VIOLENCE IN THE WORKPLACE POLICY

POLICY:

It is the Ohio Department of Transportation’s (ODOT) policy to provide a safe, secure, and healthy environment for its employees. ODOT is committed to working with its employees to maintain a work environment free from acts of violence, threats of violence, harassment, intimidation, coercion, and other disruptive behavior. While this kind of conduct is not pervasive at ODOT, no agency is immune. Disruptive behavior at one time or another will affect every agency.

Acts of violence, threats, harassment, intimidation, coercion, and other disruptive behavior in the ODOT workplace, whether to one’s self or to others, will not be tolerated. All reports of incidents will be taken seriously and will be dealt with appropriately. Acts of violence can include oral or written statements, gestures or expressions that communicate a direct or indirect threat of physical harm. Individuals who commit such acts may be removed from the premises and be subject to disciplinary action, criminal penalties, or both.

Questions regarding rights and obligations under this policy should be referred to Chief Legal Counsel, Office of Investigative Services, at 614-752-5029 or 1-800-952-5029.

PURPOSE OF THE POLICY:

To establish ODOT’s zero tolerance policy against acts of violence in the workplace; to stress that threats or acts of physical violence, intimidation, harassment, and/or coercion will not be tolerated.

AUTHORITY:

Ohio Revised Code §5501.04
DAS Directive 04-26, dated July 1, 2003
OCSEA/AFSCME Collective Bargaining Agreement, Article 11.04
SCOPE:

ODOT’s prohibition against threats and acts of violence applies to all employees, independent contractors, and all persons conducting business with ODOT. Individuals who commit such acts may be removed from the premises and be subject to disciplinary action up to and including termination in accordance with applicable laws, rules, or the collective bargaining agreement and may also be subject to criminal penalties. Non-employees engaged in violent acts will be reported to the proper authorities and prosecuted.

FISCAL IMPACT:

Not applicable.

PROCEDURE:

A. Prohibited Behavior

Specific examples of behaviors that may be considered “threats or acts of violence” that are prohibited under this policy include, but are not limited to the following:

- Hitting or shoving an individual; any type of unwanted physical contact.
- Threatening to harm an individual or his/her family, friends, associates, their properties, or one’s self.
- The intentional destruction or threat of destruction of property owned, operated, or controlled by the state or the property of those employed by or doing business with the state.
- Harassment; including making harassing or threatening statements, telephone calls, or sending harassing or threatening letters or other forms of written or electronic communications.
- Intimidating or attempting to coerce an employee to do wrongful acts, as defined by applicable law, administrative rules, policies, or work rules that would affect the business interests of the state.
- The willful, malicious and repeated following of another person, also known as “stalking,” or making a credible threat with intent to place the other person in reasonable fear for his or her safety.
Making a suggestion or committing an injurious act is “appropriate.”

Possession or use of firearms, weapons, or any other dangerous devices on state property, on any state project site, or in any state vehicle.

B. **Warning Signs, Symptoms, and Risk Factors**

The following are examples of warning signs, symptoms, and risk factors which may indicate an employee’s potential for workplace violence:

- Dropping hints about a knowledge of firearms.
- Making intimidating statements like: “You know what happened at the Post Office,” “I’ll get even” or “You haven’t heard the last from me.”
- Possessing or reading material with themes of violence, revenge, and harassment.
- Keeping records of other employees the individual believes to have violated departmental policy.
- Physical signs of hard breathing, reddening of complexion, menacing stare, loudness, fast profane speech.
- Making threats or comments about violence.
- Disgruntled employee or ex-employee who is excessively bitter.
- Being a loner.
- Having a romantic obsession with a co-worker who does not share that interest.
- History of interpersonal conflict.
- Intense anger, lack of empathy.
- Domestic problems, unstable/dysfunctional family.
- Brooding, depressed, erratic behavior.

Supervisors should be alerted to and made aware of these indicators. The presence of a single risk factor may not indicate a propensity to violence; however, should an employee’s behavior significantly change, managers should monitor and document the situation. If an employee
exhibits such behavior, the employee should be monitored by his/her immediate supervisor and such behavior should be documented.

C. Reporting

In all situations, if violence appears to be imminent, management should refer to ODOT’s Workplace Violence Crisis Management Plan, Policy No. 150-002(SP). Employees should take the precautions necessary to ensure their own safety as well as the safety of others.

Any potentially dangerous situation at any ODOT facility or project must be reported immediately by telephone to a supervisor OR a Labor Relations Officer (LRO) OR the Office of Chief Legal Counsel and followed up with an Incident Report Form, DO-3, which is available at O:\Chief Legal\Converted Forms\WPV_Report_Form.pdf. A copy of which is attached hereto as Attachment A.

Upon notification, the supervisor or LRO (hereinafter Responsible Reporting Party) will contact the Office of Chief Legal Counsel by telephone at (614) 752-5029 and, without delay, fax a copy of the DO-3 to Chief Legal Counsel, Office of Investigative Services at (614) 387-7431. After the initial report is made to the Office of Chief Legal Counsel, the Responsible Reporting Party must then notify the appropriate Deputy Director.

Reports can be made anonymously and all reported incidents will be investigated. Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed to others only on a need-to-know basis. All parties involved in a situation will be counseled and the results of the investigation will be discussed with them. ODOT will actively intervene at any indication of a possibly hostile or violent situation.

While we do not expect employees to be skilled at identifying potentially dangerous persons, employees are expected to exercise good judgment and inform a Responsible Reporting Party or the Office of Chief Legal Counsel if any employee exhibits behavior(s) which could be a sign of a potentially dangerous situation.

1. Supervisory Reporting Requirement

Where an employee, contractor and/or their employees, a private citizen, or a member of the traveling public reports a complaint to a responsible reporting party, the responsible reporting party must report the complaint without delay to the Office of Chief Legal Counsel. Reporting under this requirement is mandatory, not discretionary.

D. Fitness-for-Duty Evaluation

At the discretion of the Deputy Director for the applicable division, an employee exhibiting warning signs, symptoms, and risk factors similar to those previously described in section B of
this policy, may be ordered to submit to a psychological evaluation to determine the employee’s fitness-for-duty. The Deputy Director shall contact the Administrator of the Office of Personnel and identify the nature of the concern. The Office of Personnel will provide a list of health care providers as appropriate for the situation. The health care provider will report the results of the evaluation to the Office of Personnel which shall then consult with the Deputy Director to determine the employee’s fitness-for-duty based on the evaluation. All evaluation records will be maintained in a confidential manner.

E. Training

All ODOT employees are trained to identify the risk factors associated with workplace violence and proper handling of emergency situations during the first day of new employee orientation.

F. Ohio Employee Assistance Program (EAP)

EAP can be contacted at (614) 644-8545 or 1-800-221-6327. ODOT’s EAP Coordinator is the Office of Labor Relations and should be consulted immediately in the event of a critical incident to assist in defusing the situation. EAP should also be consulted within 24 hours of the incident for the purpose of conducting a critical incident stress debriefing. Examples of critical incidents include:

- Hostage situations
- Serious injury or death of a coworker
- Incidents involving use of force
- Suicide

ENFORCEMENT:

ODOT’s prohibition against threats and acts of violence applies to all employees, independent contractors and anyone doing business with ODOT.

Attachment A

Workplace Violence Incident Report Form

This incident report form must be completed by employees (bargaining unit or exempt) who witnessed or were involved in a workplace violence incident. The form should be completed immediately and given to a supervisor OR a Labor Relations Officer (LRO) OR the Office of Chief Legal Counsel, Investigative Services Unit.

The supervisor or LRO must follow the reporting requirements outlined in ODOT’s Violence in the Workplace Policy #150-004(P).
PERSONAL INFORMATION:

Name ________________________________________________________________

Job Title _____________________________________________________________

Facility/Address _______________________________________________________

____________________________________________________________________

DESCRIPTION OF INCIDENT:

Date Incident Occurred: _________________________________________________

Time Incident Occurred: _________________________________________________

Location Where Incident Occurred: _______________________________________

____________________________________________________________________

Describe the Incident: ___________________________________________________

____________________________________________________________________

Type of Incident (check all that apply):

_____ Grabbed  _____ Pushed  _____ Slapped  _____ Kicked
_____ Scratched  _____ Bitten  _____ Knifed  _____ Shot
_____ Robbery  _____ Arson  _____ Vandalism  _____ Bomb Threat
_____ Sexual Assault  _____ Hit with Object  _____ Hit with Fist  _____ Verbally Harassed
_____ Verbally Threatened  _____ Assaulted with Weapon
_____ Threatened with Weapon  _____ Other

Was a weapon used? If yes, what type of weapon? ____________________________

____________________________________________________________________
Were you working alone? If no, who was with you who may have witnessed the incident?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Who threatened or assaulted you?

_____ Customer  _____ Family or Friend  _____ Coworker  _____ Stranger
_____ Passenger  _____ Supervisor/Manager  _____ Employee  _____ Spouse/Partner
_____ Former Spouse/Partner  _____ Robber/Burglar
_____ Other

If known, list the name of the individual: __________________________________________

Were any threats made before the incident occurred? If yes, did you ever report them to your supervisor or manager? When? __________________________________________
______________________________________________________________________________
______________________________________________________________________________

INCIDENT ANALYSIS:

Has this type of incident occurred before in the workplace? If yes, when? _____________
______________________________________________________________________________
______________________________________________________________________________

What do you think were the main factors that contributed to the incident? _______________
______________________________________________________________________________

What could have prevented or at least minimized this incident? ________________________
______________________________________________________________________________

POST-INCIDENT RESPONSE:

Did you require medical attention as a result of the incident? If yes, where were you treated?
______________________________________________________________________________
______________________________________________________________________________

Did you apply for Workers’ Compensation? If yes, when? ______________________________
______________________________________________________________________________
Was the incident reported to management? If yes, to whom? When? __________________

______________________________________________________________________________

Was the incident reported to a law enforcement agency? If yes, which agency? When?

______________________________________________________________________________

Was a critical incident debriefing provided to all affected employees who desired it?

______________________________________________________________________________

Form filed by: _______________________________  Job Title: _____________________
Signature: _________________________________  Date: ______________  Time: ________

Form received by: __________________________  Job Title: _____________________
Signature: _________________________________  Date: ______________  Time: ________

Form faxed to the Office of Chief Legal Counsel, Investigative Services Unit, at
(614) 387-7431:

By: _________________________________  Job Title: _____________________
Signature: _________________________________
Date: ______________  Time: __________