

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

Workplace Violence Prevention

The West Irondequoit Central School District (WICSD) is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our agency, staff, and clients. Threats, threatening behavior, or acts of violence against employees, visitors, guests, or other individuals by anyone on District property will be thoroughly investigated, and appropriate action will be taken, including summoning criminal justice authorities when warranted. All incidents of violence or threatening behavior will be responded to immediately upon notification. All employees are responsible for helping to create an environment of mutual respect for each other as well as students and their families; following all policies, procedures and program requirements; and for assisting in maintaining a safe and secure work environment. The goal of this policy is to promote the safety and well-being of all people in our workplace.

WICSD has identified response personnel that includes a member of management and an employee representative. If appropriate, the WICSD will provide counseling services or referrals for employees. Employee Assistant Program provides counseling, work/ life benefits, self-help resources and coaching for employees. EAP can be accessed through 800-225-2527, 800-252-4555 or EducatorsEAP.com.

All WICSD personnel is responsible for notifying the contact person designated below of any violent incidents, threatening behavior, including threats they have witnessed, received, or have been told that another person has witnessed or received.

Designated Contact Person:

Name: Michelle Cramer
Title: Assistant Superintendent of Human Resource
Phone: (585) 336-2995

I. DEFINITIONS

- A. Imminent Danger: Any conditions or practices 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 otherwise provided for by this District-wide School Safety Plan.
- B. Serious Physical Harm: Physical injury which creates a substantial risk of death, or which causes death or serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ, or a sexual offense as defined in Article 130 of the Penal Law.
- C. Workplace Violence: Any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment, including but not limited to:
 - 1. An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
 - 2. Any intentional display of force which would give an employee reason to fear or expect bodily harm;
 - 3. Intentional and wrongful physical contact with a person without his or her consent that entails some injury;
 - 4. Stalking an employee with the intent of causing fear of material harm to the physical safety and health of such employee when such stalking has arisen through and in the course of employment.

II. POLICY

- A. The West Irondequoit Central School District is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our agency, staff, and clients. Threats, threatening behavior, or acts of violence against employees, visitors, guests, or other individuals by anyone on District property will be thoroughly investigated, and appropriate action will be taken, including summoning criminal justice authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other as well as clients, following all policies, procedures and program requirements, and for assisting in maintaining a safe and secure work environment.
- B. Employees will not be discriminated against for bringing forth a safety concern, for “filing” a complaint, or for participating in or causing any proceeding or inspection relating to this program.

III. RISK EVALUATION AND DETERMINATION

- A. The Chief Emergency Officer or designee, in consultation with the District Safety Team, will assess the work environment for actual or potential risk factors to which employees may be exposed. This process will include the following steps.

1. Administrative Review and Record Examination

- a. Annual review of the following sources of information:

- District-wide School Safety Plan;
- Relevant policies, work practices, and work procedures that may impact the risk of workplace violence;
- Physical Workplace Evaluations;
- Employee accident and illness information;
- Recommendations of law enforcement, employees, or consultants;
- Employee survey, if any;
- Workplace Violence Incident Reports; Employee Reports Of Workplace Violence Prevention Concerns;
- Records of post-incident responses;
- Review of records of actions taken to deter violence, including work practice controls, and other corrective steps; and,
- Assist in the selection of security- related technology and development of procedures for the use of such technology;
- Notes of safety meetings and training records.

2. Physical Workplace Evaluation

- a. The Chief Emergency Officer or designee will conduct a physical workplace evaluation at each worksite to identify actual or potential risks. Subsequent evaluations will be conducted at the direction of the Executive Director of Operations and Security Services.
- b. The physical workplace evaluation will include identification and review of the following factors:
- Working in public settings;
 - Working late night or early morning hours;
 - Exchanging money with the public;
 - Working alone or in small numbers;
 - Working in a location with uncontrolled public access to the workplace;
 - Areas of previous security problems.
- c. A Workplace Security Checklist will be utilized in conducting this evaluation; *see* Attachment 1.

3. Employee Survey

- a. The Chief Emergency Officer may have an employee survey conducted as part of the workplace evaluation process; *see* Attachment 2. If conducted, the results of the survey will be included in the annual review.
- B. The Chief Emergency Officer will maintain records of the evaluation, including a list of risk factors identified, documentation of steps taken to remediate identified risks, and documentation of the annual review.
- C. The Chief Emergency Officer will make the records and documentation completed pursuant to this section available for employee review upon request, except to the extent otherwise prohibited by any law, regulation, or policy.

IV. RECORDKEEPING, RECORDING, AND REVIEW OF WORKPLACE VIOLENCE INCIDENTS

A. Workplace Violence Incident Reports

1. Employees who become aware of any Workplace Violence Incident as defined above occurring on a District worksite will file a Workplace Violence Incident Report, Part A; *see* Attachment 3. The employee will forward the completed report to his/her supervisor and the Executive Director of Operations and Security Services.
 - a. **Note:** If the employee believes it is not appropriate for his/her supervisor, and/or the Chief Emergency Officer, to have access, i.e., the supervisor or Chief Emergency Officer are involved in the threat situation, the employee may forward the report to the Assistant Superintendent of Human Resources (or designee). The Assistant Superintendent of Human Resources (or designee) will take such steps as are required to deal with the situation.
 - b. If the Workplace Violence Incident may also constitute an offense under the law, the employee should also report it to the appropriate law enforcement agency.
2. If any of the following circumstances are present, the Workplace Violence Incident Report will be considered a "Privacy Concern Case," and the name of the involved employee(s) will not be included in the report:
 - a. An injury or illness to an intimate body part or the reproductive system;
 - b. An injury or illness resulting from a sexual assault;
 - c. Mental illness;
 - d. HIV infection;
 - e. Needle stick injuries and cuts from sharp objects that are or may be contaminated with another person's blood or other potentially infectious material; and,
 - f. Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the Report.

3. Upon receipt of a Workplace Incident Report, the Chief Emergency Officer should take such actions as are required to deal with a particular situation. The Chief Emergency Officer will document the actions taken on the Workplace Violence Incident Report, Part B; *see* Attachment
4. The Chief Emergency Officer will maintain the Incident Reports on file, and make them available for review as part of the annual review; *see* § III(A)(1) above.
5. In the following circumstances, the District Safety Team will conduct a review within 30 days of Workplace Violence Incidents meeting any of the following criteria:
 - a. The incident resulted in serious physical harm, or involved an imminent danger of serious physical injury;
 - b. A repeat incident within a short time period involving the same persons, locations, or circumstances; or,
 - c. The Chief Emergency Officer deems it appropriate to conduct an immediate review, rather than waiting for the next annual review cycle.
6. The review of Workplace Violence Incidents, whether conducted as part of the annual review, or otherwise, will include the following:
 - a. facts and circumstances of the incident;
 - b. any factors causing or contributing to the incident;
 - c. whether the incident is part of any pattern or trend;
 - d. effectiveness of the response to the incident, and existing control measures; and,
 - e. any changes in policies, procedures, or physical improvements, undertaken to reduce similar risks in the future.

B. Employee Reporting Of Workplace Violence Prevention Concerns

1. Any employee or his or her authorized employee representative who believes that a serious violation of the employer's workplace violence protection program exists, or that a workplace violence imminent danger 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. Employees will utilize the Workplace Violence Prevention Concern Report for this written notice; *see* Attachment 5.
2. The supervisor receiving this report will review it and forward to the Chief Emergency Officer for review and follow-up action. The Chief Emergency Officer will document the review, and any follow-up action was taken on the Workplace Violence Prevention Concern report, Part B; *see* Attachment 6. This documentation will be maintained by the Chief Emergency Officer, and made available for review as part of the annual review; *see* § III(A)(1) above.
3. ***NOTE: In the event, the employee believes an imminent danger exists, written notice is not required. In cases of imminent danger, the employee must immediately inform a supervisor and/or the Chief Emergency Officer of the circumstances. The supervisor or Chief Emergency Officer receiving such notice will assess the situation, and take such steps as are appropriate to deal with the situation.***

V. POST-INCIDENT RESPONSE

- A. Specific procedures to deal with the aftermath of a violent incident will be dictated by the facts and circumstances of each incident. The following procedures may be used as a guideline, as applicable to each situation.
 1. Assure that employees receive prompt and appropriate medical care. This includes, but is not limited to, providing or arranging for transportation to the appropriate medical care facility.
 2. Report the incident to appropriate law enforcement or other authorities, as required by law and regulation.
 3. Secure the premises to safeguard evidence, and reduce distractions during the post-incident response.
 4. Cooperate with responding or investigating law enforcement authorities.
 5. Arrange for post-incident counseling for employees as needed.
 6. Document and review the incident as set forth in § IV above.

VI. EMPLOYEE TRAINING

- A. The District will conduct training for employees on the prevention of workplace violence, and in dealing with workplace violence, as determined by the Chief Emergency Officer.

- B. The Chief Emergency Officer will maintain records of the training, including date(s), employees attending, instructor(s), topic(s), and lesson plans.

Attachments

1. Workplace Security Checklist
2. Employee Survey
3. Workplace Violence Incident Report, Part A
4. Workplace Violence Incident Report, Part B
5. Workplace Violence Prevention Concern Report, Part A
6. Workplace Violence Prevention Concern Report, Part B

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

Workplace Security Checklist

Facility: _____
Address/Work Location: _____
Assessment Done By: _____
Date(s) of Assessment: _____

A. Security Control Plan

1. Has a security control plan been developed? YES ☐ NO ☐
2. If yes, is it writing? YES ☐ NO ☐
3. If yes, does it include:
 - a. A policy statement? YES ☐ NO ☐
 - b. Evaluation of work areas? YES ☐ NO ☐
 - c. Identification of engineering controls? YES ☐ NO ☐
 - d. Identification of work practice controls? .. YES ☐ NO ☐
 - e. Training? YES ☐ NO ☐
 - f. Evacuation and floor plan? YES ☐ NO ☐
4. Is the security control plan accessible to all employees? ... YES ☐ NO ☐
5. Is the security control plan reviewed and updated when a task
has been added, or annually? YES ☐ NO ☐
6. Has the security plan been coordinated with the local
law enforcement agency? YES ☐ NO ☐

B. Policy Statement

1. Is the workplace violence statement clearly written? YES ☐ NO ☐

C. Work Area Evaluation

1. Are all areas being evaluated? YES ☐ NO ☐
 - a. If no, which ones are not? Explain:

D. Control Measures

1. Engineering Controls

If appropriate, have the following engineering controls been implemented:

- | | | |
|---|------------------------------|-----------------------------|
| a. Door control(s) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. Panic buttons | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Door detectors | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. Closed circuit | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Stationary metal detector | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. Hand-held metal detector | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g. Sound detection | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| h. Intrusion panel | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| i. Monitors | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| j. Video tape/digital recorder | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| k. Switcher | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| l. Other (note if "YES") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| m. Have structural modifications (e.g., Plexiglass, partitions, etc.) been implemented? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If "NO", which ones are not? Explain:

2. Work Practice Controls

- | | | |
|--|------------------------------|-----------------------------|
| a. Desk(s) clear of objects | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. Unobstructed office exits | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Bare cubicles available | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. Reception area available | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Visitor sign-in/out | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. Visitors escorted | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g. Counter top to separate visitors from work area | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| h. One visitor entrance used | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| i. Separate interview/meeting areas for visitors | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| j. ID badges used | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| k. Emergency phone numbers posted | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| l. Internal phone system | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If yes, indicate:

Does the internal phone system use 120 VAC building lines? YES ☐ NO ☐

Does the internal phone system use phone lines? YES ☐ NO ☐

m. Internal procedures for conflict/problem resolution YES ☐ NO ☐

n. Other (explain below if yes) YES ☐ NO ☐

Explain:

3. Security Controls

a. Are there security guards at this facility YES ☐ NO ☐

(if yes, answer the following questions)

How many _____

At entrance(s) YES ☐ NO ☐

Building patrol YES ☐ NO ☐

Are they from a contracted security agency..... YES ☐ NO ☐

If no, has consideration been given to the local

law enforcement response capabilities YES ☐ NO ☐

E. Workplace Violence Prevention Training

1. Has training been provided? YES ☐ NO ☐
2. If yes, has it been provided
- Prior to initial assignment..... YES ☐ NO ☐
- Annually thereafter..... YES ☐ NO ☐
3. If training provided, does it include:
- a. Components of security control plan..... YES ☐ NO ☐
- b. Engineering controls instituted at workplace..... YES ☐ NO ☐
- c. Work practice controls instituted at workplace ... YES ☐ NO ☐
- d. Techniques to use in potentially violent situations YES ☐ NO ☐
- e. How to anticipated/read behavior YES ☐ NO ☐
- f. Workplace Violence Prevention Program YES ☐ NO ☐
- g. Post-incident procedures YES ☐ NO ☐
- h. Periodic refresher for on-site procedures YES ☐ NO ☐
- i. Substance abuse/paraphernalia recognition YES ☐ NO ☐
- j. Opportunity for Q&A with instructor..... YES ☐ NO ☐
- k. Other (explain below) YES ☐ NO ☐
- _____
- _____
- _____
- _____

4. Are training records kept? YES ☐ NO ☐

F. Floor Plan & Evacuation Plan

1. Are emergency evacuation plans current? YES ☐ NO ☐
2. Are floor plans posted showing exists, entrances, location of security equipment, first equipment, etc.? YES ☐ NO ☐
3. Are emergency evacuation drills conducted at least annually? YES ☐ NO ☐

G. Conclusions

1. Do employees feel safe in the workplace? YES ☐ NO ☐

If no, note specific concerns:

2. Comments and recommendations based on this evaluation (attach addition sheet(s) if necessary).

[illegible]

**WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
Workplace Violence Prevention Plan**

Employee Survey

Facility: _____

Address/Work Location: _____

Name (optional): _____

Contact Number (optional) _____

Date Survey Completed: _____

The West Irondequoit Central School District is committed to taking reasonable steps to provide a safe workplace for all employees. This survey is part of our ongoing efforts to assess and improve safety in the workplace. Please assist us by checking the appropriate box for each statement below, as follows: "T" for "TRUE;" "F" for "FALSE;" or, "?" for "DON'T KNOW." Thank you for your honest assessment.

* * *

A. Management Commitment and Employee Involvement

1. Managers, supervisors, and/or employees do not accept violence/threats as "part of the job." T ☐ F ☐ ? ☐
2. Employees communicate information about potential violence to appropriate staff. T ☐ F ☐ ? ☐
3. Management communicates information to employees about workplace violence incidents T ☐ F ☐ ? ☐
4. Employees feel they are treated with dignity and respect by other employees and management. T ☐ F ☐ ? ☐
5. Employees are basically satisfied with their jobs. T ☐ F ☐ ? ☐
6. Employees are basically satisfied with management..... T ☐ F ☐ ? ☐
7. Employees are basically satisfied with the District (e.g., mission, vision, goals). T ☐ F ☐ ? ☐
8. Employees generally feel "safe" when they are at work... T ☐ F ☐ ? ☐
9. Employees are familiar with the District's Workplace Violence Prevention Policy and Plan. T ☐ F ☐ ? ☐

B. Potential Risk Factors

10. Employees do not work in high-crime areas. T ☐ F ☐ ? ☐
11. Employee do not work with drugs..... T ☐ F ☐ ? ☐
12. Employees do not work with cash. T ☐ F ☐ ? ☐
13. Employees do not work with other persons (e.g., students, other employees, etc.) who have a history of violent behavior or behavior disorders. T ☐ F ☐ ? ☐
14. Employees do not work alone or in isolated areas..... T ☐ F ☐ ? ☐

C. Hazard Prevention and Control

15. The facility has adequate lighting to, from, and within the worksite..... T ☐ F ☐ ? ☐
16. The employee parking area is safe and secure when arriving, leaving, and during shift changes. T ☐ F ☐ ? ☐
17. Access and freedom of movement in the workplace are restricted to those persons who have a legitimate reason for being there. T ☐ F ☐ ? ☐
18. Alarm systems, such as panic alarm buttons, silent alarms, or personal electronic alarm systems, are being used for prompt security assistance..... T ☐ F ☐ ? ☐
19. There is a security escort service after hours. ... T ☐ F ☐ ? ☐
20. After hours, the building is locked down, with only one access point. ... T ☐ F ☐ ? ☐
21. Visitors are signed in and out. T ☐ F ☐ ? ☐
22. Exits are accessible, clear of obstructions, and clearly marked. T ☐ F ☐ ? ☐
23. Employees are able to locate emergency equipment, such as fire alarm boxes, first aid kits, or emergency generator outlets. T ☐ F ☐ ? ☐
24. Emergency equipment is accessible and free from obstruction. T ☐ F ☐ ? ☐
25. Employees are able to locate cellular phones, power-failure phones, and/or radios, for emergency communication.... T ☐ F ☐ ? ☐
26. Employees know the proper procedures for bomb threats..... T ☐ F ☐ ? ☐
27. The Employee Emergency Callback List is up-to-date and available.... T ☐ F ☐ ? ☐
28. Employees respect the privacy of students and their families... T ☐ F ☐ ? ☐
29. Employees use the “buddy system” to work together if problems arise. T ☐ F ☐ ? ☐
30. Employees have cellular phones or other communication devices to enable them request aid regardless of location. T ☐ F ☐ ? ☐

31. Staffing levels are appropriate for departmental functions. T ☐ F ☐ ? ☐
32. Reference manuals are up-to-date and available to employees. T ☐ F ☐ ? ☐
33. There is a grievance policy available to employees..... T ☐ F ☐ ? ☐
34. There is a District Safety Committee available as a resource to
staff for any safety or hazard concerns.. T ☐ F ☐ ? ☐

D. Training

35. Employees have received training on the District's workplace
violence prevention program. T ☐ F ☐ ? ☐
36. Employees know how to ask for assistance by phone, or by
alerting other staff. T ☐ F ☐ ? ☐
37. Employees have been trained to recognize and handle threatening,
aggressive, or violent behavior... T ☐ F ☐ ? ☐
38. Employees have been trained in verbal de-escalation techniques..... T ☐ F ☐ ? ☐
39. Employees have been trained in self-defense/restraint procedures..... T ☐ F ☐ ? ☐

E. Incidents and Reporting

40. This unit/workplace site has not experience violent behavior, assaults, threats from strangers. T ☐ F ☐ ? ☐
41. This unit/workplace site has not experience violent behavior, assaults, threats from students. T ☐ F ☐ ? ☐
42. This unit/workplace site has not experience violent behavior, assaults, threats from other employees.... T ☐ F ☐ ? ☐
43. This unit/workplace has not experienced domestic violence issues..... T ☐ F ☐ ? ☐
44. Employees are required to report incidents or threats of violence, regardless of injury or severity... T ☐ F ☐ ? ☐
45. Medical and psychological counseling services were offered to employees who have been assaulted or threatened..... T ☐ F ☐ ? ☐

46. I have the following workplace violence concern:

47. I want to be contacted to discuss a workplace violence concern. *YES ☐ NO ☐

****Note: Name and contact number required if "YES."***

**3. Work Place Violence
Incident Report, Part A**

1. Date of report _____

2. Date of incident: _____

3. Time of incident: _____

4. Case number (Assigned by Director) _____

5. Privacy Concern Case: Yes _____ No _____

If "YES", please indicate the reason for the privacy concern:

6. Employee Name: _____

7. Title: _____

8. Workplace location: _____

9. Incident description (please include a summary of the incident, names of involved employees, extent of any injuries, and the names and contact information for any witnesses):

10. Name of person making the report: _____

11. Signature and date: _____

**When the report is complete, forward copy to your supervisor and the Executive
Director of Operations and Security Services.**

**4. Work Place Violence
Incident Report, Part B**

1. Date of report _____

2. Case Number: _____

3. Name of employee filing the report: _____

4. Title: _____

5. Workplace location: _____

6. Explanation of concern:

7. Name of person making the report (if other than the concerned party):

8. Signature and date:

**When the report is complete, forward copy to your supervisor and the Executive
Director of Operations and Security Services.**

5. Work Place Violence Prevention
Concern Report, Part A

To be completed by the Executive Director of Operations and Security Services or designee.

1. Date of original report (Part A): _____

2. Date of Part B: _____

3. Date of Incident: _____

4. Case Number: _____

5. Privacy concern case: YES___ NO___

a. If yes, please indicate the reason for the privacy concern:

6. Please provide information on the preventative action(s) that the employer has taken, or is considering, as a result of the incident to prevent further, similar occurrences:

7. Name of person making the report (unless this is a PRIVACY CONCERN CASE): _____

8. Title: _____

9. Signature and date: _____

6. Work Place Violence Prevention
Concern Report, Part B

To be completed by Executive Director of Operations and Security Services or designee

1: Date of original report: _____

2. Date that Part B was completed: _____

3. Case Number: _____

4. Provide information on preventative action(s) that the employer has taken, or is considering, as a result of the workplace violence prevention concern:

5. Name of person completing the report: _____

6: Title: _____

7. Signature and date: _____