

## **Town of New Lebanon Workplace Violence Prevention Policy**

### **Policy Statement Adopted; Completion of Checklists Required**

The attached "Town of New Lebanon Workplace Violence Prevention Policy Statement" document (Appendix A) is adopted, and the "Workplace Security Checklists" document (Appendix C) is to be completed by the Town Clerk one time after the adoption of this policy.

### **Contact Person Designated**

The Town Clerk is established as the designated contact person for complaints of any workplace violence incidents.

### **Alternate Contact Person Designated**

The Town Supervisor shall act as the alternate contact person in the absence of the Town Clerk or in instances where the Town Clerk is the alleged aggressor.

### **Incident Report**

The attached "Workplace Violence Incident Report" document (Appendix B) is to be utilized to document any reports of alleged workplace violence.

### **Workplace Training Required**

Workplace training on violence prevention shall occur on an annual basis for employees of the Town, and such annual training will utilize the "Workplace Violence Prevention Training" document (Appendix D) and the guidelines established in 12 NYCRR 800.6 as the basis for the training which shall occur, and the document will be completed by the Town Clerk on an annual basis following the completion of the training.

# **Workplace Violence Prevention Policy**

## **Appendix A**

### **Workplace Violence Prevention Policy Statement**

The Town of New Lebanon is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our town, staff, and the public.

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 or 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 the public, 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 NYS Labor Law 27b and highlights some of the elements that are found within our Workplace Violence Prevention Program. The process involves complying with this law which 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 the Town of New Lebanon personnel are responsible for notifying the contact person designated below (or alternate contact person in the absence of the designated contact person or when the designated contact person is the alleged aggressor) of any violent incidents, threatening behavior, including threats they have witnessed, received, or have been told that another person has witnessed or received.

**Designated Contact Person:**

Name: \_ \_ \_ \_ \_

Title: Town Clerk

Department: All Departments

Phone: (518) 794-8888

Location: New Lebanon Town Hall

**Alternate Contact Person:**

Name: \_ \_ \_ \_ \_

Title: Town Supervisor

Department: All Departments

Phone: (518) 794-8889

Location: New Lebanon Town Hall

# Workplace Violence Prevention Policy

## Appendix B Workplace Violence Incident Report

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

Date of incident \_ \_ \_ \_ \_

Time of incident \_ \_ \_ \_ \_

Case Number (to be completed by designated contact person) \_ \_ \_ \_ \_

Involved individual(s) name(s) \_ \_ \_ \_ \_

Title of individuals involved in incident \_ \_ \_ \_ \_

Workplace location where incident occurred - - - - -

If known, 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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How did the incident end?

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\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

Enter "Privacy Concern Case" above if this is a case involving injury to an intimate body part or the reproductive system, injury or illness resulting from sexual assault, mental illness, **HIV** infection, needle stick injuries or injuries which may be contaminated with another person's blood or infectious material, or if the employee independently and voluntarily requests that his or her name not be entered in the report.

# Workplace Violence Prevention Policy

## Appendix C Workplace Security Checklists

**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 Workplace Violence Policy statement clearly written?  
Yes                      No \_\_\_

### B. Work Area Evaluation

Are all areas being evaluated? Yes                      No

If no, which ones are not? Comments:

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**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
M. Other	Yes	No
<del>L. Hand-held metal detector</del>	<del>Yes</del>	<del>No</del>

Have structural modifications (e.g. Plexiglas, partitions, etc.) been implemented?

Yes No

If yes, comment, if no, what is needed?

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**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 cubicles available	Yes	No

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D. Reception area available	Yes	
No		
E. Visitor/client sign in/out	Yes	
No		
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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. ID 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
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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

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Comments: \_\_\_\_\_  
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# Workplace Violence Prevention Policy

## Appendix D Workplace Violence Prevention 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/read behavior Yes No

F. Procedures to follow after an incident Yes No

G. Periodic refresher for onsite procedures Yes No

H. Recognizing substance abuse/paraphernalia Yes No

I. Opportunity for Q&A with instructor Yes No

Are training records kept? Yes No

### Floor Plan, Evacuation Plan

Are emergency evacuation plans current? Yes No

Are floor plans posted showing exits, entrances, location of security equipment, etc? Yes No

Are emergency evacuation drills conducted annually? Yes No

Conclusions:

Do employees feel safe? Yes No

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

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