

**ORANGE COUNTY GOVERNMENT  
WORKPLACE VIOLENCE PREVENTION POLICY**

**POLICY STATEMENT**

THE COUNTY OF ORANGE ("COUNTY") HAS DEVELOPED THIS POLICY TO PROMOTE THE SAFETY AND WELL-BEING OF ITS EMPLOYEES. THREATS, THREATENING BEHAVIOR AND ACTS OF VIOLENCE AGAINST EMPLOYEES BY OTHER COUNTY EMPLOYEES, CONTRACTUAL WORKERS, VISITORS, VENDORS, RELATIVES OR OTHER THIRD PARTIES ON COUNTY PREMISES, WILL NOT BE TOLERATED.

IN THE EVENT THAT AN EMPLOYEE IS IN A SITUATION OF IMMEDIATE DANGER, CALL 911 IMMEDIATELY.

THIS POLICY IS TO BE SHARED WITH AND MADE AVAILABLE TO ALL EMPLOYEES. THE COUNTY WILL CONTINUALLY DEVELOP ITS WORKPLACE VIOLENCE PREVENTION PROGRAM AND TRAINING WILL BE PROVIDED ANNUALLY ON ISSUES RELATED TO INCREASING WORKPLACE SAFETY AND REDUCING WORKPLACE VIOLENCE.

IT IS THE RESPONSIBILITY OF EACH COUNTY EMPLOYEE WHO HAS BEEN SUBJECT TO OR WITNESSED A WORKPLACE VIOLENCE INCIDENT BY ANOTHER COUNTY EMPLOYEE OR NON-EMPLOYEE TO REPORT SUCH BEHAVIORS. THE COUNTY'S COMPLAINT PROCEDURE IS SET FORTH HEREIN.

IT IS THE RESPONSIBILITY OF EVERY COUNTY EMPLOYEE TO TAKE ANY THREAT OR VIOLENT ACT SERIOUSLY AND TO REPORT SUCH THREATS TO APPROPRIATE PERSONNEL AS SET FORTH IN THIS POLICY. EACH MEMBER OF MANAGEMENT IS RESPONSIBLE FOR CREATING AN ATMOSPHERE FREE OF VIOLENCE. EMPLOYEES ARE RESPONSIBLE FOR RESPECTING THE RIGHTS OF THEIR COWORKERS.

ALL INCIDENTS OF VIOLENCE SHALL BE INVESTIGATED PROMPTLY AND THOROUGHLY, AND THE NATURE OF THE COMPLAINT KEPT CONFIDENTIAL TO THE EXTENT REASONABLY POSSIBLE TO CONDUCT A THOROUGH INVESTIGATION. RETALIATION AGAINST ANY EMPLOYEE FOR FILING A GOOD FAITH COMPLAINT OR PARTICIPATING IN AN INVESTIGATION IS STRICTLY PROHIBITED.

## **DEFINITIONS OF VIOLENCE**

Workplace violence refers to physical assaults 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.

Verbal behavior includes the use of other methods of communication such as, but not limited to, emails, written comments, phone calls, texting, or use of other paper or electronic equipment.

Imminent danger refers to a situation such that a danger exists which could reasonably be expected to cause serious physical harm or death immediately or before the imminence of such danger can be eliminated through the procedures referred to herein.

### Prohibition on Possession of Firearms or Weapons

Employees are prohibited from possessing or using firearms or weapons while on County property, unless the employee is a certified law enforcement officer or is required to carry weapons as a part of the employee's job duties. Employees should refer to the County's Executive Order on Weapons in the Workplace.

## **PREVENTION AND ASSESSMENT**

A Worksite Evaluation Committee was established to conduct evaluations of all of the County's worksites, so that the analysis could be used as the basis for formulating a Workplace Violence Prevention Program.

The Worksite Evaluation Committee is comprised of representatives from CSEA and the Departments of Human Resources and Risk Management. Input was received from Department Heads and/or representatives from their departments.

The County's Workplace Violence Prevention Program is a result of site assessments, analysis of workplace practices, and ongoing risk evaluations. It is designed to minimize the risk of violence in the workplace and maintain an informed workforce. It identifies risk factors, work practice controls and policies to help keep employees safe, guidelines to be used for reporting workplace incidents, and recordkeeping procedures. The Program will be available to all, and annual training will be provided. Both will be reviewed and updated annually.

Reports of incidents involving workplace violence will be investigated according to the procedure described below. An annual review of such reports will be made to help identify trends in behavior and evaluate the effectiveness of responses to the complaints.

## **COMPLAINT PROCEDURE**

### **REPORTING AN INCIDENT**

Employees who believe they have been subject to or witnessed a workplace violence incident should report it to their supervisor or Department Head, as soon as possible, so that the incident may be investigated, corrected, and resolved in a timely manner. Upon receipt of a complaint, the supervisor or Department Head with whom the complaint is filed shall notify the Commissioner of Personnel.

An incident may be reported by submitting a Workplace Violence Incident Reporting Form (attached) or by submitting a signed letter which includes as much of the following information as possible:

- (a) workplace location where incident occurred;
- (b) time of day/shift when incident occurred;
- (c) a detailed description of the incident, including events leading up to the incident and how the incident ended;
- (d) name and job title of employee(s) involved;
- (e) name or other identifier of other individuals involved;
- (f) nature and extent of injuries arising from the incident; and
- (g) names of witnesses

Employees who do not feel comfortable reporting the incident to their supervisor or Department Head may report the incident, in writing, to the Department of Personnel.

Incidents may also be reported verbally, however this practice, along with unsigned or incomplete Workplace Violence Incident Reporting Forms, may hinder an investigation and/or prevent the County from resolving employee concerns.

In the case of imminent danger to an employee or worksite, 911 should be called first and a written report submitted thereafter.

### **INVESTIGATION OF AN INCIDENT**

Any person who makes threats, exhibits threatening behavior, or engages in violent acts on County property, may be removed from the premises as quickly as safety permits and shall remain off County premises pending the outcome of the investigation.

The County is committed to undertaking a prompt and thorough investigation of complaints of workplace violence. Confidentiality shall be maintained to the extent reasonably possible. When or if appropriate, law enforcement may be involved.

#### RESOLUTION OF AN INCIDENT

If, following the investigation, it is determined that an employee has committed workplace violence as defined herein, disciplinary action, as per the established collective bargaining agreement, up to and including termination, where applicable, may be taken against the offending employee. Other appropriate action may also be taken against the employee, depending on the circumstances. If someone other than an employee commits an act of violence as defined herein, appropriate steps will be taken.

#### **NO RETALIATION**

The County will not tolerate, and will not itself take, any form of retaliatory action against any employee who utilizes or participates in this procedure, subject to the Bad Faith provision set forth below.

#### **BAD FAITH**

If, after the investigation, it is determined that a complaint of workplace violence was made in bad faith, or that any employee knowingly provided false information regarding the incident, disciplinary action, as per the established collective bargaining agreement, up to and including termination, where applicable, may be taken against the offending employee. If someone other than the employee filed a complaint of workplace violence that was determined to be made in bad faith, or knowingly provided false information regarding the incident, appropriate steps will be taken.



## Workplace Violence Incident Reporting Form

Use this form to file an internal complaint.

Employee Affected: \_\_\_\_\_ Phone Number \_\_\_\_\_

Department/Position: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe the Incident (and what led up to it): \_\_\_\_\_

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Nature of Injury or Threat: \_\_\_\_\_

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How did it end? \_\_\_\_\_

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Person(s) responsible (Name/position/dept or identifying information): \_\_\_\_\_

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Witnesses (Names/positions/departments or identifying information): \_\_\_\_\_

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Supervisor: \_\_\_\_\_

Reported By: \_\_\_\_\_ Title: \_\_\_\_\_

The information contained in this form is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dept Head Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

(Dept will forward a copy to Human Resources)



**COUNTY OF ORANGE**  
**DEPARTMENT OF HUMAN RESOURCES**

**STEVEN M. GROSS, COMMISSIONER OF HUMAN RESOURCES**

**Please read the attached information, and then sign this form.  
Detach the signed form and return it to your supervisor.**

**I have received and read a copy of the "ORANGE COUNTY  
GOVERNMENT WORKPLACE VIOLENCE PREVENTION POLICY  
AND ITS ACCOMPANYING REPORTING FORM.**

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**Name**

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**Signature**

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**Department**

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**Date**