COBA DELEGATE SEMINAR

WORKPLACE VIOLENCE

AUGUST
24th - 27th

Presentation by
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WORKPLACE VIOLENCE PREVENTION PROGRAM

Implements New York State Labor Law §27-b and 12 NYCRR Part 800.6.

Establishes the Department's process for preventing, reporting, investigating, and correcting workplace-violence hazards.

Applies to Department workplaces and work-related duties.

PURPOSE AND DEPARTMENT POLICY

The Department states that it will maintain a work environment free from workplace violence.

Employees are expected to report workplace-violence incidents and workplace conditions that create a riskof violence.

The Department must evaluate reported concerns and take reasonable corrective measures.

The written policy must be posted in facilities and commands.

WHAT COUNTS AS WORKPLACE VIOLENCE?

A physical assault or aggressive act occurring where an employee performs work-related duties.

A verbal or physical attempt or threat to inflict physical injury.

An intentional display of force that gives an employee reason to fear or expect bodily harm.

Wrongful physical contact that causes injury.

Work-related stalking intended to cause fear or harm to an employee's safety or health.

PROTECTION AGAINST RETALIATION

Retaliation is prohibited against an employee who reports an incident or files a workplace-violence complaint.

Protected activity also includes participating in the annual risk assessment or accompanying a Department of Labor inspector.

Retaliatory action may include discharge, suspension, demotion, penalization, discrimination, or another adverse employment action.

The definition also includes changes to tour or pass days when used as retaliation.

RISK ASSESSMENT AND CORRECTIVE PLANNING

An annual Risk Evaluation and Determination must include a physical-plant inspection.

The review considers workplace-violence reports, injury and illness records, and prior safety concerns.

The committee must evaluate whether policy changes, engineering controls, staffing measures, equipment, or PPE could reduce recurrence.

A documented plan of action must address identified concerns within 30 days after the annual program review.

TRAINING AND ACCESS TO THE PROGRAM

Workplace Violence Prevention training is required at initial assignment and annually thereafter.

Training must explain the regulation, known workplace risk factors, protective measures, and emergency procedures.

Training must be specific to the employee's work site and duties.

The written program must be available for review in designated facility offices.

A requested written copy must be provided within 96 hours.

WHEN TO FILE A WORKPLACE VIOLENCE REPORT

A Workplace Violence Incident Report is used for an assault on staff, another type of workplace violence, or a complaint about the program.

To make a formal workplace-violence complaint, the employee must complete the report and check the “Complaint” box.

If the incident was already captured through another reporting system, a duplicate report may not be required merely to report the incident.

A formal complaint still requires the Workplace Violence Incident Report.

THE SEVEN REQUIRED REPORT ELEMENTS

1. Workplace location.
2. Date and time of the incident.
3. Detailed description, including events leading up to the incident and how it ended.
4. Names and job titles of involved employees.
5. Names or identifying information for other individuals involved.
6. Nature and extent of injuries.
7. Names of witnesses.

COMPLAINT, INVESTIGATION, AND REPRESENTATION

The employee may submit the report to an immediate supervisor, the Workplace Violence Coordinator, or an authorized employee or union representative.

The completed complaint is forwarded to the Deputy Commissioner for Quality Assurance and Integrity for investigation.

The employee or union representative must receive written acknowledgment that the complaint was received.

The Workplace Violence Committee conducts interviews and determines whether a program violation exists.

A staff member interviewed by the committee may bring union representation or an attorney.

CORRECTIVE ACTION AND DELEGATE CHECKLIST

Identify the incident and the preventable hazard or control failure behind it.

Preserve photos, reports, work orders, injury records, witness information, training records, and prior complaints.

Confirm that the complaint contains all seven required elements and that the “Complaint” box is checked when appropriate.

Document prior notice and any failure to correct the hazard.

Track the Department’s written acknowledgment, investigation, determination, corrective plan, and deadlines.

Escalate unresolved serious violations through the procedures provided by the directive and applicable law.

ATTACHMENT F
WORKPLACE VIOLENCE INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF CORRECTION
WORKPLACE VIOLENCE INCIDENT REPORT FORM

Are you submitting this to submit a workplace violence complaint? Yes ☐ No ☐

Date of Incident_____ Time of Incident:_____
Case Number:_____ Location of Incident_____

Employee Name _____

Rank/Title: _____ Shield/ID#:_____

What was the employee doing just prior to the incident?

_____
_____
_____
_____

Provide a Detailed Description of Incident: (Provide additional information on a 600AR if necessary)

_____
_____
_____

Provide the Name and Title of Employees Involved:

_____
_____
_____

Provide the Name and Title of Witnesses:

_____
_____
_____
_____

Describe the Nature and the Extent of Injuries Arising from the Incident:

_____
_____
_____
_____

Report Submitted by (Signature):_____Date: _____

INCIDENT YES/NO COMPLAINT YES/NO (CIRCLE ONE)

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NEW YORK CITY DEPARTMENT OF CORRECTION WORKPLACE VIOLENCE INCIDENT REPORT FORM