

SUBJECT: Workplace Violence Prevention Policy

The Ogdensburg City School District is committed to maintaining a work environment that is safe and free from violence. Workplace violence presents a serious occupational safety hazard to both public employees and to the general public. To ensure a safe workplace and to reduce the risk of violence and intimidation, all employees are expected to review and understand all provisions of this Workplace Violence Prevention Policy.

The term “workplace violence” is defined as 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, but not limited to:

- An attempt or threat, whether verbal or physical, to inflict physical injury upon the employee;
- Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- Intentional and wrongful physical contact with a person without his or her consent that entails some injury; and
- 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.

The District prohibits workplace violence and will not tolerate violence, threats of violence, or intimidating conduct in the workplace. Threats, threatening behavior or acts of violence against employees on District property will be thoroughly investigated in accordance with this Policy and appropriate action will be taken, including summoning law enforcement when warranted. All employees are responsible for helping to create and maintain an environment of mutual respect, assisting in maintaining a safe and secure work environment, and following all policies and procedures.

Incident Response Team

Superintendent of Schools

Assistant Superintendent for Curriculum, Assessment and Technology

Building Principal(s)

School Resource Officer

Risk Assessment

The Superintendent and the Incident Response Team will, at a minimum, annually conduct a risk assessment. The risk assessment will include, but not be limited to: entrances/exits to District buildings, public access, parking lots, athletic fields, school buses, work stations, and an examination

POLICY

2024

8130.2

Non-Instructional/Business
Operations

of the locations of closed-circuit surveillance cameras. The assessment will also review risk factors including, but not limited to: identifying which employees work in public settings; work late at night or early in the morning; exchange money with the public; work alone or in small numbers; work in a location with uncontrolled public access; and areas previously identified as security risks or problems. The District may utilize the following methods to mitigate instances of occupational violence: making high-risk areas more visible to more people; installing good external lighting; using drop safes or other methods to minimize cash on hand; providing training in conflict resolution and non-violent self-defense responses; establishing and implementing reporting systems for incidents of aggressive behavior; documenting incidents of workplace violence; and maintaining accurate and up-to-date records.

As part of the annual assessment, the Superintendent, or designee, will separately review records of workplace violence incidents, disciplinary incidents, log of work-related illnesses or injuries, including those set forth on *Forms SH900 [Form 1], SH900.1 [Form 2], and SH900.2 [Form 3]*, and workers' compensation cases from the prior 12-month period. The purpose of this review is to identify patterns in the type and cause of injuries, particular areas of the workplace, specific operations involved, or specific individuals involved. The District will also review the effectiveness of any prior mitigating action to reduce or eliminate workplace violence. Lastly, the District will review its practices, procedures, and policies that may impact risk of workplace violence to determine whether they should be revised.

Following the assessment, the Superintendent, or designee, and the Incident Response Team will document the following:

- The risk factors identified in the risk assessment;
- The methods that the District will use to address the risks identified in the risk assessment;
- The methods that the District will use to prevent workplace violence incidents;
- Controls that will be used to eliminate or reduce risks, including, but not limited to:
 - Engineering controls (e.g., a physical barrier); and
 - Work practice controls (e.g., a policy or procedure).

Training of Employees

Employees will receive workplace violence prevention training following their initial date of hire and at least annually thereafter. The training will, at a minimum, include:

- A review of this policy and the related forms;
- The requirements of the New York State workplace violence regulations;
- The risk factors identified in the risk assessment;
- The measures that employees can take to protect themselves from the identified risks;
- A review of steps that the District has taken to reduce or eliminate identified risks (e.g., procedures, work practices, alarms, etc.);
- Notification and reporting procedures; and

POLICY

2024

8130.2

Non-Instructional/Business
Operations

- The location of the Workplace Violence Prevention Policy, related forms, and how employees may obtain copies.

Reporting Procedures

Any person experiencing or witnessing imminent danger or actual violence involving weapons or personal injury should call 911 immediately.

It is the responsibility of all employees to promptly report any incident that the employee in good faith believes to constitute workplace violence. All incidents are to be reported to their immediate supervisor, building principal and/or Human Resources within 24 hours of when the incident occurred. If the incident involves their immediate supervisor, the incident should be reported to the building principal or the Human Resources department. This includes threats by employees, as well as threats by students, parents, contractors, visitors, or other members of the public. When reporting a threat of violence, employees should be as specific and detailed as possible. While the report can be in any form, it is preferable that the employee use the *Workplace Violence Incident Report form*.

All suspicious individuals or activities should also be reported as soon as possible to a supervisor. Employees should not place themselves in danger. If an employee sees or hears a commotion or disturbance near their work area, the employee should not try to intercede or see what is happening.

Supervisors and all Incident Response Team members are responsible for the observation of all personnel and identification of potential workplace violence exposures. Supervisors and Incident Response Team members must report observed incidents of workplace violence and potential risks.

The report must include the following information:

- The workplace location where the incident occurred;
- The time of day/shift when the incident occurred;
- A detailed description of the incident including the events leading up to it and how it occurred;
- The names and job titles of the employees involved;
- The name or other identifier of other individual(s) involved;
- If applicable, nature and extent of injuries from the incident; and
- Names of witnesses.

The District will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the District employee making a report will be protected to the extent possible consistent with an adequate investigation and appropriate corrective action. The findings of the investigation will be presented to the Superintendent and, if appropriate, the Board of Education for review and response. If necessary, in response to any workplace violence finding, the Superintendent (or designee) and Incident Response Team will review the plan that was developed following the last risk assessment and determine whether modifications are required.

POLICY

2024

8130.2

Non-Instructional/Business
Operations

Confidentiality

Pursuant to the Freedom of Information Law, documentation related to the risk assessment or workplace violence incidents will not be subject to disclosure if it would: interfere with law enforcement investigations or judicial proceedings; deprive a person of a right to a fair trial or impartial adjudication; identify a confidential source or disclose confidential information relating to a criminal investigation; endanger the life or safety of any person; or for any other lawful reason.

The District will treat workplace violence incidents involving the following injuries or illnesses as personal privacy cases and will withhold all information related to these incidents as is legally allowed:

- An injury or illness to an intimate body part or the reproductive system;
- An injury or illness resulting from a sexual assault;
- Mental illness;
- HIV infection;
- 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
- Other injuries or illnesses, if the employee independently or voluntarily requests that his or her name not be entered on the Workplace Incident Report.

Personal privacy cases will be designated where noted on the Workplace Violence Incident Report form. Prior to disclosing a copy of a Workplace Incident Report that is a privacy concern case, the District will redact the name of the employee who was the alleged victim and any witnesses. This requirement does not apply to disclosures to the Commissioner of Labor.

Retaliation

The District prohibits retaliation against employees who, in good faith, report workplace violence or participate in an investigation into an allegation of workplace violence. Employees may be subject to discipline for, e.g., submitting a report in bad faith or misrepresenting information during the District's investigation.

Recordkeeping

Records related to workplace violence incidents shall be prepared and maintained in accordance with New York State Labor Law §27-b, 12 N.Y.C.R.R. Part 801, and the retention schedule set forth in LGS-01.

Adopted by the Board of Education on _____.



Political Subdivision (Employer) _____
 Establishment Name _____
 Street Address _____
 City _____

Print Form

Calendar Year 20____
Page ____ of ____

State _____ Zip Code _____

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Refer to the instructions (SH-901) for types of illness and injuries defined as privacy concern cases.

work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria found in 12 NYCRR 801.7 - 801.12 and instructions.

3. Use more than one line for a single case if necessary.

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[illegible]

Additional forms and information: If you require additional forms or information concerning the completion of this form, contact: Department of Labor, Division of Research and Statistics, 75 Varick St., 7th Floor, New York, NY 10013. Telephone (212) 775-3344.

SH 900 (1-08)



**SUMMARY OF WORK-RELATED
INJURIES AND ILLNESSES
FORM SH-900.1**

Calendar Year _____

All establishments covered by PART 801 **must** complete this summary annually, even if no occupational injuries or illnesses occurred during the year.

Employees, former employees, and their representatives have the right to review this form. They also have limited access to the Log (SH 900) or its equivalent. See 801.35 and instructions for further details on access provisions for these forms.

1. ESTABLISHMENT INFORMATION	2. EMPLOYMENT INFORMATION
ESTABLISHMENT NAME	<p>If you don't have accurate figures, see the instructions on the back of this sheet.</p> <p>AVERAGE NUMBER OF EMPLOYEES</p> <p>_____</p> <p>TOTAL HOURS WORKED BY ALL EMPLOYEES LAST YEAR</p> <p>_____</p>
STREET ADDRESS	
CITY, STATE, ZIP CODE	
INDUSTRY DESCRIPTION (e.g., village fire department)	
NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS)	

Enter the column totals from the Log of Occupational Injuries and Illnesses (SH 900) for each category (column labels under each line correspond to the columns on the Log). If a category has no cases, enter "0."

3. NUMBER OF CASES	4. NUMBER OF DAYS	5. INJURIES AND ILLNESS TYPES
DEATHS _____ (Col. G)	AWAY FROM WORK _____ (Col. K) JOB TRANSFER OR RESTRICTION _____ (Col. L)	INJURIES _____ (Col. 1)
DAYS AWAY FROM WORK _____ (Col. H)		SKIN DISORDERS _____ (Col. 2)
JOB TRANSFER OR RESTRICTION _____ (Col. I)		RESPIRATORY CONDITIONS _____ (Col. 3)
OTHER RECORDABLE CASES _____ (Col. J.)		POISONINGS _____ (Col. 4)
		HEARING LOSS _____ (Col. 5)
		ALL OTHER ILLNESSES _____ (Col. 6)

6. CERTIFICATION	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
SIGNATURE _____	TITLE _____
PRINT NAME _____	DATE _____

NEW YORK STATE - DEPARTMENT OF LABOR
INJURY AND ILLNESS INCIDENT REPORT
FORM SH 900.2

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the

Log of Work Related Injuries and Illnesses and the accompanying *Summary*, these forms help the employer and PESH develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent.

Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to 12NYCRR Part 801, PESH recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone (____) _____ Date ____/____/____

Employee Information:

- 1) Full name _____
2) Street _____
City _____ State _____ Zip _____
3) Date of birth ____/____/____ 4) Date hired ____/____/____
5) _____
☐ Male ☐ Female

14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer."

15) What happened? Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement."

16) What was the injury or illness? Tell us the part of the body that was affected; be more specific than "hurt", "pain", or "sore." *Examples:* "strained back", "chemical burn, hand."

17) What object or substance directly harmed the employee? *Examples:* "concrete floor", "radial arm saw", "chlorine."

18) If the employee died, when did death occur? Date of death ____/____/____

Physician/Health Care Professional Information:

6) Name of physician or other health care professional _____

7) If treatment was given away from the worksite, where was it given?

Facility _____
Street _____
City _____ State _____ Zip _____

8) Was employee treated in an emergency room?

☐ Yes ☐ No

9) Was employee hospitalized overnight?

☐ Yes ☐ No

Information about the case:

10) Case number from the *Log* _____
(Transfer the case number from the *Log* after you record the case.)

11) Date of injury or illness ____/____/____

12) Time employee began work _____ ☐ AM / ☐ PM

13) Time of event _____ ☐ AM / ☐ PM

☐ Check if time cannot be determined
Event occurred ☐ before ☐ during ☐ after
work shift

ILLNESS CASES ONLY

☐ Check this box if the employee independently and voluntarily requests that his or her name not be entered on the log. If checked, treat as a privacy concern case.



OGDENSBURG CITY SCHOOL DISTRICT

Workplace Violence Incident Report

Today's Date: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Employee Name: _____ Job Title: _____

Names and job titles of involved employees, students, parents, or visitors:

Names or identifiers of other involved individuals:

Names of witnesses:

Describe the events leading up to the incident (attach separate sheet if needed):

Describe the incident, including how it occurred (attach separate sheet if needed):

Describe or list any illnesses or injuries:

By signing this Report, I am certifying that the information contained in it, as well as any attached sheets, is truthful and accurate.

Employee Signature

Dated: _____

This section is to be completed by the Supervisor, Building Principal, or Human Resources representative.

Name: _____

Job Title: _____

Date Report Received: _____

Personal Privacy Case: ☐ Yes ☐ No