

LIVINGSTON COUNTY



WORKPLACE VIOLENCE PREVENTION PROGRAM AND PROCEDURES (2016 Edition)

TABLE OF CONTENTS

Item	Page #
Introduction	3
What is “Workplace Violence?”	3
Policy	4
Employee Obligations	4
Employer Obligations	4
Violations	6
Reporting Procedures	6
Investigations	7
Training	9
Distribution of Program	9
Risk Assessment & Updating of Program	9
Questions Regarding the Plan	10
Definitions	10
Identified Risk Factors	11
Crisis Counseling	11
Reporting Criminal Activity	11
Volunteer Workers, Contractors & Tenants	11
Effective Date	12
Appendix 1: Workplace Violence Prevention Policy Statement	13
Appendix 2: Termination Checklist	14
Appendix 3: Investigation Tools	15
Appendix 4: Incident Investigation Report form	20
Appendix 5: Training Lesson Plan	23
Appendix 6: Identified Workplace Risks & Methods of Addressing	35
Appendix 7: Call Taker’s Bomb Threat Report	40
Appendix 8: Discovery of Suspicious Device/Object Form	41
Appendix 9: Handling Known Safety/Security Risks	44
Appendix 10: After hours event reporting form	47
Appendix 11: Procedure for Employees Working Outside Normal Work Hours at County Building	48
Appendix 12: Procedure to Track Off-site Employees (Field Staff)	49
Appendix 13: Visitor/Vendor Access to County Facilities	55
Appendix 14: Workplace Violence Reporting Form	52
Appendix 15: Workplace Violence Prevention: Our Mutual Safety & Protection	56



LIVINGSTON COUNTY WORKPLACE VIOLENCE PREVENTION PROGRAM AND PROCEDURES

I. INTRODUCTION.

Workplace violence presents a serious occupational safety hazard for workers. During the last decade, homicide was the third leading cause of death of all workers.

New York State requires public employers to perform workplace evaluations of each worksite. Risks associated with each worksite must be evaluated and appropriate action must be taken to eliminate or reduce the risk of violence.

Livingston County has formed a Workplace Violence Prevention Committee (“WVPC”) for the purpose of developing the County’s Workplace Violence Prevention Program and Procedures. The WVPC will annually review the Summary of Departmental Risks form for trends and report findings to the County Administrator.

In the future, the County will continue to evaluate worksites and modify its safety/security actions as deemed appropriate.

The following is the County’s program and procedures for workplace violence prevention.

II. WHAT IS “WORKPLACE VIOLENCE?”

Workplace violence is **physical assault, threatening behavior or verbal abuse** directed toward a County employee, which occurs where the employee performs any work-related duty in the course of his or her employment. A workplace violence incident is defined as one or more of the following:

- A. An attempt or threat whether verbal or physical to inflict injury upon an employee;
- B. Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- C. Intentional and wrongful physical contact with a person without his or her consent that entails some injury or offensive touching;
- D. Harassment of a nature that would give an employee reason to fear escalation or make it difficult to pursue his or her usual activities when the harassment arises out of or in the course of employment; and
- E. Stalking an employee with the intent of causing fear when such stalking has arisen through or in the course of employment.

Any person can be the perpetrator of workplace violence. This includes, but is not limited to: co-workers, customers, clients, patients, residents, inmates, family members, personal acquaintances, strangers, etc.

III. POLICY.

It is Livingston County's policy to promote a safe environment for its employees. Livingston County is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. While this type of conduct is not pervasive in our organization, no organization is immune.

Violence, threats, harassment, intimidation, and other disruptive behavior in our workplace will not be tolerated. All reports of incidents will be taken seriously and will be dealt with appropriately. Such behavior may include oral or written statements, gestures, or expressions that communicate direct or indirect threats of physical harm. Individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, criminal penalties, or both.

The County has adopted a Workplace Violence Prevention Policy Statement. Copies of this Policy Statement will be provided to all County employees. A copy of this Policy Statement is also attached to this Program as Appendix 1.

IV. EMPLOYEE OBLIGATIONS.

The following obligations apply to *all* employees:

- Refrain from acts of workplace violence.
- Promptly report any observed acts of workplace violence pursuant to the reporting procedures outlined in section VII of this program.
- Promptly report the presence of a person in the workplace who has a history of violence or any other situation that leads the employee to believe there is a heightened risk of workplace violence. This report must be made to your Department Head, if available, otherwise to the highest-ranking supervisor who is available. After providing an oral report, the employee must complete a Workplace Violence Reporting form. (See appendix 14.)
- Provide notice to your Department Head regarding any orders of protection made for your benefit and provide a copy of such order. Carry a copy of the order with you at all times while working.

V. EMPLOYER OBLIGATIONS.

A. County Administration

The following obligations apply to the Livingston County Board of Supervisors and County Administrator:

1. Appoint and maintain a WVPC.
2. Oversee the operations of the WVPC.

3. Consider recommendations of the WVPC and implement as appropriate.
4. Take such further acts as needed to ensure appropriate safety/security measures for the protection of County employees.
5. Develop, post and distribute the County's Workplace Violence Prevention Policy Statement.

B. Workplace Violence Prevention Committee

The following obligations apply to the Workplace Violence Prevention Committee:

1. On an annual basis and as otherwise needed, review evaluations of all worksites for the purpose of identifying risks. The WVPC shall annually invite each certified or recognized union to participate in this process.
2. Examine injury, illness, accident, incident and/or statistical records to identify patterns in the type and cause of injuries. Develop recommendations for the alleviation or minimizing of identified risks and submit to County administration.
3. Implement recommendations approved by County administration.
4. Review all workplace violence investigation reports provided by Department Heads or others as received to determine whether modifications need to be made to the safety measures in place for the work location in question. In the event there is a developing pattern of workplace violence incidents involving criminal conduct or a serious injury, the WVPC will work to develop a protocol with the District Attorney and/or police to ensure that violent crimes committed against employees in the workplace are promptly investigated and appropriately prosecuted. If such protocols are developed, the WVPC will provide information on the protocols to employees.
5. Conduct periodic compliance audit visits and forms.
6. Review and update the Program at least annually and as otherwise needed.

C. Department Heads

1. Cooperate fully with County administration and/or the WVPC in the evaluation of worksites, development of means for reducing risks, and the implementation of approved risk reduction actions.
2. Conduct periodic assessments of worksites to identify risks and report findings to the WVPC.
3. Take immediate steps to alleviate or mitigate any identified risks where there is a risk of imminent danger. (See appendix 9.)
4. Promptly report *all* acts of workplace violence that are personally observed or reported by others as required by section VII of this program.
5. Take workplace violence reports; investigate same as required by the Program. (See section VIII of this program.)
6. Instruct any employee who has an order of protection for his/her benefit of the obligation to carry a copy of the order at all times when working and to provide a copy to the department head. Notify the WVPC and the Livingston County Sheriff's Department of any orders of protection applicable to any of your employees and provide copies of such orders to these entities.

7. Complete the termination checklist and comply with its requirements for *all* employee terminations, whether or not involuntary. Retain copies of the checklist for periodic auditing by the WVPC. Copies of this form will be provided to all Department Heads and a copy is attached to this Program as Appendix 2.
8. Review all injury, illness, accident and incident reports to determine whether they involve an incident of workplace violence. If an incident does involve an incident of workplace violence, the department head shall forward a copy of the report to the WVPC.

D. All other Supervisors

1. Take immediate steps to alleviate or mitigate any identified risks where there is a risk of imminent danger.
2. Promptly report *all* acts of workplace violence that are personally observed or reported by others as required by section VII of this program.
3. Investigate reports of workplace violence as required by the Program. (See section VIII of this program.)

VI. VIOLATIONS

Violations of this policy, including the reporting provisions thereof, may result in discipline up to and including termination of employment.

VII. REPORTING PROCEDURES

All incidents of workplace violence must be reported. Initial reports should be made immediately to the highest-ranking supervisor on duty within the employee's department. The reporter will subsequently complete a reporting form and provide it to his/her supervisor. (See Appendix 14.)

Supervisors receiving reports. Any supervisor, including a department head, who receives a report of workplace violence must promptly convey such report:

- To the Livingston County Sheriff's office if there is a risk of imminent harm and/or if the incident does, or may, involve criminal activity; and
- To the Department Head.

Department Heads shall promptly inform the County Administrator of all reports received that involve:

- An injury requiring professional medical attention (not just simple first aid);
- An injury that causes, or is likely to cause, lost work time;
- Threats of serious physical harm;
- Incidents that do, or may, affect more than one County department; and/or
- Other incidents of similar severity.

In the event the Sheriff's Office receives a report, it will determine if there is imminent danger and/or possible criminal activity. If so, that office will respond to the situation and take steps to alleviate or minimize the danger and obtain any other necessary emergency services. It will also advise other County departments/officials as needed regarding the situation and of steps such departments/officials need to take to protect employees and other individuals. County officials, supervisors and employees are expected to cooperate and comply with the directives of the Sheriff's Office to assist with these efforts. If the Sheriff's Office determines the incident involves possible criminal activity, it will take any necessary action to address the situation in its capacity as a law enforcement agency.

County officials and supervisors who receive reports shall respect employee privacy and maintain the confidentiality of private information to the greatest extent practicable. This will include restricting the dissemination of such information to those having a legitimate need to know in order to ensure appropriate workplace safety.

The County shall not take retaliatory action against any employee for making a workplace violence report or for otherwise exercising his/her rights under the Public Employee Workplace Violence Prevention law.

VIII. INVESTIGATIONS

A. Who investigates?

In cases where there is an **imminent danger of harm and/or possible criminal activity**, the Sheriff's Office will investigate as appropriate for a law enforcement agency.

The County shall also conduct an employment investigation into all reported incidents. If the incident affects more than one department, the County Administrator shall designate the investigator(s). If the incident affects only one department, that Department Head shall designate the investigator(s).

If an investigation must be started at a time when the County Administrator or Department Head is not available, the highest-ranking supervisor on duty shall begin the investigation and shall then contact the appropriate County official for direction as soon as that official is available.

If the Sheriff's Office is investigating the incident for law enforcement purposes, the employment investigator(s) will coordinate his/her/their investigation with the Sheriff's Office to prevent any obstruction or impeding of the law enforcement investigation.

B. When is the investigation started?

In cases of **imminent danger or possible criminal activity**, the investigation must be started immediately.

In **all other cases**, the investigation should be started within one business day.

C. What should the investigation include?

The investigation should include a review of all relevant evidence including, but not limited to: witness testimony, document review, review of physical evidence and the incident scene, as applicable. Steps should be taken to preserve all collected evidence (e.g. written witness statements, copies of relevant documents, securing of physical evidence, photos of scene, etc.). Tools for use during an investigation are attached to this Program in Appendix 3.

After all relevant evidence is collected; an investigation report must be prepared.

D. What must the investigation report include?

The investigation report must include, at a minimum:

- (1) Identification of the workplace location;
- (2) Time of day/shift;
- (3) Incident description including what happened immediately prior to the incident and how the incident ended;
- (4) Names and job titles of involved employees;
- (5) Name or other identifier of individuals involved;
- (6) Extent of injuries;
- (7) Names of witnesses; and
- (8) An explanation of the actions that have been or will be taken to mitigate future incidents with a timetable for correction where appropriate. Interim protective measures shall also be listed. The report shall also address global (all similar worksites) enhancements which become apparent are necessary to protect all employees

An investigation report form is attached to this report in Appendix 4. The use of this form is not required. All reports, regardless of form, must include the information specified above.

E. Who gets the report?

The report should be directed as specified on the Workplace Violence Reporting form (Appendix 3).

F. Who decides what action should be taken?

If the incident affected only one County department, the Department Head will determine what action is to be taken, subject to the approval of the WVPC and County Administrator. The Department Head will direct staff as necessary to implement the necessary action.

If the incident affected more than one County department, the County Administrator will determine what action is to be taken and will notify the WVPC of this action. The County Administrator will direct staff as necessary to implement the necessary action.

The action to be taken will include a report back from the Department Head to the person(s) who initially reported the workplace violence incident. This report will inform such person(s) that the incident has been investigated and addressed and may include details regarding the manner in which the incident has been addressed if appropriate under the circumstances of the case, taking into account any confidentiality concerns that may exist.

G. How are investigation files and reports retained?

Investigation files shall be maintained for a period of not less than six years or as otherwise required by an applicable State or Federal law if such law requires a longer period of retention. This file shall include at a minimum all evidence collected and a copy of the investigation report. Files shall be retained in a secure and confidential location within the workplace or at County Records Management.

Final investigation reports shall be maintained by the WVPC for a period of not less than two years. Reports shall be retained in a secure and confidential location.

IX. TRAINING

The County will provide workplace violence prevention training as required by law and as otherwise deemed necessary by County administration or individual Department Heads. A copy of the lesson plan is attached to this Program at Appendix 5.

X. DISTRIBUTION OF PROGRAM

A copy of this program shall be provided to every County department. In addition, a copy shall be posted on the County's Intranet site. Copies of this program shall also be retained by the County Personnel Office and provided to individuals upon request.

XI. RISK ASSESSMENT & UPDATING OF PROGRAM

The WVPC shall reassess risks as required by law and as otherwise deemed necessary. If the WVPC determines that changes are necessary as a result of such assessment(s), it will make recommendations regarding the proposed changes to County administration. Any changes that are approved will be implemented and will be incorporated into this program as appropriate.

In the event a department wishes to modify its permanent security measures, either by increasing or decreasing them, the department head will provide a written proposal to the WVPC at least 60 days prior to the proposed change. The WVPC will make a recommendation regarding the proposal to the County Administrator with a copy to the department head. The County Administrator will determine whether the modification needs to be reviewed by the Board of Supervisors. If so, the County Administrator will refer the proposal to the Board through the appropriate Board committee for determination. If not, the County Administrator will determine whether to permit the modification. Department heads have authority to put into place immediate, temporary security measures to deal with immediate risk situations, and the requirements of this section shall *not* apply to such temporary security measures.

XII. QUESTIONS REGARDING THE PLAN

Questions regarding this plan may be addressed to any member of the WVPC. Members of the WVPC for this plan year are listed below with their contact information.

Office	Person	Address	Phone Number	Term Ends
Chairperson	Colleen Vokes	Department of Health 2 Murray Hill Drive Mt. Morris, NY 14510	(585) 243-7537	6/31/17
Secretary	Jason Wolfanger	Highway Department 4389 Gypsy Lane Mt. Morris, NY 14510	(585) 243-6714	10/31/16
	Michele Anuszkiewicz	Mental Health 4600 Millennium Drive Geneseo, NY 14454	(585) 243-7250	Long Standing member
	Andrea Bailey	Deputy County Clerk 6 Court Street Rm. 201 Geneseo, NY 14454	(585) 243-7010	12/31/18
	Mary Clarke	DSS 1 Murray Hill Drive Mt. Morris, NY 1451	(585) 243-7300	10/21/18

XIII. DEFINITIONS.

“Imminent danger” means any conditions or practices in any place of employment which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures set forth in this Program.

“Retaliatory action” means 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” means an impairment of the body so as to render the body part affected functionally useless or substantially reduced in efficiency.

“Supervisor” means any person within the County organization who has the authority to direct and control the work performance of an employee, or who has the authority to take corrective action regarding the violation of a law, rule or regulation to which an employee submits written notice.

“Workplace” means any location away from an employee’s domicile, permanent or temporary, where an employee performs any work-related duty in the course of his or her employment by the County.

XIV. IDENTIFIED RISK FACTORS.

The County has evaluated work sites, identified risk factors and has developed methods for eliminating or minimizing each. The identified risk factors and methods for dealing with each are listed in Appendix 6 to this Program. Department heads and employees will be provided with the lists that pertain to their work sites.

XV. CRISIS COUNSELING.

In the event that a crisis occurs that warrants on-site crisis counseling for employees, the County will provide such counseling through its Employee Assistance Program provider. Crisis counseling will be provided after there have been workplace violence incidents involving:

- Serious physical harm to one or more employees;
- A hostage situation involving one or more employees; and/or
- An employee death.

XVI. REPORTING CRIMINAL ACTIVITY.

Any employee who witnesses criminal activity must contact an appropriate law enforcement agency immediately. Any emergency situation should be reported by calling 911. Law enforcement agencies may also be contacted using the following information:

Livingston County Sheriff's Department, (585) 243-7100, 4 Court Street, Geneseo, New York 14454.

New York State Police, (585) 243-4876.

Avon Police Department, (585) 226-3720, 74 Genesee Street, Avon, New York 14414.

Caledonia Police Department, (585) 538-6200, 3095 Main Street, Caledonia, New York 14423.

Dansville Police Department, (585) 335-3113, 14 Clara Barton Street, Dansville, New York 14437.

Geneseo Police Department, (585) 243-2420, 119 Main Street, Geneseo, New York 14454.

Mt. Morris Police Department, (585) 658-2155, 117 Main Street, Mt. Morris, New York 14510.

Nunda Police Department, (585) 468-2515, 1 Mill Street, Nunda, New York 14517.

XVII. VOLUNTEER WORKERS, CONTRACTORS AND TENANTS.

Volunteer Workers

Departments that utilize volunteer workers are required to provide such workers with copies of the Workplace Violence Prevention Policy Statement found at Appendix 1 of this plan. In addition, such departments are encouraged to provide volunteer workers with Workplace Violence Prevention training whenever practicable. Departments will maintain records regarding the delivery of the Policy Statements and of any training that is done.

Contractors and Tenants

Contractors who perform work on County property and tenants in County buildings will be provided with copies of the “Workplace Violence Prevention: Our Mutual Safety & Protection” statement at the beginning of their relationship with the County. This statement is found at Appendix 15 of the plan.

Department Heads will be responsible for providing copies of the statement to any contractors that provide services to their department.

The County Attorney will be responsible for providing copies of the statement to contractors doing work for the County as a whole, to more than one department, and those that are involved in new construction projects. The County Attorney will also provide copies of the statement to tenants of the County.

For purposes of this section, the following terms shall mean:

“**Contractors**” means any person or entity that undertakes to procure the performance of works or services or the furnishing of goods to the County if such person/entity will have one or more workers on County property on a regular basis for a period in excess of 30 calendar days.

“**Volunteer workers**” means any person who engages in any type of volunteer services to the County if such services are performed on County property on a regular basis for a period in excess of 30 calendar days.

“**Tenants**” mean any person or entity that regularly occupies space within a County building through a lease or other similar understanding with the County for a period in excess of 30 consecutive calendar days.

XVIII. EFFECTIVE DATE.

The original Plan became effective on July 1, 2008. It was updated effective July 1, 2011, July 1, 2012 and June 8, 2016. Needs updating when revisions are adopted

APPENDIX 1



WORKPLACE VIOLENCE PREVENTION POLICY STATEMENT

7/1/16

POLICY: It is Livingston County's policy to promote a safe environment for its employees. Livingston County is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. While this type of conduct is not pervasive in our organization, no organization is immune.

Violence, threats, harassment, intimidation, and other disruptive behavior in our workplace will not be tolerated.

WORKPLACE VIOLENCE: Workplace violence is physical assault, threatening behavior or verbal abuse occurring where a public employee performs any work related duty in the course of his or her employment. Any person may be the perpetrator of workplace violence.

REPORTING: *All* incidents of workplace violence and potential risk situations must be reported. Reports should be made immediately to the highest-ranking supervisor on duty within the employee's department. Initial reports may be made orally. Oral reports must be followed-up with a written report as soon as possible. All reports will be taken seriously, will be investigated promptly and thoroughly, and corrective action will be taken as needed. The County will not take retaliatory action against any employee for making a workplace violence report.

ORDERS OF PROTECTION: Any employee who has an order of protection for his/her benefit will: (1) notify his/her department head of this fact and provide a copy of the order to that department head, and (2) the employee will carry a copy of the order at all times while working.

VIOLATIONS: Violations of the County's Workplace Violence Prevention Program may result in discipline up to and including termination of employment.

TRAINING: The County will provide workplace violence prevention training to all employees as required by law and as otherwise deemed necessary.

EMPLOYEE PARTICIPATION: Employees are encouraged to provide input and suggestions to improve workplace safety either directly or through their authorized employee representatives. Such input should be directed to the Workplace Violence Prevention Committee Chairperson, Colleen Vokes.

DISTRIBUTION OF PROGRAM: A copy of the County's Workplace Violence Prevention Program will be provided to every County department. In addition, a copy shall be posted on the County's Intranet site. Copies of this program will also be retained by the County Personnel Office and provided to individuals upon request.

**APPENDIX 2
TERMINATION CHECK LIST**

INSTRUCTIONS: This form must be completed when an employee leaves County employment for *any* reason, voluntary or involuntary, and retained in the employee's personnel file. Questions regarding the completion of this form should be directed to the County's Workplace Violence Prevention Committee.

Department: _____ **Employee:** _____

Termination Date: _____

1. **Identification Badge.** County identification badges or similar identification must be recovered.
 - ID badge recovered.
 - ID badge not recovered. Explain why: _____

 - Employee did not have ID badge.If identification badge not recovered, please provide a copy of this form to the WVPC.
2. **Keys to County property.** Keys or similar devices (including ID badges with facility access capabilities) to County property must be recovered.
 - Keys recovered.
 - Keys not recovered. Explain why: _____

 - Employee did not have keys.If items not recovered, the Department Head must provide a copy of this form to the Central Services department and/or other department responsible for facility access device(s).
3. **County equipment.** If the employee possessed any County equipment such as cellular telephones, computers, etc., these items must be recovered.
 - County equipment recovered.
 - County equipment not recovered. Explain why: _____

 - Employee did not have County equipment.If County equipment not recovered, the Department Head must provide a copy of this form to the WVPC.
4. **Computer access.** If the employee had authorized computer access, the Department Head must immediately notify the Information & Technology Services department of the termination and request termination of such access.
 - Computer access terminated.
 - Employee did not have computer access.
5. **Resignation letter.** If the employee resigned, the Department Head must obtain a resignation letter from the employee.
 - Resignation letter obtained.
 - Resignation letter could not be obtained. Department Head sent letter to employee confirming resignation.
6. **Report of Personnel Change.** The Department Head must complete a Report of Personnel Change form regarding the termination and submit the completed form to the Personnel Office.
 - Form completed.
7. **Request to Fill.** If the Department Head wishes to refill the position, the Department Head should complete a Request to Fill Existing Position form and submit it to the Personnel Office.
 - Form completed and submitted.
 - Do not wish to refill position at this time.

Person completing form: _____ **Date completed:** _____

APPENDIX 3 INVESTIGATION TOOLS

INVESTIGATOR CHECKLIST

- ❑ **Receive report.** Obtain a complete report including: who, what, where, when, how, why. Ask the reporting party to submit a written report on the Workplace Violence Reporting Form. Make sure the report has been conveyed to the Livingston County Sheriff's Office, and County Administrator, as required by the plan.
- ❑ **Ensure safety of employees.** Take steps to ensure the immediate safety of employees, clients/customers, and visitors.
- ❑ **Medical attention.** Secure medical attention for anyone who has been injured as a result of the incident.
- ❑ **Notify other County officials.** Notify other County officials as needed under the circumstances of the case.
- ❑ **Document.** Document date and time report received and investigation begun. Document all steps of investigation thoroughly including what actions taken and when they were taken.
- ❑ **Incident scene.** Observe the incident scene and document what is observed. This may include taking photos of the scene.
- ❑ **Examine physical evidence.** Review any relevant physical evidence. This involves things such as reviewing documents, observing wounds, taking measurements, observing where furniture is or people are, etc. (If this is a crime scene, however, leave this to law enforcement. Do not touch or disturb any physical evidence!)
- ❑ **Secure physical evidence.** Whenever practical, take into custody any physical evidence regarding the incident and store it in a secure location where it cannot be accessed by others. (If this is a crime scene, however, let law enforcement officials secure physical evidence!)
- ❑ **Take witness statements.** Determine who was present at the time of the incident and get statements from all witnesses. (This includes non-employee witnesses.) To the fullest extent possible, these statements should include the witness' observations regarding what was happening prior to the incident, what happened during the incident, and the effect of the incident. Also get each witness's full name, title (e.g. Nursing Assistant, visitor, vendor, client, etc.), physical home address (not just a post office box) and contact telephone number. Follow up on any relevant leads that are obtained from the witness statements until you have all relevant evidence that is available. (See Witness Statement Form on following page.)
- ❑ **If witness statements conflict, assess credibility.** If witness statements conflict, determine which witness is most believable and why. Determine what you believe actually happened.
- ❑ **Determine necessary corrective action.** If corrective action is needed, develop recommended action to alleviate or minimize the effects of this particular incident and to prevent, or reduce the risk of, similar incidents in the future.
- ❑ **Write report.** Write a report outlining the evidence, your factual findings, and your recommendations, if applicable. (See report requirements at VIII D. See also report form at Appendix 4.)
- ❑ **Deliver report.** Deliver report to appropriate parties. (See report form at Appendix 4 for information re: routing of report.)

WITNESS STATEMENT FORM

Full Name of Witness: _____

Home address:

Mailing address, if different:

Daytime phone number: _____

Home phone number: _____

Title: _____

INSTRUCTIONS: Please describe fully your personal observations of the incident being investigated. This statement should include only things you personally saw or heard, unless the question specifically asks for “hearsay” information. Please write clearly and legibly. If there is insufficient space on the form for your response, please attach additional page(s), as needed.

1. When did the incident occur?
Date: _____

Time: _____ AM PM

2. Where did it occur?
Town: _____

County building or property address: _____

Location within building or on grounds: _____

3. Who was present at the time of the incident? (Include all persons whether employees, clients/customers/residents, visitors or other.) If you do not know a person's name, provide a physical description as well as any other information you have regarding the person's identity.

Name	Title (Job title, visitor, vendor, client, etc.)	Description of individual (if do not have name)

4. Please describe fully what happened. Be sure to clearly identify who did what. Try to describe the events in the order they occurred.

5. What was happening right before the incident? Please describe fully.

6. Do you have any idea why the incident occurred? If so, please write why you believe it occurred. (This may include things you have heard from others. If you include information you got from others, please state this and identify the person who gave you the information.)

7. What was the effect/result of the incident? Please describe fully.

8. Was anyone injured? If so, please identify who was injured and how they were injured.

9. Do you believe anything could have been done to prevent the incident? If so, what do you believe could have been done?

10. Have you heard anyone talking about the incident? If so, please identify who you have heard talking about it and what they have said.

11. Do you know the person who was responsible for the incident? If so, how long have you known him/her? What is the nature of your relationship?

12. Do you know the victim(s) of the incident? If so, how long have you known him/her? What is the nature of your relationship?

13. Do you have any other information that may be helpful to the investigator? If so, please provide that information here.

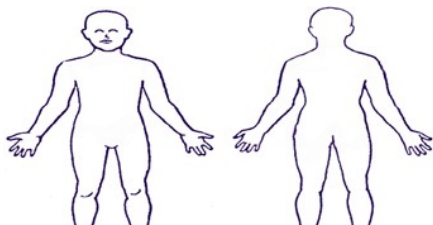
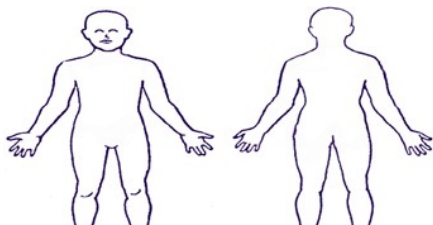
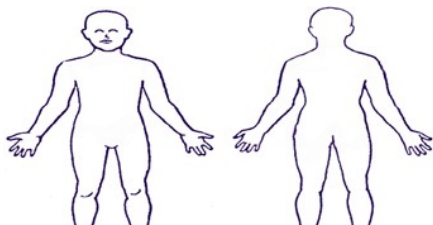
14. Do you wish to make any other comments about the incident? If so, please make them here.

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED IN THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date

Signature

**APPENDIX 4
INCIDENT INVESTIGATION REPORT**

1. Name of the Alleged Perpetrator			
2. Name of the Alleged Victim:			
3. Names and job titles of involved employees;			
4. Date of the Workplace Violence Incident:			
5. County Department (s) Affected by the Incident:			
6. Identification of the specific workplace location (indicate the location (s) where the Incident occurred			
7. Time of day/shift; (indicate the time and shift when the Incident occurred);			
8. Name or other identifier (resident #, client #, etc.) of individuals involved:			
9. Names of witnesses to the incident;			
<p>10. Extent of injuries suffered by the victim of the incident;</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 20px;"> <p>Type of Injury (please check all that apply) below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bruise <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Puncture <input type="checkbox"/> Laceration <input type="checkbox"/> Burn <input type="checkbox"/> None </td> <td style="width: 50%; vertical-align: top;"> <p>Indicate location of injury on the diagram below</p> <div style="text-align: center; margin-top: 20px;">  </div> </td> </tr> </table>		<p>Type of Injury (please check all that apply) below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bruise <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Puncture <input type="checkbox"/> Laceration <input type="checkbox"/> Burn <input type="checkbox"/> None 	<p>Indicate location of injury on the diagram below</p> <div style="text-align: center; margin-top: 20px;">  </div>
<p>Type of Injury (please check all that apply) below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bruise <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Puncture <input type="checkbox"/> Laceration <input type="checkbox"/> Burn <input type="checkbox"/> None 	<p>Indicate location of injury on the diagram below</p> <div style="text-align: center; margin-top: 20px;">  </div>		

Other (specify) _____

11. In the space below provide a description of the incident including what happened immediately prior to the incident, how the incident ended and any steps taken to prevent a reoccurrence (continue on back or attach additional sheets as necessary):

12. Provide an explanation of the actions that have been or will be taken to prevent future incidents with a timetable for correction where appropriate. Interim protective measures shall also be listed. The report shall also address global (all similar worksites) enhancements which become apparent are necessary to protect all employees (continue on back or attach additional sheets as necessary):

13. Name (s) of Investigator (s):	
14. Signature (s) of Investigator (s):	
15. Date of Report	

INSTRUCTIONS: In cases relating to only one department, the investigator must provide this report to the department head. In all other cases, the investigator must provide this report to the WVPC Secretary.

Department Head

- The action recommendations of the investigator are approved in their entirety.
- The action recommendations of the investigator are approved with the exceptions set forth on an attached page.
- The action recommendations of the investigator(s) are rejected and instead the Department Head recommends the actions set forth on an attached page.

Department Head Signature

Date

**The Department Head shall forward the report to the
Workplace Violence Prevention Committee Secretary,**

Workplace Violence Prevention Committee

- The action recommendations of the Department Head are approved in their entirety.
- The action recommendations of the Department Head are approved with the exceptions set forth on an attached page.
- The action recommendations of the Department Head are rejected and instead the Committee recommends the actions set forth on an attached page.

Committee Representative Signature

Date

**The Committee shall forward the report to the
Ian M. Coyle, County Administrator
Livingston County Government Center, 6 Court St., Room 302, Geneseo, NY 14454**

County Administrator

- The action recommendations of the Committee are approved in their entirety.
- The action recommendations of the Committee are approved with the exceptions set forth on an attached page.
- The action recommendations of the Committee are rejected and instead the County Administrator directs the actions set forth on an attached page.

County Administrator Signature

Date

**The County Administrator shall return the original report to the Workplace Violence Prevention Committee Secretary who shall provide copies to the Department Head and the Personnel Officer.
All necessary parties shall take steps to implement the County Administrator's directives.**

APPENDIX 5
TRAINING LESSON PLAN

- A. Workplace violence prevention plan (“WVPP”) and law overview
- B. Workplace violence prevention committee (“WVPC”) overview
- C. WVPP components
- D. Extent of workplace violence problem
- E. Definition, types and examples of workplace violence
- F. Workplace violence risk factors and behavioral indicators
- G. Types of threats
- H. Economic impacts of workplace violence
- I. Prevalence of workplace violence
- J. General safety control measures
- K. Incident reporting procedures
- L. Personal safety measures
- M. WVPP availability
- N. Crisis counseling
- O. Specific risks at employee’s work location(s)
- P. Specific safety measures in place at employee’s work location(s)



LIVINGSTON COUNTY WORKPLACE VIOLENCE PREVENTION (“WVP”) TRAINING REQUIREMENTS

Who must be trained? The law requires us to provide WVP training to ALL employees. This includes: permanent, temporary, seasonal, substitute, full-time, part-time, per diem, and all other categories of employee.

When must employees be trained? Employees must be trained when they are originally assigned/appointed to a department AND at least annually thereafter.

What information must the training include? Training must include:

- ✓ The requirements of the law,
- ✓ All of the risk factors at the employee’s work site(s),
- ✓ The measures the employer has taken to address the risk factors at the employee’s work site(s),
- ✓ The measures the employee can take to protect him/herself, and
- ✓ The location of the County’s Workplace Violence Prevention Plan (“WVPP”) and how the employee may obtain a copy.

How is training provided? Training is provided through the County’s standardized WVP training AND through the provision of the department’s Summary of Departmental Risks and Means to Reduce sheet (“risks and means sheet”).

The standardized WVP training may be provided through live training or through Intranet training.

An alternative training program may be substituted if it is reviewed by a person who has participated in the County’s “Train the Trainer” workplace violence prevention program and that person certifies that the alternative training program is comparable to the County’s training program and contains all required elements. If an alternative training program is utilized, a form certifying the comparability of the program must be completed by the person who reviewed it, and this completed form must be submitted to the WVPC. In addition, the department must retain the lesson plan and any training materials from the alternative training program with its training records.

All training must be supplemented by providing the department’s risks and means sheet to employees or by otherwise providing its information to employees.

Proof of employee training needs to be obtained and retained by the department.

WVP TRAINING COMPLIANCE TIMELINE

Deadline	Action Required
August 1 st	The department head completes a risks and means sheet for the department. The department head submits a copy of the risks and means sheet to the WVPC and retains the original at the department.
August 1 st through June 30 th	The department head provides WVP training to all newly appointed or assigned employees to the department within 30 days of their appointment or assignment to the department. The training will include the standardized WVP training for the County and the risks and means sheet. The department head will obtain proof of the training of each and every employee and retain this at the department.
August 1 st through June 30 th	The department head provides WVP training to all employees of the department. The training will include the standardized WVP training for the County and the risks and means sheet. The department head will obtain proof of the training of each and every employee and retain this at the department.
July 1 st through July 15 th	The department head completes a Confirmation of Employee Training form for the department and submits the completed form to the WVPC.

Standardized WVP training. The standardized WVP training should be made available by the department through live training and/or Intranet training.

Departments may provide **live training** through a departmental trainer who has received training through the County’s WVP “Train the Trainer” program. The “Train the Trainer” program instructs representatives from departments on the means of providing training, and provides such persons with training materials which may be copied and used in the department.

The **Intranet training program** is found under “Computer Based Training” on the County’s Intranet site. Employees may click on “Computer Based Training” and then click on “Violence in the Workplace” to begin the training. Employees must review the training materials and correctly answer the quiz questions at the end to successfully complete the training. The Personnel Office will provide notice to departments of the employees who have successfully completed the Intranet training program.

See the prior page for information regarding alternative training programs.

What responsibilities do I have as Department Head? Every department head has the following responsibilities regarding WVP training:

- Fully complete a Summary of Departmental Risks and Means to Reduce sheet (“risks and means”) for the department.
- Submit a copy of the risks and means sheet to the Workplace Violence Prevention Committee (“WVPC”).
- Retain the original risks and means sheet.
- Provide WVP training to all new department employees within 30 days of assignment/appointment.
- Provide WVP training to all department employees at least annually, between July 1st and June 30th.
- Retain training records for all employees as required by the NYS record retention requirements.
- No later than July 15 of each year, provide a completed Certification of Training form for the department to the WVPC.

INSTRUCTIONS FOR COMPLETION OF RISKS AND MEANS SHEET

A. **Department:** Insert the name of the County department completing the sheet. Please keep in mind that “department” means County department. For example, the Center for Nursing and Rehabilitation (“CNR”) is the County department. Sub-departments within the CNR, such as nursing and housekeeping, are included in the CNR and do not have to complete their own risks and means sheets.

B. **Work locations:** Check all categories that apply to the department. If the department’s employees only work on County property, check “office.” If the department also has employees that work off County property, check “field” also. (Occasional travel to off-site conferences and/or meetings would not be considered “field” work. However, work at client homes, on County roads or other infrastructure not on County property, for example, would be considered “field” work. Regular travel or other duties off County property would be considered “field” work.)

C. **Office Address(es):** Insert the address of the department’s main office. If the department has other regular work addresses owned or leased by the County, also insert these addresses.

1. **Risk factors applying to any departmental work location:** “Work locations” as used here means any place an employee performs his/her County job duties, other than his/her home. ALL risk factors should be indicated, even if steps have been taken to reduce or eliminate such risks. Check all risk factors that exist at any departmental work location.

2. **The means that are being used by your department/work location to minimize or alleviate workplace violence risks:** Check ALL means that are being used to address the risks you identified in item 1. This would include measures adopted by the County and measures put in place by the department. If you check “other,” be sure to attach a separate page that clearly describes the other measures that are being taken by your department to minimize or alleviate workplace violence risks.

Submission of form to WVPC: Once pages 1 and 2 of the form are completed, along with any supplementary documentation, copies of these must be provided to the WVPC.

Certification of Receipt: This section of the form is completed by employees at the time they receive the risks and means sheet. Every employee of the department should receive a copy as a part of WVP training. (This is intended to satisfy the requirement of the law that every employee be informed of the risks of his/her specific workplace(s) and the means in place to address such risks.) Every employee of the department, including the department head, should sign the Certification of Receipt. You may have multiple Certifications of Receipt for your department. These are retained by the department head.

**WORKPLACE VIOLENCE PREVENTION PROGRAM
SUMMARY OF DEPARTMENTAL RISKS
& MEANS TO REDUCE**

Year: July 1st, _____ through June 30th, _____

INSTRUCTIONS: This form is to be completed by the Department Head. The Department Head should carefully review the provided instructions before completing the form.

A. Department: _____

B. Work location(s):

- Office
- Field

C. Office address(es): _____

The following is a list of risk factors at your work site and the means currently in use to reduce or eliminate such risks. Where applicable, departmental policies and procedures are attached. (County policies and procedures are provided during Workplace Violence Prevention Program training.)

1. Risk factors applying to any departmental work location:

- Employees work in public settings and/or work directly with the public, clients or patients/residents on site.
- Employees routinely work off County property.
- Employees work late night or early morning hours.
- Employees exchange money with the public.
- The department keeps cash on site.
- There are areas of previous security problems. A separate page is attached identifying these areas.
- There is a history of workplace violence incidents affecting the department. A separate page is attached providing a brief description of each incident within the last three years.
- Other. Please specify: _____

2. The means that are being used by your department/work location to minimize or alleviate workplace violence risks:

- ❑ Controlling and limiting access to the workplace to the extent feasible. The department's visitor/vendor procedure is attached.
- ❑ Making high-risk areas visible to more people.
- ❑ Providing "panic" alarms.
- ❑ Providing workplace violence prevention training.
- ❑ Providing training to assist staff in handling difficult people, clients, and/or patients/residents.
- ❑ Establishing and implementing reporting systems for incidents of aggressive behavior. See County Workplace Violence Prevention Policy Statement.
- ❑ Establishing and implementing system for reporting orders of protection for an employee's protection. See County Workplace Violence Prevention Program.
- ❑ Requiring proper identification to be worn by employees and contract cleaning staff.
- ❑ Using video surveillance equipment to monitor activities in the workplace.
- ❑ Using security personnel to monitor activities in the workplace.
- ❑ Establishing and implementing a system for tracking field staff. The department's field staff tracking procedure is attached.
- ❑ Installing good external lighting.
- ❑ Ensuring clear lines of sight for areas of ingress/egress to County properties.
- ❑ Establishing and implementing a reporting system for after-hours activities. See County Workplace Violence Prevention Program.
- ❑ Timing police patrols to correspond with after-hours activities and shift changes.
- ❑ Reducing the number of employees working alone after-hours.
- ❑ Establishing and implementing a system for employees to report their presence in the workplace after-hours and request a police escort to their vehicle if a risky situation exists. See County Workplace Violence Prevention Program.
- ❑ Using police escorts for bank deposit trips.
- ❑ Using drop safes or other methods to minimize cash on hand.
- ❑ Posting signs stating that limited cash is on hand.
- ❑ Routinely checking life safety devices and reporting concerns for correction.
- ❑ Other. **Please attach a separate page describing the additional means in use to reduce workplace violence risks.**

INSTRUCTIONS FOR COMPLETION OF CONFIRMATION OF EMPLOYEE TRAINING FORM

1. **Check department:** The department head needs to complete this form. The department head should check his/her department's name.

2. **Indicate whether departmental employees trained:** Indicate whether or not all department employees hired prior to June 1st of the plan year have been trained. (The plan year is July 1st through June 30th.)

Please note that if you indicate "They have not" you are indicating that the department is not in compliance with the law or the Workplace Violence Prevention Plan. The law requires that ALL employees be trained each year. There are no exceptions. For this reason, it is strongly recommended that departments train early in the plan year to avoid non-compliance. If an employee is unavailable for training during a plan year, typically due to a lengthy leave of absence, the department may mail training materials to the employee and should attempt to get confirmation that the employee has received such materials.

3. **Listing of employees not trained.** If you answered "They have" to item 2, skip item 3. If you answered "They have not" to item 2, you must go to the second page of the form and list all employees who have not been trained and the date on which they will be trained. If any employees are listed, they should be trained ASAP.

4. **Department Head signatures:** The department head must sign and date the form. The completed form should be sent to the WVPC. It is recommended that the department retain a copy of this form with its training records.

CONFIRMATION OF EMPLOYEE TRAINING

Workplace Violence Prevention Program

INSTRUCTIONS: Each department head must complete this form and return it to the Workplace Violence Prevention Committee, no later than July 15th following the end of the plan year. (A plan year is July 1st through June 30th.) See the instructions provided with this form for further information.

1. Check department:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aging | <input type="checkbox"/> EMS | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> BOE | <input type="checkbox"/> Highway | <input type="checkbox"/> RPTS |
| <input type="checkbox"/> CNR | <input type="checkbox"/> Historian | <input type="checkbox"/> Records |
| <input type="checkbox"/> Central Services | <input type="checkbox"/> ITS | <input type="checkbox"/> Sheriff's Office |
| <input type="checkbox"/> Clerk's Office | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Co. Admin. | <input type="checkbox"/> Personnel | <input type="checkbox"/> Treasurer's Office |
| <input type="checkbox"/> DA | <input type="checkbox"/> Planning | <input type="checkbox"/> Veterans Services |
| <input type="checkbox"/> DOH | <input type="checkbox"/> Probation | <input type="checkbox"/> WDS |
| <input type="checkbox"/> Economic Dev. | <input type="checkbox"/> Public Defender | |

2. Indicate whether all departmental employees hired prior to June 1st have received training under the County's Workplace Violence Prevention Training program:

- They have. Proceed to item 4.
- They have not. Proceed to item 3.

3. Complete the back side of this form or attach a sheet of paper listing the employees who have not yet received training, and the date(s) on which they will be provided with training.

4. Department head signature:

Signature

Date

Employees Still Needing Training

Employee Name	Date will be trained

ALTERNATIVE TRAINING PROGRAM CERTIFICATION

County Department	
Alternative Training Program Name	

INSTRUCTIONS: If a department wishes to use an alternative workplace violence prevention training program, this form must be completed. A person who has completed the County’s workplace violence prevention “Train the Trainer” program must review the plan and certify that it is a comparable plan. Such person must complete this form and submit it to the County’s Workplace Violence Prevention Committee. A certification is valid for one plan year.

CERTIFICATION

I have carefully reviewed the alternative training program and hereby certify that it is comparable to the County’s Workplace Violence Prevention Training Program and that it contains all of the following elements:

Check all that apply:

- The requirements of the NYS workplace violence prevention law.
- A description of what constitutes workplace violence.
- Information regarding the prevalence of workplace violence.
- The risk factors at the employees’ work site(s).
- The measures taken by the County to address such risk factors.
- The measures employees can take to protect themselves.
- The components of the County’s Workplace Violence Prevention Plan.
- Reporting requirements of the County’s Workplace Violence Prevention Plan.
- The location of the County’s Workplace Violence Prevention Plan and how employees may obtain copies.

Trainer’s Name	
Date of Certification	

APPENDIX 6
IDENTIFIED WORKPLACE RISKS &
METHODS OF ADDRESSING

The following workplace violence risks have been identified at County work locations. The method for addressing each risk is also described.

GENERAL RISKS
(Not limited to a specific worksite.)

Risk	Method to Address
Public setting - conflicts	The County conducts workplace violence prevention training, which includes conflict training.
Public setting – threats & suspicious substances	The County conducts a workplace violence prevention training program, which includes familiarizing County employees with the procedures for handling bomb threats and handling suspicious devices.
Public setting – potential risks	All employees are required to provide notice of potentially dangerous situation(s).
Public setting – orders of protection	Employees are required to report if they have an order of protection for their benefit.
Working Late/Early – lines of sight	The WVPC periodically conducts night inspection of grounds, especially areas where employees walk and park after dark to determine if lighting is adequate or needs improvement. Makes sure lines of sight are clear for all ingress/egress.
Working Late/Early – patrols/security	Determine frequency and timing of police patrols at the County campus to ensure there are adequate patrols, especially at the CNR during public hours, at the CNR at shift change, and at other locations when there are special events.
Working Late/Early – after hours activities	Notification procedure for departments to inform Sheriff’s department of after hour activities and shift change information. See Appendix 10 for reporting form.
Working Late/Early - cleaners	Require contract cleaning staff to wear official identification. Guidelines for cleaning staff to follow re: safety measures especially regarding the admittance of persons to closed buildings and require contractor to train.
Working Late/Early - reduction	Encourage departments to reduce the frequency of employees working alone whenever possible. If employees have to work

	late/early, utilize a report in procedure.
Money – on hand, limit	Require all departments that handle money to utilize procedures for keeping minimal money on hand and/or securing it while on site.
Money – on hand, signs	Have all departments that handle money consider whether it is advisable to post signs re: limited cash on hand and if so, implement.
Money - carrying	Require those carrying any significant amounts of cash to banks, etc., to request and utilize a police escort. Also recommend those engaged in these activities to vary their trips to reduce predictability.
Work alone or in small numbers – tracking & checking	Require each department to have adequate procedures in place to keep track of the whereabouts of off-site staff and ensure that such staff is safe at various points during and at the end of their working day. Such procedures may include having a check in procedure during normal business hours and having a report in/out procedure with the dispatch center of the Sheriff's Office at other times. Such a procedure requires the employee to report his/her whereabouts, and if he/she fails to report, requires the department or dispatch center, as applicable, to follow up.
Work alone or in small numbers – assessing security of work sites	Require each department to utilize a system for assessing risk of locations where off-site services must be provided. If there are concerns about the safety of a site, develop plans to deal with these such as: travel in twos, requests for escort, requiring the provision of services at a safe location, restricting presence of individuals who are of concern, and/or denying services, as appropriate.
Uncontrolled access to workplace – limited points of access	Limit public points of entrance to buildings and ensure adequate reception/security as needed at such entrances. Ensure that those who are invited to a County building are given accurate information as to where they should park.
Uncontrolled access to workplace – employee identification	Have official identification for all County employees and maintain a database with current photos of such employees. Require employees to wear their identification while working.
Uncontrolled access to workplace – visitors & vendors	Each department shall assess the feasibility of a visitor/vendor sign in procedure for each on-site work location. Implement if feasible.

Uncontrolled access to workplace – safety devices	Departments are to check existing safety devices on a regular basis and address any problems promptly.
Areas of previous security problems	Require the reporting of known security problems to the WVPC.
Areas of previous security problems	Install video surveillance equipment in areas of known security concerns.
Areas of previous security problems	Require the reporting of violent incidents and threats of violence, and provide training on same.
Areas of previous security problems	Investigate incidents of workplace violence. At the conclusion of such investigations, make recommendations to the WVP Committee and the County Administration for steps to alleviate/minimize future risks.

SPECIFIC RISKS

(Limited to specific worksite(s).)

Worksite	Risk	Method to Address
Center for Nursing and Rehabilitation	Public access	Security cameras are monitored during all hours facility open to public. There is a gatekeeper during public hours.
Center for Nursing and Rehabilitation	Serving violent/potentially violent population	Staff training is conducted on resident health conditions, especially those involving dementia and related conditions.
Center for Nursing and Rehabilitation	Situational risks	Survey staff, especially in nursing department, regarding workplace stressors. Analyze results to identify stressors and see if actions can be taken to reduce.
Center for Nursing and Rehabilitation	Remote location, limited visibility	Security camera in laundry hall area with recording capabilities.
County Clerk	Money	Have Sheriff's Deputy escort on trips to bank when carrying cash.
Courthouse	Public access	Limited and controlled public access. Upgrades to video surveillance.
Government Center	Public access	Limit back door (west entrance) to employees. Upgrade video surveillance.
Health, Department of	Public access	Installing video surveillance systems and additional security doors.
Mental Health	Serving violent/potentially violent population	Modify duress alarm to go directly to Sheriff's dispatch rather than just a localized alarm.
Mental Health	Landscaping obscuring lines of sight for ingress & egress	Keeping bushes, etc. trimmed to keep lines of sight clear.
Probation	Serving violent/potentially violent population	Metal cover in hole through bulletproof glass.
Public Defender	Serving violent/potentially violent population	Reception window in hall and controlled access to office.
Public Works	<ul style="list-style-type: none"> • Employees work in public settings and/or work directly with the public, clients or patients/residents on site. • Employees routinely work off County property. • Employees work late night or early morning hours. • There are areas of previous security problems. • There is a history of workplace violence incidents affecting the department 	<ul style="list-style-type: none"> • Establish a policy to minimize office staff working alone • Clarified Penalty policy • Stopped taking payments in the office and provided a drop box for customers. • Put in larger turnaround to accommodate customers • Installed a security gate at entrance to facilities to prevent unauthorized entrance • Vendor sign in • No unauthorized gate access during closed hours • Deposits are made electronically as well as delivered to the bank • No cash accepted for any fee or payment
Social Services	<ul style="list-style-type: none"> • Public access 	<ul style="list-style-type: none"> • Controlling and limiting access to

	<ul style="list-style-type: none"> • Employees work in public settings and/or work directly with the public, clients or patients/residents on site. • Employees routinely work off County property. • Employees work late night or early morning hours. • Employees exchange money with the public. • The department keeps cash on site. • There is a history of workplace violence incidents affecting the department 	<p>the workplace to the extent feasible. The department's visitor/vendor procedure is attached.</p> <ul style="list-style-type: none"> • Providing "panic" alarms. • Providing workplace violence prevention training. • Providing training to assist staff in handling difficult people, clients, and/or patients/residents. • Establishing and implementing reporting systems for incidents of aggressive behavior. Establishing and implementing system for reporting orders of protection for an employee's protection. • Requiring proper identification to be worn by employees and contract cleaning staff. • Using video surveillance equipment to monitor activities in the workplace. • Using security personnel to monitor activities in the workplace. • Establishing and implementing a system for tracking field staff. • Installing good external lighting. • Ensuring clear lines of sight for areas of ingress/egress to County properties. • Establishing and implementing a reporting system for after-hours activities. • Reducing the number of employees working alone after-hours. • Establishing and implementing a system for employees to report their presence in the workplace after-hours and request a police escort to their vehicle if a risky situation exists. • Routinely checking life safety devices and reporting concerns for correction.
Treasurer's Office	Money	Have Sheriff's Deputy escort on trips to bank when carrying cash.

APPENDIX 7

**LIVINGSTON COUNTY SHERIFF'S OFFICE
CALL TAKER'S BOMB THREAT REPORT**

Questions to Ask

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

Caller's Voice

- | | |
|--------------------|---------------|
| ___ Calm | ___ Nasal |
| ___ Angry | ___ Stutter |
| ___ Excited | ___ Lisp |
| ___ Slow | ___ Raspy |
| ___ Rapid | ___ Deep |
| ___ Soft | ___ Ragged |
| ___ Loud | ___ Clearing |
| ___ Laughter | ___ Throat |
| ___ Crying | ___ Crackling |
| ___ Normal | ___ Voice |
| ___ Distinct | ___ Disguised |
| ___ Slurred | ___ Accent |
| ___ Familiar | ___ Whispered |
| ___ Deep Breathing | |
- If voice is familiar, who did it sound like?

Exact wording of the threat:

Background Sounds

- | | |
|-------------------|----------------|
| ___ Street | ___ Factory |
| ___ Noises | ___ Machines |
| ___ Crockery | ___ Animal |
| ___ Voices | ___ Noises |
| ___ PA System | ___ Clear |
| ___ Music | ___ Static |
| ___ House | ___ Local |
| ___ Noises | ___ Office |
| ___ Motor | ___ Office |
| ___ Booth | ___ Machines |
| ___ Long Distance | ___ Cell Phone |
| ___ Other: | _____ |

Sex of Caller: _____ Ethnicity: _____
 Age: _____ Length of Call: _____
 Number of Calls received: _____
 Time: _____ Date: _____

Remarks:

Threat Language:

- | | |
|----------------------------|----------------------------------|
| ___ Foul | ___ Incoherent |
| ___ Irrational | ___ Taped |
| ___ Well Spoken (educated) | ___ Message read by threat maker |

REPORT CALL IMMEDIATELY TO SUPERVISOR, SECURITY AND 911
 NOTIFY PUBLIC HEALTH DIRECTOR

Name: _____

Position: _____

Phone Number: _____

APPENDIX 8

**LIVINGSTON COUNTY SHERIFF'S OFFICE
DISCOVERY OF SUSPICIOUS DEVICE / OBJECT FORM**

In the event a County employee discovers a suspicious device or object, he or she shall:

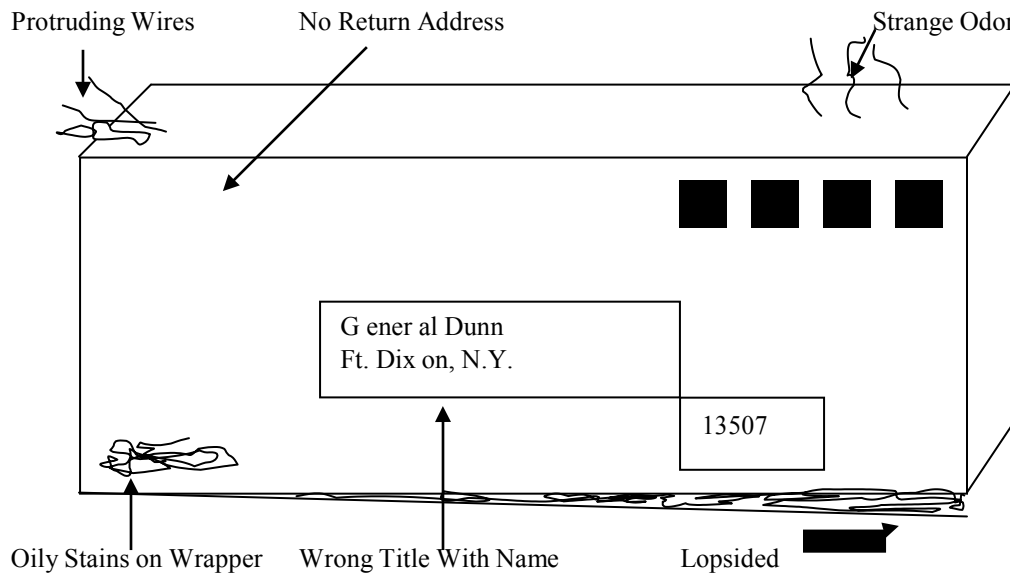
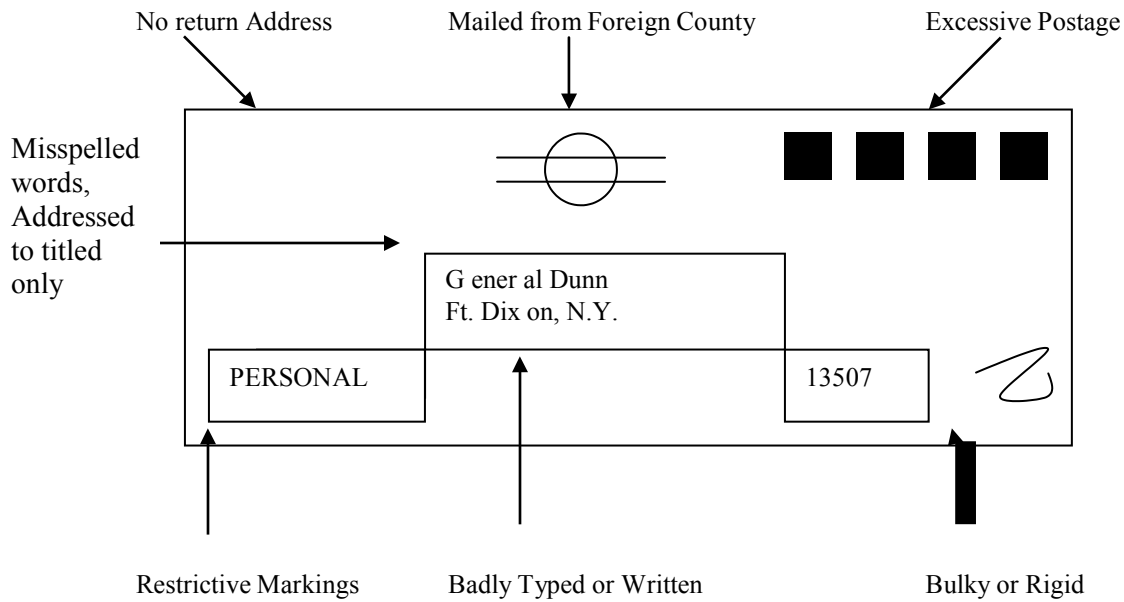
1. Do NOT touch or disturb the device or adjacent material.
2. Beware of secondary device.
3. Notify persons in immediate area to leave calmly.
4. Notify building security and immediate supervisor.
5. Complete the following:
 - a. Time Device Discovered: _____
 - b. Exact Location of Device: _____

 - c. Description of Device: _____

6. Leave the area immediately, giving form to immediate supervisor.
7. Call Security and 911.
8. Notify Public Health Director.

WARNING

LETTER AND PACKAGE BOMB INDICATORS



PRECAUTIONS

1. Never accept mail, especially packages at your home or in an unfamiliar area.
2. Make sure family members and clerical staff know to refuse all unexpected mail at home or office.
3. Remember – it may be a bomb – treat it as suspect.

LETTER AND PARCEL BOMB RECOGNITION POINTS

- Excessive Postage
- Incorrect Titles
- Titles but no Names
- Misspellings of Common Words
- Stains or discolorations
- No return address
- Excessive Weight
- Excessive Securing Material such as masking tape, string, etc.
- Lopsided or Uneven Envelope
- Protruding Wires or Tinfoil
- Visual Distractions
- Foreign mail, air mail or special only delivery
- Restrictive markings such as Confidential, personal, etc
- Hand written or poorly typed addressee
- Rigid Envelope

APPENDIX 9
HANDLING KNOWN SAFETY/SECURITY RISKS

Reporting Requirements. If a County employee becomes aware of a potential security/safety risk to County employees, clients/customers and/or visitors, the employee has an obligation to report to the Department Head. If the Department Head is unavailable, the report should be made to the highest-ranking departmental supervisor on duty. The report shall include the identity and/or description of the person(s) posing a risk (the “person of concern”), and shall include all information in the employee’s possession, which has led the employee to believe the person of concern poses a risk. The initial report should be oral with a written report following. The employee must use the Workplace Violence Reporting Form for the written report.

Security/Safety Risks. A person poses a potential security/safety risk if he/she has engaged in any of the following:

- Any type of assault including, but not limited to, sexual assaults/abuse;
- Homicide;
- Kidnapping;
- Rape;
- Harassment involving threats of violence;
- Stalking; and/or
- Threats regarding any of the above, whether they were express or implied.

(Assaults, homicides, kidnapping and rape are considered incidents of physical violence for purposes of this policy.)

Please note that certain county departments are expected to provide service to community members with a history of such behaviors. In these cases, it is only necessary to follow the Reporting Requirements if the employee believes that there is a current security / safety risk that is posed and that reporting procedures follow HIPPA guidelines.

Supervisor Assessment. If a report of potential risk is brought to a department head, or the highest ranking supervisor in the absence of the department head, the person receiving the report shall immediately assess the risk to determine the level of risk the person of concern poses, based upon the available information. This assessment shall include the following information, if available:

- Consideration of how much time has passed since the last incident causing concern;
- Consideration of the severity of the incident(s);
- Consideration of the frequency of the incidents and the time period between incidents;
- Consideration of the level of contact the person of concern will have with employees on or off-site, and clients/customers and visitors on-site (in buildings and on grounds);
- Consideration of the vulnerability of the persons who are likely to have contact with the person of concern; and
- Consideration of any other relevant factors.

The department head/supervisor will assign one of the following classifications to the person of concern:

- **High Risk.**
 - The person of concern has a history of serious physical violence (e.g. where there was loss of life or limb, serious physical injury or something similar);
 - The person of concern has a history of physical violence that has occurred recently *or* repeatedly;
 - The person of concern has a history of physical violence toward a County employee or toward another on County property;
 - The person of concern has a history of physical violence toward a vulnerable person and the person of concern is likely to have contact with a vulnerable person on County property;
 - The person of concern has a recent history of harassment involving threats of physical harm;
 - The person of concern has a recent history of stalking; or
 - Other similar circumstances.
- **Medium Risk.**
 - The person of concern has a history that falls between the high and low risk categories.
- **Low Risk**
 - The person of concern has a distant history of physical violence where such violence was an isolated incident;
 - The person of concern has a distant history of harassment or stalking without any recent repetition.

Security Plan. After completing the assessment, the Department Head/supervisor will implement an appropriate security plan to protect County employees, and to protect clients/customers and visitors while on County property. This plan should be tailored to provide security while the person of concern is on County grounds, in a County building, within the Department's offices, or off-site where County employees provide services.

- **High Risk.**
 - The Department Head *shall* do the following:
 - Report the perceived risk to the Livingston County Sheriff's Office ("LCSO") and seek guidance regarding appropriate safety measures; **AND**
 - Report the perceived risk to the County Attorney to obtain guidance, and assistance as appropriate, regarding limitations on the person of concern's access to County facilities and/or services.
 - Notify the County Administrator of the high-risk situation.
 - The Department Head *must consider* the following and implement as deemed appropriate:
 - If services to the person of concern are not mandatory, consider refusal of services.
 - If services are mandatory, consider alternative means of providing services that do not require the person of concern to physically meet with County employees or come on County property.
 - If services will be provided either on County property or by County employees, look at the feasibility of limiting contact to appointed times at

the most secure location available with appropriate supervision or observation. Such schedules should be reported to the LCSO in advance. Escorts should be provided to the person of concern from the point of entry to the building until time of exit. The person of concern should not be permitted to move throughout a County building unsupervised.

- Ensure that employees who are likely to have contact with the person of concern are aware of the perceived risks and fully instructed re: security measures that will be employed and their participation in same.
- **Medium Risk.**
 - The Department Head *shall* do the following:
 - Report the perceived risk to the Livingston County Sheriff's Office ("LCSO") and seek guidance regarding appropriate safety measures.
 - The Department Head *must consider* the following and implement as deemed appropriate:
 - Consider the feasibility and necessity of limiting contact to appointed times.
 - Consider making sure services are provided by employees in pairs.
 - Consider whether services should be provided in an area that is visible to others.
 - Ensure that employees who are likely to have contact with the person of concern are aware of the perceived risks and fully instructed re: security measures that will be employed and their participation in same.
- **Low Risk.**
 - Comply with normal workplace violence prevention requirements.

Coordination with Other Departments. If the risk is one that has a reasonable possibility of affecting employees of other departments, the Department Head must notify the County Administrator of the situation and make a recommendation regarding appropriate action. The County Administrator will determine the appropriate course of action. This may involve providing notice to other departments and/or directing affected departments regarding their participation in the security effort.

Assistance. If a Department Head needs assistance with assessment of a reported risk or the development of a security plan, the Department Head may contact the LCSO, the County Attorney, the County Administrator or the WVPC Chairperson.

Response to Reporter. After the risk has been assessed and a determination has been made regarding safety/security measures, the Department Head will provide a response to the person(s) who initially reported the concerns to notify such person(s) that the concerns have been reviewed and, if applicable, additional safety/security measures have been put in place. Details will be shared as appropriate under the circumstances of the case after taking into account any confidentiality concerns.

APPENDIX 10

AFTER HOURS EVENT REPORTING FORM

Department: _____ Program: _____

Department Head Authorization: _____

Contact Person: _____ Contact #: _____

Location of Event: _____

Event Date: ___/___/___ Time from: _____ until _____

Event participation size: _____

Any security issues: ___Yes ___No

If yes, give details:

Comments:

APPENDIX 11

PROCEDURE FOR EMPLOYEES WORKING OUTSIDE NORMAL WORK HOURS AT COUNTY BUILDING

Application. This procedure applies to employees who work outside normal business hours at a County-owned building.

Purpose. The purpose of this procedure is to ensure the safety of such employees and comply with requirements to provide a safe workplace.

Procedure. Any employee who works alone or in an isolated setting at a County-owned building outside normal business hours shall notify the Livingston County Sheriff's Office ("LCSO") of his/her presence in such building if that employee has reasonable concerns regarding his/her safety in the workplace. If an employee provides such notice, he/she shall notify the LCSO of his/her location, the time period the employee will be on premises and of his/her safety concerns, and the employee shall also notify the LCSO when the employee actually ceases work and leaves the building.

Such employees may also contact the LCSO to request an escort to or from a County building if he/she has reasonable concerns regarding his/her safety. (Availability of escorts will depend upon the overall demands on the LCSO at that time.)

There are reasonable concerns for the employee's safety if: (1) the employee or the department have received an express or implied threat of violence, (2) there has been a history of violence at the location or toward the employee within the last year, (3) there are currently suspicious circumstances at the location which cause a reasonable apprehension of violence, or (4) there are currently any other circumstances that cause the employee/department to believe there is a present risk of violence.

APPENDIX 12

PROCEDURE TO TRACK OFF-SITE EMPLOYEES (FIELD STAFF)

Application. This procedure applies to employees who work alone at locations other than a County owned or leased property. For example, such employees include those who work in clients'/patients' homes without a co-worker. The procedure also applies to employees who work alone at an isolated County owned or leased property. (This procedure does not apply to an employee who is working at his/her personal residence, nor does it apply to employees attending off-site training or professional meetings/conferences.)

Purpose. The purpose of this procedure is to ensure the safety of such employees and comply with requirements to provide a safe workplace.

Procedure. Any department that has employees who work alone off County property or in an isolated setting at a County owned or leased building shall develop a written procedure that at a minimum:

1. Establishes a procedure in which *employees* will:

- a. Keep the department informed of the employee's location at all times during work hours;
- b. During the department's normal office hours, contact the department at a minimum near the beginning and end of the work shift and one time during the shift;
- c. Outside the department's normal office hours: (1) contact the Livingston County Sheriff's Office or a designated departmental contact person to report the employee's on-duty status and work schedule, (2) subsequently contact that Office/person a minimum of one time every three hours while working, and (3) report to that Office/person when ending work;
- d. Immediately report to the Livingston County Sheriff's Office any situations creating an imminent threat of harm; and
- e. Report to his/her supervisor any concerns regarding safety at any work location.

2. Establishes a procedure in which the *department* will:

- a. Train all affected employees regarding procedural requirements and provide a written copy of the procedure;
- b. Designate person(s) within the department to be the "check in" contact for employees during normal office hours;
- c. Maintain a record of each employee's schedule including work location(s) and time frame(s) at each location;
- d. Attempt to contact the employee if the employee does not contact the department at designated "check in" times, and if unable to reach the employee, contact the Livingston County Sheriff's Office to report the employee's status and request assistance;
- e. Accept reports of safety concerns from employees and handle pursuant to the County's Workplace Violence Prevention Program; and

- f. Require employee compliance with check in procedure requirements and counsel or discipline, as appropriate, employees who fail to comply.

Outside normal office hours the Livingston County Sheriff's Office will fulfill the responsibilities outlined in 2d if notified by an employee of his/her on-duty status.

Departments may establish procedures that have greater requirements than those set forth in this document, but may not establish procedures with lesser requirements without obtaining approval from the County Administrator. Department Heads shall provide to the Workplace Violence Prevention Committee a copy of the procedure established for the department and any subsequent revisions to same.

APPENDIX 13

PROCEDURE FOR VISITOR/VENDOR ACCESS TO COUNTY FACILITIES

Application. This procedure applies to all County departments that permit entry by visitors and/or vendors to County owned or leased facilities.

Purpose. The purpose of this procedure is to ensure the safety of employees and comply with requirements to provide a safe workplace.

Procedure. Each department to which this procedure applies shall:

1. Determine whether a visitor/vendor sign in/out procedure is practicable for on-site departmental work locations. (For the Government Center, the County Administrator will determine whether such a procedure is practicable for the building as a whole, while individual departments within the building will determine whether procedures are practicable for their workspace. For other County facilities used by more than one department, the respective department heads shall consult with one another to determine whether a procedure is practicable for the building as a whole, with each individual department determining whether procedures are practicable for their work spaces.)
2. **If such a procedure is practicable**, an appropriate procedure shall be developed and implemented. Such procedures must include, at a minimum, a requirement that visitors/vendors sign in providing their full name, company name if applicable, and time of entry. It shall also include a requirement that visitors/vendors sign out indicating the time of departure when they leave the facility. The procedure should require employee escorts into any areas of the facility that are not generally open to the public if the visitor/vendor must enter such an area. The procedure may require the issuance of a visitor pass with a requirement that the visitor wear the pass during his/her visit. The department shall provide a copy of the procedure to the Workplace Violence Prevention Committee (“WVPC”).
3. Every department shall take steps to ensure that all visitors/vendors use public entrances to County facilities and comply with any limitations on entry to non-public areas within the facility.



APPENDIX 14
LIVINGSTON COUNTY
WORKPLACE VIOLENCE REPORTING FORM

Instructions: If you are reporting an incident of workplace violence or concerns about a potential risk situation, please complete this form fully and submit it to the highest-ranking supervisor on duty in your department, with a copy to your department head, as soon as possible. If you are not able to submit the form to a departmental supervisor, please submit it to the County Administrator at the Livingston County Government Center, 6 Court Street, Room 302, Geneseo, New York 14454. Your concerns will be investigated thoroughly pursuant to the Workplace Violence Prevention Program.

IDENTIFYING INFORMATION

1. **Your name:** _____
2. **Your daytime telephone number:** _____
3. **Your address:** _____

4. **Your job title:** _____
5. **Your department:** _____

INFORMATION RE: WORKPLACE VIOLENCE CONCERN(S)

6. **Are you reporting an incident of workplace violence or a situation which creates an increased risk of violence in the future?**
 - I am reporting an incident of workplace violence. (Complete items 7-17 & 20-22 of this form.)
 - I am reporting a situation that creates an increased risk of violence in the future. (Complete items 18-22 of this form.)

VIOLENT INCIDENTS

7. **Name of person(s) committing or threatening an act of violence, or if the name is not known, provide a description of the individual:**

8. **Is that person a County employee?** _____
If so, what is that person's job title? _____
9. **Date of incident of violence:** _____
10. **Time of incident of violence:** _____

If so, please indicate who sought medical attention and what attention was sought, if known:

17. **Persons who witnessed the incident:**

Name	Address	Telephone Number

Attach an additional page if necessary.

RISK OF VIOLENCE

18. **Please identify the person(s) (“person of concern”) who you believe pose(s) a potential security/safety risk:**

19. **The person of concern poses a potential security/safety risk because he/she has a history of:**

- Any type of assault including, but not limited to, sexual assaults/abuse;
- Homicide;
- Kidnapping;
- Rape;
- Harassment involving threats of violence;
- Stalking;
- Threats regarding any of the above, whether express or implied; and/or
- Other. Please specify: _____

20. **Please answer the following questions in connection with the item(s) you checked in item 19 above.**

a. How long has it been since the last incident? _____

b. Describe the incident fully. _____

(Attach an additional page if necessary.)

c. How often did the person of concern engage in this behavior? _____

- d. Give the date(s) (or approximate dates) of the behavior you described. _____

- e. Describe the type and frequency of contact the person of concern is expected to have with County employees, County clients/customers and or visitors to County property.

- f. Provide any other information you believe is relevant.

ALL REPORTS

21. **What action would you like the County to take concerning your report?**

22. **Do you fear for your physical safety as a result of the matters you reported?**

- Yes
 No

If “yes,” what do you suggest to reduce or alleviate this fear pending an investigation:

Date: _____

Signature: _____



Appendix 15

WORKPLACE VIOLENCE PREVENTION: OUR MUTUAL SAFETY & PROTECTION

Livingston County is concerned with the safety and welfare of all persons working on or visiting County properties. As an organization that has individuals working on County property, you share this concern. It is in our mutual interest to work together toward ensuring workplace safety for our employees and other workplace visitors. Toward meeting this goal, we have established the following understandings and expectations:

1. **Workplace violence is a real issue** as evidenced by a study of the National Institute for Occupational Safety and Health (NIOSH) which found that an average of 20 workers are murdered each week in the United States. In addition, an estimated 1 million workers are victims of nonfatal workplace assaults each year.
2. **Sharing important information regarding workplace risks and threats of violence can help ensure the safety of the County's and your employees and worksite visitors.**
3. **The County strongly encourages its on-site contractors and tenants to report any concerns they may have about workplace safety at County work sites. It also encourages the reporting of any workplace violence incidents that occur at a County work site.** Reports of concern may be made to County Administrator Ian Coyle or to County Attorney David Morris at (585) 243-7040. Report of workplace violence incidents may be made to these individuals AND to the Livingston County Sheriff's Office at 911.
4. **The County is committed to notifying its on-site contractors and tenants of situations that may cause concern for the safety of their employees.**
5. **The County expects that on-site contractors and tenants will comply with County safety and security protocols in effect on site.** Any questions about such protocols may be directed to:
 - a. Buildings or Grounds Contractors: to John Driscoll, Supervisor of Buildings and Grounds, at (585) 243-7500; or
 - b. All Other Contractors: to the office of the County department with which you contract; or
 - c. Tenants: to David Morris, County Attorney, at (585) 243-7040.

The County thanks you for your cooperation and assistance toward our goal of achieving a safe workplace for all.