Prevention document developed by OSHA (U.S. Department of Labor).*

"This institution is an equal opportunity provider and employer."

# Risk Factors

- Contact with the public
- Working late at night/alone
- Handling money
- Uncontrolled access to the workplace
- Lack of training in recognizing and managing escalating hostile and aggressive behavior
- Poor outdoor lighting
- Limited access to emergency services

# Violent Warning Signs Checklist

## Violent Warning Signs Checklist

Please check all that apply to the individual in question. One or two signs alone do not necessarily classify the person as being violent. Individuals exhibiting multiple warning signs should be monitored closely.

- Never in a good mood and always feels as if he/she is a victim of his/her surroundings.
- Very controlling and is often obsessed with one or more co-workers.
- Has noted sexual problems, including a history of sexual harassment of co-workers.
- Difficult to work with in group settings and usually prefers to work alone.
- Has a criminal record or a record of drug and/or alcohol abuse.
- Owns a firearm and is a member of a militia group.
- Believes in conspiracy theories and hates the government.
- Recent decline in his/her job performance.
- Spends large amounts of time away from his/her desk.
- Makes others around him/her uncomfortable.
- Approves of violence such as spousal abuse, shooting sprees, fights, etc. and says that victims of such violent acts deserve what they get.
- Recently gone through a traumatic experience, such as a divorce or loss of employment.
- Takes little or no initiative at work.
- Seems withdrawn and disinterested at work.
- Periodically complains about things.
- Usually blames failures on co-workers.
- Becomes defensive when confronted with problems, etc.
- Suffers from recent physiological and psychological changes, such as fluctuations in body weight, loss of sleep, depression, or suicidal tendencies.
- Complains when asked to do something beyond what is written in his/her job description.
- Has a history of high absenteeism from work.
- Very rarely meets deadlines at work.

“If you see something,  
say something.”



# Incident Reporting Procedures

- Report to compliance officers;  
Donald Greene or Pamela Burton
- Compliance officer fills out report and reviews with employee
- Confidentiality is stressed
- Follow through
- Prevention procedures

# Incident Report

“What details should be recorded after an incident occurs?”

## Workplace Violence Incident Report

Today's Date \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

Case Number \_\_\_\_\_

Employee Name \_\_\_\_\_

Title \_\_\_\_\_

Workplace Location \_\_\_\_\_

What was the employee doing just prior to the incident?

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Incident Description, (minimally include names of involved employees, extent of injuries and names of witnesses);

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After the occurrence of a workplace violence incident, the public employer shall consider all worksite prevention enhancement, which may be necessary to properly protect employees.

The employer is responsible for maintaining copies of reports which shall be used when the program is reviewed and updated.

# Incident Reporting/Review

- OSHA/PESH Logs
- Incident Reports
- C-2 Forms
- Police Reports
- Employee/Union Grievances
- Record of Threats

# Protective Measures



- Conflict resolution training for staff
- Risk Evaluation 
- Security 
- Administrative Controls



# Dealing with Violent Situations

- Do be interested in what the person has to say and let the person speak his or her mind.
- Do remain relaxed and project a state of calmness. Position yourself at a right angle to the individual with a clear path to the exit.
- Do practice empathetic listening
- If unreasonable behavior persists, do establish ground rules. Calmly describe the consequences of violent behavior.
- Do use delaying tactics that will give the person time to calm down.
- Do accept criticism in a positive way and when the person is correct, acknowledge him or her. If the criticism is unwarranted, ask clarifying questions.

# Dealing with Violent Situations

- Don't reject all of the person's demands from the start.
- Don't use styles of communication that will turn the person off, such as brush-offs, coldness, or the run-around.
- Don't stand in challenging positions, such as crossing arms or hands on hips.
- Avoid physical contact, finger pointing, or long periods of sustained eye contact.
- Don't make sudden or threatening movements.
- Steady the tone, volume and rate of your speech.
- Don't challenge, threaten, or dare the person.
- Don't attempt to bargain with a threatening person. Never make false statements or promises that you can't keep.
- Don't try to make the situation seem less serious than it is.

# Workplace Risk Evaluations

Inspection or examination of the workplace should include:

- Physical Plant Inspections – entrances, public access, public interaction, exterior lighting, emergency systems, etc.
- Employee Input – surveys, interviews, on-going/ever-present hazard identification and reporting, focus groups and union involvement
- Review previous incident/accident reports and occupational injury and illness logs (SH 900, C-2, etc.)

# Hazard Control & Prevention



- Drop Safes/Signage & Security Guards
- ID Card/Buzzer/Secured Doors/Visitor Sign in
- Monitoring Access Points
- Avoid Working Alone
- Support for staff feeling threatened





# Security Checklists

**Workplace Security Checklist**

Facility: \_\_\_\_\_  
 Address/Work Location: \_\_\_\_\_  
 Assessment Done By: \_\_\_\_\_  
 Date of Assessment: \_\_\_\_\_

**Security Control Plan**  
 Has a Security Control Plan been developed? Yes \_\_\_ No \_\_\_  
 If yes, is it in writing? Yes \_\_\_ No \_\_\_  
 If yes, does it include:

- A. A Policy Statement Yes \_\_\_ No \_\_\_
- B. Evaluation of work areas Yes \_\_\_ No \_\_\_
- C. Identification of control methods considered:
  - 1. Engineering Controls Yes \_\_\_ No \_\_\_
  - 2. Work Practice Controls Yes \_\_\_ No \_\_\_
- D. Training Yes \_\_\_ No \_\_\_
- E. Evacuation and Floor Plan Yes \_\_\_ No \_\_\_

Is the Security Control Plan accessible to all employees? Yes \_\_\_ No \_\_\_  
 Is the Security Control Plan reviewed and updated when a task has been added or changed and at least annually? Yes \_\_\_ No \_\_\_  
 Have you coordinated your Security Control Plan with the local law enforcement agency? Yes \_\_\_ No \_\_\_

**A. Policy Statement**  
 Is the policy statement clearly written and does it support zero tolerance? Yes \_\_\_ No \_\_\_

**B. Work Area Evaluation**  
 Are all areas being evaluated? Yes \_\_\_ No \_\_\_  
 Comments: \_\_\_\_\_

**C. Control Measures**  
**1. Engineering Controls**  
 If appropriate, have the following engineering controls been implemented:

- A. Door Control(s) Yes \_\_\_ No \_\_\_
- B. Panic buttons Yes \_\_\_ No \_\_\_
- C. Door detectors Yes \_\_\_ No \_\_\_
- E. Closed circuit Yes \_\_\_ No \_\_\_
- F. Stationary metal detector Yes \_\_\_ No \_\_\_
- G. Sound detection Yes \_\_\_ No \_\_\_
- H. Intrusion panel Yes \_\_\_ No \_\_\_
- I. Monitors Yes \_\_\_ No \_\_\_
- J. Video tape recorder Yes \_\_\_ No \_\_\_
- K. Switcher Yes \_\_\_ No \_\_\_

4/22/2008 1

**Workplace Security Checklist**

L. Hand held metal detector Yes \_\_\_ No \_\_\_  
 M. Other: \_\_\_\_\_

Have structural modifications been implemented? (e.g. Plexiglass, partitions, etc.) Yes \_\_\_ No \_\_\_  
 If yes, comment \_\_\_\_\_

**2. Work Practice Controls**  
 If appropriate, have the following work practice controls been implemented:

- A. Desk clear of objects Yes \_\_\_ No \_\_\_
- B. Unobstructed office exits Yes \_\_\_ No \_\_\_
- C. Bare vehicles available Yes \_\_\_ No \_\_\_
- D. Reception area available Yes \_\_\_ No \_\_\_
- E. Visitor/client sign in/out Yes \_\_\_ No \_\_\_
- F. Visitor(s)/client(s) escorted Yes \_\_\_ No \_\_\_
- G. Counter top to separate clients from work area Yes \_\_\_ No \_\_\_
- H. One entrance used Yes \_\_\_ No \_\_\_
- I. Separate interview area(s) Yes \_\_\_ No \_\_\_
- J. I.D. badges used Yes \_\_\_ No \_\_\_
- K. Emergency phone numbers posted Yes \_\_\_ No \_\_\_
- L. Internal phone system Yes \_\_\_ No \_\_\_
- M. If yes, indicate:
  - a. Does it use 120 VAC building lines Yes \_\_\_ No \_\_\_
  - b. Does it use phone lines Yes \_\_\_ No \_\_\_
- N. Internal procedures for conflict (problem) situations Yes \_\_\_ No \_\_\_
- O. Parking lot well lighted Yes \_\_\_ No \_\_\_
- P. Other \_\_\_\_\_

Are Security Guards used at this facility? Yes \_\_\_ No \_\_\_  
 If yes, how many \_\_\_\_\_

- A. At entrance(s) Yes \_\_\_ No \_\_\_
- B. Building patrol Yes \_\_\_ No \_\_\_
- C. Are they from a contracted security agency? Yes \_\_\_ No \_\_\_

If no, has consideration been given to the local law enforcement response capability? Yes \_\_\_ No \_\_\_  
 Comments: \_\_\_\_\_

4/22/2008 2

**Workplace Security Checklist**

**D. Training**  
 Has training been conducted? Yes \_\_\_ No \_\_\_  
 If yes, is it provided?  
 1. Prior to initial assignment Yes \_\_\_ No \_\_\_  
 2. Annually thereafter Yes \_\_\_ No \_\_\_

Does training include:

- A. Components of security control plan Yes \_\_\_ No \_\_\_
- B. Engineering controls instituted at the workplace Yes \_\_\_ No \_\_\_
- C. Work practice controls instituted at the workplace Yes \_\_\_ No \_\_\_
- D. Techniques to use in potentially volatile situations Yes \_\_\_ No \_\_\_
- E. How to anticipate/avoid behavior Yes \_\_\_ No \_\_\_
- F. Procedures to follow after an incident Yes \_\_\_ No \_\_\_
- G. Periodic refresher for on site procedures Yes \_\_\_ No \_\_\_
- H. Recognizing abuse/paraphernalia Yes \_\_\_ No \_\_\_
- I. Opportunity for Q&A with instructor Yes \_\_\_ No \_\_\_

Are training records kept? Yes \_\_\_ No \_\_\_

**E. Floor Plan, Evacuation Plan**  
 Are evacuation plans current? Yes \_\_\_ No \_\_\_  
 Are floor plans posted showing exits, entrances, location of security equipment, etc? Yes \_\_\_ No \_\_\_

**F. Conclusions:**  
 Do employees feel safe? Yes \_\_\_ No \_\_\_  
 Comments: \_\_\_\_\_

Comments and Recommendations based on this evaluation:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4/22/2008 3

“What information should be collected during a review of the workplace?”

# Employee Survey Form

06/11/2005 17:48 5184371192 WLSH1 PCBK PAGE 152/195

**Appendix 4**  
**Sample Employee Questionnaire**

Employee Survey on  
 Workplace Violence Hazard Assessment  
 No Signature Needed

Name (Optional) \_\_\_\_\_  
 Date \_\_\_\_\_  
 Department/Unit \_\_\_\_\_  
 Work Location (if at alternate worksite) \_\_\_\_\_

Please assess your department/unit over the last year. Circle TRUE (T), FALSE (F) or DON'T KNOW (D). Thank you for your honest assessment.

**Management Commitment and Employee Involvement**

1. Violence/threats are not accepted as "part of the job" by managers, supervisors and/or employees.	T	F
2. Employees communicate information about potentially assaultive/dangerous clients or visitors to appropriate staff.	T	F
3. Management communicates information to employees about incidents of workplace violence.	T	F
4. Employees feel they are treated with dignity and respect by other employees and management.	T	F
5. Employees are basically satisfied with their jobs.	T	F
6. Employees are basically satisfied with management.	T	F
7. Employees are basically satisfied with the organization (i.e., mission, vision, goals).	T	F
8. Employees generally feel "safe" when they are at work.	T	F
9. Employees are familiar with the department/unit's violence prevention policy.	T	F

17

06/11/2005 17:48 5184371192 WLSH1 PCBK PAGE 153/195

**Potential Risk Factors**

10. Employees do not work in high-crime areas.	T	F
11. Employees do not work with drugs.	T	F
12. Employees do not work with cash.	T	F
13. Employees do not work with patients or clients who have a history of violent behavior or behavior disorders.	T	F
14. Employees do not work in isolated work areas.	T	F

**Hazard Prevention and Control**

15. The department/unit has adequate lighting to, from and within the worksite.	T	F
16. The employee parking garage is secure when arriving, leaving and during changes of shift.	T	F
17. Access and freedom of movement within the workplace are restricted to those persons who have a legitimate reason for being there.	T	F
18. Alarm systems such as panic alarm buttons, silent alarms, or personal electronic alarm systems are being used for prompt security assistance.	T	F
19. Employees know to use security escort service after hours.	T	F
20. After hours, the building is locked down with only one access point.	T	F
21. Visitors are signed in and out.	T	F
22. Exits are accessible and clearly marked.	T	F
23. Employees are able to locate emergency equipment such as fire alarm boxes or emergency generator outlets.	T	F
24. Emergency equipment is accessible and free from obstruction.	T	F

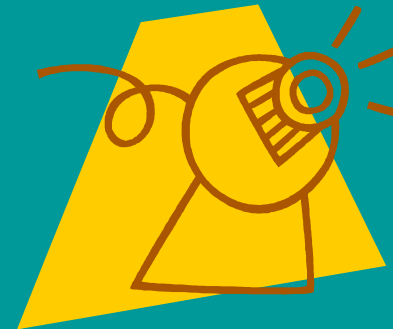
18

Staff Feedback Regarding Workplace Safety and Concerns

# Hazard Control & Prevention



- Deviation of daily routines
- New Staff Screening
- Video Surveillance
- Increased lighting
- Panic Alarms/911 service



# Administrative Controls



- State clearly to clients and employees that violence will not be tolerated or permitted
- Establish liaison with local police and state prosecutors
- Require employees to report all assaults and threats
- Set up trained response teams to respond to emergencies



# Hazard Control & Prevention



- Union Grievance, EAP, Job Counseling
- Background Checks
- Justice Court Officers
- Combative Detainees
- Remote Access

## Town of Hammond

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

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*"This institution is an equal opportunity provider and employer."*

**Sign and give  
to  
Town Clerk  
Pam Burton**

# Questions



**Pamela Burton**  
**Town of Hammond**  
*hammondtownclerk@gmail.com*

# NYS DOL/PESH

For more information contact:

- [www.labor.state.ny.us/workplace safety](http://www.labor.state.ny.us/workplace_safety)