

**(X) Required**

**(X) Local**

**(X) Notice**

## **WORKPLACE VIOLENCE PREVENTION**

Hewlett Woodmere Public Schools is committed to the safety and security of our employees. Workplace violence presents a serious Occupational Safety hazard to our agency and staff.

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 including but 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 the person without his or her consent that entails some injury; or stalking an employee with the intent of causing fear or material harm to the visible safety and health of such employee when such stocking has arisen through and in the course of employment.

Acts of violence against any of our employees where any work-related duty is performed 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 as well as visitors; following all policies, procedures and practices; and assisting in maintaining a safe and secure work environment.

This policy is designed to meet the requirements of New York State Labor Law Art. §27-b and highlight some of the elements that are found within our Workplace Violence Prevention Program. 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 representatives will, at a minimum, be involved in:

- evaluating the physical environment;
- developing the Workplace Violence Prevention Program;
- 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; and
- annually reviewing and updating the Workplace Violence Prevention Program.

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. All personnel are 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: Marie Donnelly  
Title: Assistant Superintendent for Finance and Personnel  
Department: Finance and Personnel  
Phone: (516) 792-4803  
E-mail: mdonnelly@hewlett-woodmere.net

## **RECORD KEEPING & REPORTING REQUIREMENTS:**

The District shall comply with all requirements for recording and reporting incidents of workplace violence (New York State Labor Law, Section "27-a" & NYCRR Part 801, Recording and Reporting Public Employees' Occupational Injuries and Illnesses). The District will maintain accurate records regarding all workplace violence incidents. All workplace violence incident forms will be kept according to the applicable retention and disposition schedules.

1. The first person becoming aware of threats of workplace violence or suspicious behavior will immediately report this information to Assistant Superintendent for Finance and Personnel and/or security staff utilizing a written form which may be found attached to this policy.
2. The Director of Health, Safety and Security or security staff will approach the person exhibiting threatening or potentially threatening behavior and engage in appropriate questioning of such person. Employees reporting any behavior must give the District a reasonable opportunity to correct such activity, policy, or practice.
3. If determined reasonably necessary, the Director of Health, Safety and Security and/or security staff will confirm the identity of such person and his/her intentions; and if warranted, by reason of the severity of the risk, determine whether such person should be escorted from the building or to summon law enforcement authorities.
4. If, after providing the District a reasonable opportunity to resolve the situation set forth in the Workplace Violence Incident Report, the employee believes that a violation of the District's program still exists or that there continues to be a workplace violence imminent danger, the employee may contact the Commissioner of Labor at the NYS Department of Labor to request an inspection. Such request must be in writing, be signed by the employee or the employee's authorized representative, and include specific information as to the alleged violation or imminent danger. The Commissioner of Labor will provide a copy of the employee's notice to the District no later than the time of inspection. The employee may request that his or her name, the names of individual employees, and/or the authorized employee representative's name be withheld from the District.
5. A representative of the District and an authorized employee representative shall be given the opportunity to accompany the Commissioner during an inspection for the

purpose of aiding an inspection. If there is no authorized employee representative, the Commissioner shall consult with a reasonable number of employees concerning matters of safety in the workplace. The Commissioner has the authority to inspect any other areas of the District premises in which they have reason to believe a serious violation of Labor Law §27-b exists. The Commissioner may, on their own initiative, conduct an inspection of the premises if they have reason to believe that a violation of §27-b has occurred.

**An employee is not required to provide written notice to the Assistant Superintendent for Finance and Personnel if a workplace violence imminent danger exists to the safety of a specific employee or to the general health of a specific person and the employee reasonably believes in good faith that reporting this information would not result in corrective action.**

The District shall not take any retaliatory action against any employee because they make reports of workplace violence; request an inspection by the Commissioner of the premises; or accompany the Commissioner during an inspection. Employees or District Contractors, with knowledge are responsible for immediately reporting any workplace violence incident that may be of criminal or domestic violence nature to the Nassau County Police Department. If a pattern of workplace violence incidents involving criminal conduct or serious injury develops, the District will work with the District Attorney and/or the Nassau County Police Department to develop a protocol to ensure that any future violent crimes occurring in the workplace are promptly investigated and appropriately prosecuted.

If an employee chooses to file a criminal complaint, the employee must contact the District Attorney and/or the Nassau County Police Department. The District will not infringe upon the right of an employee to pursue or file a criminal complaint.

**Nassau County Police Department Call 911 (Non-emergency: Contact the local precinct- (516) 573-6400**

**Nassau County District Attorney's Office - 516-571-3505**

Adopted: 2/14/24

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**WORKPLACE VIOLENCE INCIDENT REPORT FORM**

**REPORTER INFORMATION**

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Name:

Title:

Work Phone:

Work Email:

Preferred Communication Method:  Email  Phone  In Person

Date of Incident:

Time of Day/shift when the incident occurred:

Workplace location where the incident occurred:

**SUPERVISORY INFORMATION**

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Supervisor's Name:

Title:

Work Phone:

Work Email:

**COMPLAINT INFORMATION**

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1. Involved Employee(s):

Name:

Title:

Contact information (if known):

Relationship to you:  Supervisor  Subordinate  Co-Worker  Other (public, vendor, etc.)

2. Witness(es):

Name(s):

Title(s):

Contact Information (if known):

Relationship to you:  Supervisor  Subordinate  Co-Worker  Other (public, vendor, etc.)

**INCIDENT DESCRIPTION**

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Provide a detailed description of the incident below, including the nature and extent of injuries arising from the incident; events leading up to the incident; and how the incident ended. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Adopted: 2/14/24