

County of **Saratoga**

Board of Supervisors

40 MCMASTER STREET
BALLSTON SPA, NEW YORK 12020

PAUL J. SAUSVILLE
Chairman

Phone: (518) 885-2240
Fax: (518) 884-4771

PAMELA A. HARGRAVE
Clerk

COUNTY OF SARATOGA WORKPLACE VIOLENCE PREVENTION POLICY & INCIDENT REPORTING

Saratoga County is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our agency, staff, and clients. Threats, threatening behavior, or acts of violence against employees, visitors, guests, or other individuals by anyone on Saratoga County's property will be thoroughly investigated and appropriate action will be taken, including summoning criminal justice authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other as well as clients, following all policies, procedures and program requirements, 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 involved in complying with this law included a workplace evaluation that was designed to identify the workplace violence hazards our employees could be exposed to. Other tools that were utilized during this process included review of all departments within Saratoga County, recommending methods to reduce or eliminate the hazards identified during the process and investigating workplace violence incidents or allegations. All employees will participate in the annual Workplace Violence Prevention Training Program.

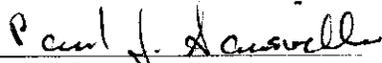
The goal of this policy is to promote the safety and well-being of all people in our workplace. All incidents of violence or threatening behavior will be responded to immediately upon notification. If appropriate, Saratoga County will provide counseling services or referrals for employees.

All Saratoga County 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.

Designated Contact Persons:

- 1. **The Employee's Supervisor**
- 2. **The Employee's Department Head**
- 3. **The Personnel Director**

Sincerely,


Paul J. Sausville, Chairman
Saratoga County Board of
Supervisors

WORKPLACE VIOLENCE POLICY

1. POLICY STATEMENT

Saratoga County is dedicated to the security, safety and overall well being for all of our employees. Our Workplace Violence Policy is a direct reflection of the "Zero Tolerance" posture we have taken toward all forms of violence in our workplace. We assure that proper budgeting resources will be allocated to achieve our goal of creating and maintaining a safe and productive work environment. Our responsibility, as managers and human beings, is to invest, as best we can, in the safety and security of our workplace so we can provide our employees with the environment they need to be productive for our constituents.

Our program will ensure the following:

- Complete commitment from all levels of management to be implemented consistently, fairly and without any form of reprisal to those filing complaints.
- Complete confidentiality.
- Shared participation from non-management and management personnel in formulation, as well as, in practice.
- Prompt and accurate action on all reported incidents.
- An open door of communication for program re-evaluation and improvement.

2. POLICY DEFINITION

According to the National Institute for Occupational Safety & Health (NIOSH) "Workplace Violence is any physical assault, threatening behavior or verbal abuse occurring in the work setting. It includes, but is not limited to, beatings, stabbing, suicides, shootings, rapes, near suicides, psychological traumas; such as, threats, obscene phone calls, an intimidating presence, and harassment of any nature; such as, being followed, sworn at or shouted at.

Workplace may be any location, either permanent or temporary, where an employee performs any work-related duty. This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes, and traveling to and from work assignments."

3. WEAPONS POLICY

Saratoga County has a zero tolerance philosophy with regard to the possession (physical and/or constructive), by an employee, of any dangerous/deadly weapon on County premises. This includes, but is not limited to, any firearm, knife, blunt instrument, brass knuckles, or any other object that can cause bodily injury, serious bodily injury, or death.

It should be duly noted that any violation of this policy or refusal to submit to a lawful inspection for the presence of a weapon on company property would result in disciplinary action up to and including termination.

4. GUIDELINES

1. Saratoga County will formulate and maintain a Workplace Violence Prevention Program which may be site and/or department specific for their particular needs or issues.
2. A copy of this policy shall be furnished to all employees by the Saratoga County Personnel Department upon the commencement of employment with Saratoga County.
3. A copy of the Workplace Violence Prevention Policy will be prominently displayed in the workplace of each department.
4. Each employee will be required to attend a Workplace Violence Prevention Program Training annually.

5. PROCEDURES

1. All complaints shall be made to either:
 - a. The employee's supervisor
 - b. The employee's Department Head
 - c. The Personnel Director

2. All complaints must be reduced to writing on a complaint form provided by the County for that purpose.
3. The employee must sign the complaint form.
4. All complaints of workplace violence will be reported to the Personnel Office to ensure an immediate and effective investigation. In addition, once the investigation has been concluded, a final report must also be sent to the Personnel Department so that circumstances can be critiqued. As a result, appropriate changes then can be made to the existing Workplace Violence Prevention Program.

6. COMPLAINT OF WORKPLACE VIOLENCE

Affected Party(s): _____

Supervisor: _____ Department/Phone: _____

Incident Information:

Date of Incident: _____ Time of Incident: _____

Location of Incident (be specific): _____

Description of Incident: (Narrative) _____

Has this or a similar incident ever happened to you before? If so, please explain.

If you incurred any injury whatsoever, (physical-emotional), please describe the injury, in detail, and the location of any treatment received.

List all witnesses of the incident:

Name: _____ Department: _____

Contact Number: _____ Cell No.: _____

Was a weapon involved? If so, specify type and to what extent:

Aggressor Information:

Name: _____ Department: (If an employee): _____

Supervisor/Phone Number: (if an employee) _____

Relationship to aggressor: (if stranger, indicate relationship, if any) _____

Had anything occurred in the past to make you feel that this would happen? If so, please explain:

Home address/vehicle information: (if not an employee)

As you see it, does something need to be done to avoid such an incident from happening again? If so, explain: _____

Signature/Date

Title

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.
