Workplace Violence Prevention Policy

The Geneva Public Library (“the Library”) is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our organization, employees, and patrons.

Workplace violence is defined as any physical assault or act of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment. This includes but is not limited to:

- An attempt or threat, whether verbal or physical, to inflict physical injury upon an 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;
- Stalking an employee with the intent of causing the employee to fear for his or her physical safety and health when such stalking has arisen through and in the course of employment.

Acts of violence against Library employees will be thoroughly investigated and appropriate action will be taken, including involving law enforcement authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other and patrons, following all policies, procedures and practices, and for assisting in maintaining a safe and secure work environment.

This policy is designed to meet the requirements of New York State Labor Law Art. 2-27-b and highlights some of the elements that are found within our Workplace Violence Prevention Policy. The process involved in complying with this law includes a workplace evaluation that is designed to identify the risks of workplace violence to which our employees could be exposed. Authorized Employee Representative(s) will, at a minimum, be involved in:

- Evaluating the physical environment;
- Developing the Workplace Violence Prevention Policy; and
- Reviewing workplace violence incident reports at least annually to identify trends in the types of incidents reported, if any, and reviewing the effectiveness of the mitigating actions taken.

All employees will participate in the annual Workplace Violence Prevention Training Program. The goal of this policy is to promote the safety and well-being of all people in our workplace. All incidents of violence or threatening behavior will be responded to immediately upon notification.

1. Reporting Procedure

All employees are responsible for reporting any violent incidents or threatening behaviors, including threats they have witnessed, received, or have been told that another person has witnessed or received. Incidents should be reported by submitting a Workplace Violence Incident Report [see appendix I] to the Designated Contact Person listed below.
In the event that the victim(s) of the incident cannot complete the Workplace Violence Incident Report in writing, the Designated Contact Person is authorized to complete a report on their behalf. If a staff member is reporting an incident to the Designated Contact Person in another manner besides completing a Workplace Violence Incident Report, they must provide them, at a minimum, the following:

- Workplace location where incident occurred;
- Time of day/shift when incident occurred;
- A detailed description of the incident, including events leading up to the incident and how the incident ended;
- Names and job titles of involved employees;
- Name or other identifier of other individual(s) involved;
- Nature and extent of injuries arising from the incident; and
- Names of witnesses.

**Designated Contact Person**

Designated Contact Person: Sharon Arthur  
Title: Finance Clerk  
Phone: 315-789-5303 ext.107  
E-mail: gp1financeclerk@pls-net.org

**Annual Review of Workplace Violence Incident Reports**

The Library will conduct a review of workplace violence incident reports annually, with the participation of the Designated Contact Person and the Library Director, to identify trends in the types of incidents in the workplace and review of the effectiveness of the mitigating actions taken.

**Employee Complaints to the Commissioner of Labor**

Employee complaint procedures under the workplace violence regulation are different from those under the Public Employee Safety and Health (PESH) Act. Any employee, or the Designated Contact Person noted above, who believes that a serious violation of the employer’s workplace violence prevention policy 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. The employer must be afforded a reasonable opportunity to correct such activity, policy, or practice.

Written notice to an employer is not required where imminent danger exists to the safety of a specific employee and the employee reasonably believes in good faith that reporting to a supervisor would not result in corrective action. If, after notifying the supervisor and giving the employer a reasonable opportunity to correct the situation, the employee, or the Designated Contact Person noted above, still believes that a serious violation of a workplace violence prevention policy remains or that imminent danger exists, such employee may request an inspection by notifying the Public Employee Safety and Health Bureau at the New York State Department of Labor. Such notice and request shall be in writing, shall set forth with reasonable particularity the ground(s) for the notice and shall be signed by such employee or their Designated Contact Person noted above.

**Discrimination**

In accordance with the Library’s Whistleblower Policy, no employer shall take retaliatory action against any employee because the employee exercises any right accorded him or her by the workplace violence prevention regulation.

Adopted by the Board of Trustees: March 25, 2015, Amended by the Board of Trustees: 11/16/2016
Appendix 1

Workplace Violence Incident Report

Guidelines
Please provide, at a minimum, the following:

- Workplace location where incident occurred;
- Time of day/shift when incident occurred;
- A detailed description of the incident, including events leading up to the incident and how the incident ended;
- Names and job titles of involved employees;
- Name or other identifier of other individual(s) involved;
- Nature and extent of injuries arising from the incident; and
- Names of witnesses.

Cases Involving Privacy Concerns
If the case involves a concern for the privacy of the staff member(s) who was the victim of the incident, do not write the name(s) of the employees on the report. Instead enter “Privacy Concern Case” in the Staff Name(s) section and refer to the staff member as “victim” in any other sections of the form.

Privacy concern cases include the following:
- Injury or illness to an intimate body part or the reproductive system;
- Injury or illness resulting from 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;
- Other injuries or illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the report.

Submit form to:

Sharon Arthur
Finance Clerk
315-789-5303 ext.107
gplfinanceclerk@pls-net.org
Workplace Violence Incident Report

Staff Name(s) ____________________________  Job Title(s)______________________________

Date & Time of Incident_______________________________________________________________

Location of Incident_________________________________________________________________

Description of Incident: *Include any relevant events leading up to incident; use additional sheet as necessary*

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Names or other identifiers of other individuals involved

____________________________________________________________________________________
____________________________________________________________________________________

Witness(es) ___________________________________________________________________________

Nature and Extent of Injuries Sustained from Incident

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Describe How Incident Ended

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature of Staff Member(s) who completed this form:

____________________________________________________________________________________

To be completed by Workplace Violence Prevention Designated Contact

Date Received: ____________________  Signature: ________________________________

Geneva Public Library