

Warren County Board of Supervisors

RESOLUTION NO. 487 OF 2024

RESOLUTION INTRODUCED BY SUPERVISORS WILD, DRISCOLL, MERLINO, MADAY, BEAN, ETU AND THOMAS

APPROVING REVISIONS TO THE WARREN COUNTY WORKPLACE VIOLENCE PROTECTION PROGRAM

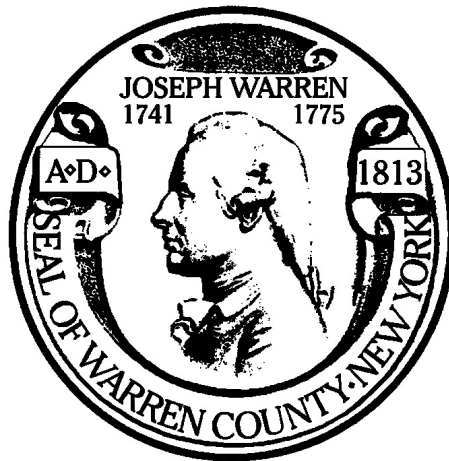
WHEREAS, New York State Labor Law Section 27(b), as amended by the 2024 New York State Legislature, requires that public employers are to develop and implement programs to prevent workplace assaults and homicides and that public employers implement workplace violence protection programs to prevent and minimize the hazard of workplace violence to public employees, and

WHEREAS, pursuant to Resolution No. 108 of 2007, the Warren County Board of Supervisors authorized the implementation of a violence protection program on workplace violence, which program was subsequently amended by Resolution Nos. 174 of 2012, 138 of 2016, 237 of 2017, 136 of 2019, 337 of 2020 and 10 of 2022, and

WHEREAS, the County Attorney presented revisions to the workplace violence protection program to the Personnel, Administration & Higher Education Committee which approved the revisions and recommends that the same be advanced to the Board of Supervisors for consideration, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby approves and authorizes the implementation of the revised Workplace Violence Protection Program for Warren County, annexed to this resolution, with a review of said program to be made on an annual basis by the Warren County Risk and Safety Committee who shall report the results to the Personnel, Administration & Higher Education Committee, and be it further

RESOLVED, that said Program shall take effect immediately and will be available for review in accordance with the provisions of the Workplace Violence Protection Program.



Warren County

Workplace Violence Protection Program

Warren County **Workplace Violence Protection Program**

I. Purpose and Goals

The Warren County Board of Supervisors is dedicated to the security, safety and overall well-being of all County officers and employees. The County's objective is to ensure that the risk of workplace assaults and homicides is evaluated and that this workplace violence protection program prevents and minimizes the hazard of workplace violence to County officers and employees.

Conduct that constitutes violence towards any member of the County workforce will not be tolerated from any County officer, employee, representative, volunteer, intern or community member within a County workspace. Instances involving assault, criminal conduct or any other tortuous conduct by a County officer, employee, representative, volunteer, intern or community member will be dealt with in accordance with the law and County policies and procedures. Incidents pertaining to "employee to employee" issues regarding perceived or alleged workplace violence shall be reported without delay to the employee's Department Head and the Director of Human Resources with a copy of any written complaint forwarded to the County Attorney.

The County's written workplace violence program shall be proactive, capable of assessing potential threats before they occur, and capable of immediately responding to actual incidents as they occur.

II. Definitions

1. **Department Head:** County officers or employees given the supervisory title of Department Head.
2. **Employee:** A person employed by the County of Warren on a full-time, part-time, or seasonal basis, and includes volunteers and interns, whether paid or unpaid.
3. **Employee Representative:** A person authorized to represent a County employee which belongs to a labor union recognized by the County of Warren and engage in negotiations on behalf of its members.
4. **Employer:** The County of Warren ("County").
5. **Officer:** A person holding the right, authority and duty created and conferred by law for a given period of time which is either fixed in law or at the pleasure of the appointing authority which provides some portion of the sovereign's governmental functions to be exercised for the benefit of the public.
6. **Supervisor:** A person within employer's organization who has the authority to direct and control the work performance of an employee, or who has authority to take corrective action regarding the violation of a law, rule or regulation to which an employee submits written notice.
7. **Retaliatory Action:** The discharge, suspension, demotion, penalization, or discrimination against any employee, or other adverse employment action taken against an employee in the terms and

conditions of employment.

8. **Workplace:** Any location away from an employee's permanent or temporary domicile, where an employee performs any work-related duty in the course of their employment by the employer.
9. **Workplace Violence:** Any physical assault, physically threatening behavior, or verbal abuse creating fear of an assault occurring in the workplace and directed at a County officer or employee, which is engaged in by another County officer or employee, strangers, customers, or other persons with whom the employee has a pre-existing relationship outside of the workplace. The National Institute for Occupational Safety & Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."

III. Risk Areas as Identified by the NYS Department of Labor (DOL)

While workplace violence can occur in any workplace setting, examples of employment situations that may pose a higher risk(s) include:

1. Contact with the public;
2. Duties that involve the exchange of money;
3. Delivery of passengers, goods or services;
4. Duties that involve mobile workplace assignments;
5. Working with unstable or volatile persons in healthcare, social service or criminal justice settings;
6. Working alone or in small numbers;
7. Working late at night or during early morning hours;
8. Working in high crime areas;
9. Duties that involve guarding valuable property or possessions;
10. Working in community-based settings;
11. Working in areas with previously identified security problems; and
12. Uncontrolled access to the workplace.

IV. NYS DOL Program Requirements

The NYS DOL Law requires public employers to perform a risk evaluation of their workplace to:

1. Determine the presence of actors or situations that might place employees at risk from occupational assaults and homicides;
2. Prepare a workplace violence protection program; and
3. Inform and train employees on the requirements of the NYS DOL Law and the workplace risk factors that were identified.

To comply with the requirements set forth by the NYS DOL, the County shall:

1. Conduct workplace risk evaluation, through the Risk and Safety Committee to evaluate on an annual basis per New York State Department of Labor (DOL) Public Employee Health and Safety regulations (PESH) to:

- a. Determine the presence of factors or situations that might place employees at risk from occupation-related assaults and homicides;
 - b. Prepare and review annually the Workplace Violence Protection Program; and
 - c. Inform and train employees on the requirements of the NYS DOL PESH Law and the workplace risk factors that were identified.
2. Report issues involving workplace safety to the Risk and Safety Committee for review and remediation, to include providing recommendations to Department Heads and the Board of Supervisors.
3. Provide employee workplace violence prevention training at the time of job assignment and annually thereafter.

V. Workplace Violence Risk Factors Identified

The County recognizes the dynamics of the provisions of public service to the community at large. It adopts the risk factors identified by the NYS Department of Labor Safety and Health Division. Additional risk factors shall be identified and addressed on an ongoing basis through the Risk and Safety Committee with recommendations made to departments and the Board of Supervisors on a periodic and an as-needed basis. Opportunities for improvement and proposed solutions will be periodically reported by the Risk and Safety Committee to the Board of Supervisors.

VI. Methods of Workplace Violence Protection

As they pertain to this policy, the County shall address risk factors involving workplace violence protection initiatives as follows:

1. County Owned, Leased and/or Maintained Property:

County owned buildings shall be secured using the following protocols:

- a. Doors should never be propped open. Locations having money and/or secure information shall be kept locked and separate from general entry.
 - b. Security card entry systems have been installed within County buildings to limit access to secured areas.
 - c. Concealed weapons are strictly prohibited in/on all County owned and maintained buildings/properties and appropriate signage shall be installed and maintained. (County law enforcement officers and corrections officials shall be exempt from this provision.)
 - d. Security cameras shall be installed with a direct feed to the Sheriff Department for County owned buildings identified as being at high risk, when feasible.
2. Identification Cards:
 - a. Employees shall be issued an identification card by the Human Resource Department and shall be required to display the identification card with a current color picture visible on the front side of the badge itself along with the County seal and employee name.
 - b. County issued identification cards must be always worn within the workplace.

- c. Identification cards should also be carried at all times by employees who work outside of the traditional workplace setting, i.e. Sheriff, Corrections, and Public Works.
 - d. Whenever an employee's appearance changes substantially, the identification card pictures should be updated.
 - e. All County identification cards shall be issued upon employment and rescinded upon separation, without exception, by the Human Resource Department.
3. **Bomb Threat Protocol:** The County has adopted the Federal Bureau of Investigation's protocols for Bomb Threats.
4. **Security Cameras:** The County shall install and maintain security systems to protect County owned buildings, properties, and the employees who work within them. Security camera systems will send video feed to the County's Sheriff Department whenever feasible. For ancillary worksites where a direct connection to the County's Sheriff Department is not possible, steps will be taken to record and save video feed for law enforcement use.
5. **Panic Buttons:**
- a. Department heads will be consulted to determine how the Workplace Violence Protection Program may best meet the needs of the employees working within that department on both an initial and ongoing basis. If there is a quantitative determination made that panic buttons are needed within a particular County owned, leased or maintained workplace, the Risk and Safety Committee shall make the determination as to how best to accommodate the request. Panic Button Technology within County buildings and other pertinent County owned locations shall be mutually owned and maintained by the County Building and Grounds Office.
 - b. Any department or individual requesting the installation of a panic button shall make a formal written inquiry to the County Information Technology Department. The Director of Information Technology shall forward the request for panic button technology to Sheriff Department personnel assigned to the task of reviewing the request and conducting a security assessment of the location requesting the technology.
 - c. The Sheriff Department and Director of Information Technology will discuss the security assessment with the requestor and collectively decide the best use of technology available. All final determinations for requests for panic button technology will be brought to the Risk and Safety Committee as part of the County's Workplace Violence Protection Programming.
 - d. Each panic button installed shall be tested regularly under the direction and in coordination with Sheriff Department personnel. It will be the responsibility of everyone assigned a panic button to initiate the activation when asked to do so. Department Heads shall be responsible for ensuring employees within their control regularly manage the technology governed by this policy.
6. **Annual Training:** Each calendar year every employee shall complete training which includes: (a) the measures employees can take to protect themselves from such workplace risks, including specific procedures the employer has implemented to protect employees, such as appropriate work practices, emergency procedures, use of security alarms and other devices, and (b) the details of this written workplace violence protection program which shall be provided to all County officers and

employees.

VII. Reporting Serious Violations of Workplace Violence Protection Program and When an Imminent Danger of Violence Exists

1. Any County officer or employee or employee representative who believes that a serious violation of the workplace violence protection program exists shall bring such matter to the attention of a supervisor in the form of a written notice and shall afford the employer a reasonable opportunity to correct such activity, policy or practice. Any County officer or employee or employee representative who believes that an imminent danger of assault or homicide exists shall immediately notify law enforcement and their supervisor.
2. Complaints of serious violations of the Workplace Violence Protection Program that occur should be made on the reporting form, "Part I" attached herein as *Attachment A* titled "**Warren County Workplace Violence Complaint Form**" ("Complaint Form"). The employee shall complete and submit Part I of the Complaint Form the employee's supervisor or department head for review and appropriate action.
3. A Complaint Form shall be submitted only by County officers, employees, and employee representatives.
4. Upon receipt of a written complaint, the Department Head shall review and take all appropriate actions to mitigate the immediate risks and document those actions on Part II of the Complaint Form. Upon completing Part II of the Complaint Form, the Department Head shall submit the Complaint Form without delay to the Human Resources Department.
5. Upon receipt of the Complaint Form, the Human Resources Department shall treat the matter as confidential and shall:
 - a. Conduct a prompt review of the Complaint Form and the initial actions taken by the department head; assess the appropriate scope of any further investigation; and take any appropriate interim actions (for example, instructing the individual(s) about whom the complaint was made to refrain from communications with the County officer or employee who submitted the Complaint Form); and
 - b. Maintain a confidential log which assigns each written complaint a number (i.e. #2025-1), and records the following data: the date of the claimed incidents(s); the date received; the department(s) involved; the employee(s) who submitted the complaint; the employee(s) against whom the complaint was submitted; and the date the written complaint was forwarded to the County Attorney's Office; and
 - c. Forward every Complaint Form to the County Attorney's Office.
6. Upon receipt of the Complaint Form, the County Attorney, or a designee, shall review the actions taken by the department head and Human Resources Department and determine whether additional investigation or action is appropriate, to include:
 - a. Take steps to obtain, review, and preserve documents sufficient to assess the allegations, including documents, emails or phone records that may be relevant to the investigation; and
 - b. Implement appropriate document requests, review, and enact preservation measures, including electronic communications;
 - c. Seek to interview all parties involved, including any relevant witnesses;
 - d. Create written documentation of the investigation (such as letter, memo or email), which contains the following:
 - e. A list of all documents reviewed, along with a detailed summary of relevant documents;

- f. A list of names of those interviewed, along with a detailed summary of their statements;
 - g. A timeline of events;
 - h. Create a summary of any prior relevant incidents disclosed in the investigation, reported or unreported, and the basis for the decision and final resolution of the complaint, together with any corrective action(s) recommended;
 - i. Promptly notify, in writing, the individual(s) who reported the workplace violence and the individual(s) about whom the complaint was made that the investigation has been completed.
 - j. When required by the circumstances surrounding the incident, prepare a summary report of the incident, to include recommended corrective actions for confidential review by the co-chairs of the Risk and Safety Committee; and
 - k. Forward the completed Complaint Form and if appropriate, a synopsis of the investigation and any recommended corrective actions to the co-chairs for the Risk and Safety Committee for review, presentment to the committee, and any further action deemed appropriate by the committee.
6. The County's Personnel, Administration and Higher Education Committee shall receive confidential information concerning serious violations of this policy during the committee's Executive Session.
7. The Director of Human Resources and the County Attorney shall be the records custodian for Complaint Forms and other investigation records and shall maintain such confidential records in a secure location as required by the County's record retention policy.

VIII. Conclusion

The policy outlined above is aimed at providing employees at the County and covered individuals an understanding of their right to a safe and violence free workplace. All employees should feel safe at work. The Risk and Safety Committee will assist Department Heads with Workplace Violence Protection Program initiatives and identify any trends that may pose a risk to employees, create the risk of liability or financial loss to the County.

WORKPLACE VIOLENCE COMPLAINT FORM
PART I: Completed by Reporting Party

Reporting Party(s): _____
Supervisor: _____ Depart/Phone Ext. _____

Incident Information:

Type of Incident (*circle one*): Physical Assault / Homicide / Threat of Assault or Homicide

Date of Incident: _____ Time of Incident: _____ a.m. / p.m.
Location of Incident (be specific): _____
Brief Description of Incident (Narrative): _____

Has this or a similar incident ever happened to you before? *Circle one* (YES / NO)
If yes, state when, where and explain. _____

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

List all witnesses of the incident:

Name: _____	Department: _____	Phone: _____
Name: _____	Department: _____	Phone: _____
Name: _____	Department: _____	Phone: _____

Was a weapon involved? (*Circle one*) YES / NO

If so, specify type of weapon and how used: _____

Aggressor Information:

Name: _____ Department: (if employee) _____

Supervisor/Phone Number: (*if employee*) _____

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

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

Aggressor's address/vehicle information: (*if not employee*) _____

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

Signature of Reporting Party

Date

Attach all documents in your possession (emails, police reports, etc) to this complaint form.

SUBMIT TO YOUR SUPERVISOR OR DEPARTMENT HEAD AS SOON AS POSSIBLE.

WORKPLACE VIOLENCE COMPLAINT FORM
PART II: Completed by Department Head

Supervisor Review & Comment (if applicable): _____

Initials: _____ Dated: _____

Department Head Review & Comment: _____

Initials: _____ Dated: _____

Department Actions Taken to Prevent Further Violent Acts of a Similar Nature: _____

Initials: _____ Dated: _____

Initials: _____ Dated: _____

Was Reporting Party/Employee offered assistance through the Employee Assistance Program? Yes / No

WORKPLACE VIOLENCE COMPLAINT FORM
PART III: Completed by Human Resources & County Attorney's Office

Date Received by Human Resources: _____ Assigned Complaint No. _____

Date Reviewed: _____

Additional Actions Taken by HR: _____

Initials: _____ Dated: _____

Initials: _____ Dated: _____

Date Received by County Attorney's Office: _____ Attorney Review Date: _____

Attorney Reviewer: _____

Was additional investigation or action required? (Circle one) YES / NO
(If yes, open new matter file for confidential investigation and reporting to Risk & Safety Committee)

Date Provided to Risk and Safety Committee Chairpersons: _____