



LAKE COUNTY
BOARD OF COUNTY COMMISSIONERS
County Procedure

Title: Workplace Violence

Number: ES-4.06.01

Approved: May 22, 2018

Originator: Employee Services

Review: May 22, 2023

I. PURPOSE AND SCOPE

The purpose of this document is to provide a written description of Lake County's Workplace Violence Procedures.

II. REFERENCES

Chapter 790, Florida Statutes - Weapons and Firearms

Lake County Workplace Violence Employee Policy 4.6

III. APPLICABILITY

This procedure applies to all employees of Lake County Board of County Commissioners (BCC).

IV. PROCEDURES

A. General Administration

Lake County does not permit, tolerate or condone any acts of violence in the workplace against its employees or visitors. All employees are responsible for maintaining a safe and secure work environment that is free from the presence of violence by reporting threats or acts of violence in the workplace, refraining from making statements, or exhibiting behavior or actions that could be interpreted as violent and by fully cooperating in the investigation of threats or acts of violence. Workplace violence includes, but is not limited to the following, unless exempted under Policy 4.6:

- a. Verbal or physical threats of violence, regardless if there is any intent to carry out the threat.
- b. The possession of a weapon, as defined in Florida Statutes, on County property.
- c. The display or use of any weapon, tool or other implement.
- d. Any visual or physical actions or gestures that would have an intimidating effect.

- e. Any verbally abusive language, with or without the use of profanity.
- f. Any physical assault and/or battery.
- g. Obscene and/or harassing phone calls.
- h. Stalking.
- i. Bomb threats.
- j. Threatening comments regarding, or in reference to, violent events and/or behavior.
- k. Vandalism, arson, or sabotage.
- l. Throwing objects, regardless of whether or not a person is the target.
- m. Intentional damage, destruction or sabotage of County property or equipment, another's property or equipment, or any substantial threat to destroy property and/or equipment.
- n. Any other act or behavior that could be perceived as violent in the workplace.

B. Definitions

1. Weapons or firearms as defined in Section 790.001, Florida Statutes.
2. Workplace violence is any physical or non-physical act that results in threatened or actual harm to a person or threatened or actual damage to property. It includes any threatening words or actions, whether verbal or non-verbal, which create in the mind of any reasonable person the belief that immediate or future harm to any person or property is imminent.

C. Responsibility

1. Managers and supervisors are responsible for informing employees of this procedure and for its enforcement.
2. All employees, including supervisors and managers, must report behaviors that could be perceived as violent.

D. Preventative Measures

Supervisors, managers, and employees can reduce the risk of workplace violence by taking preventative measures. Examples of preventative measures are as follows:

1. Workplace violence is not tolerated, and any violation of the policy or this procedure will result in corrective action up to and including termination.
2. Managers and supervisors should encourage employees to report incidents.

3. Communicate the importance of work safety on a regular basis.
4. Establish a professional and safety conscience work environment.
5. Be familiar with emergency procedures.
6. Be familiar with work location and any crime problems in or around the area.
7. Lock doors, even for brief periods, where practical.
8. Be especially careful when coming and going to and from one's personal vehicle.
9. Be cautious of suspicious persons entering and exiting work areas.
10. Never get into an elevator if uncomfortable with a person already in or getting into the elevator.

E. Response Procedures

Workplace violence generally falls into three categories. The specific response depends upon the applicable category. The suggested actions by category are:

1. *Violence Has Occurred*

- a. Immediately call 911 for law enforcement, fire and ambulance services.
- b. Report the incident to employee's supervisor as soon as practical.
- c. Evaluate the threat for additional incidences of violence, warn other potential victims, inform victims of available medical services and cooperate with law enforcement.
- d. Refer media representatives to the Public Information Officer in the Office of Communications.
- e. Contact the Office of Human Resources and Risk Management at the earliest possible time.
- f. The Workplace Violence Incident Report should be completed as soon as possible and submitted to Human Resources, which will review the reported incident with management to determine the appropriate course of action to be taken to address the incident and facilitate an immediate response to ensure the safety of all employees. (*See Section F*)
- g. Once the immediate threat has been addressed and the work environment has been secured, Human Resources will initiate an investigation of the incident.

2. *Immediate Threat Exists*

- a. Employees should not put themselves or anyone else at risk during a threat or dangerous situation that is about to happen.

- b. Employees should immediately report the incident to their supervisor or next in line supervisor as soon as practical.
- c. If the situation does not defuse and come under control by eliminating all threats of danger and violence, employees should warn potential targets, and take reasonable actions to immediately exit the area.
- d. Employee should call 911.
- e. The Workplace Violence Incident Report should be completed as soon as possible and submitted to Human Resources. Human Resources will review the reported incident with management to determine the appropriate course of action to be taken to address the incident and facilitate an immediate response to ensure the safety of all employees.
- f. Once the immediate threat has been addressed and the work environment has been secured, Human Resources will initiate an investigation of the incident.

3. *Threat Made, No Immediate Danger Apparent*

- a. Employees should immediately report the incident to their supervisor or next in line supervisor, if appropriate.
- b. Employee should call 911.
- c. The Workplace Violence Incident Report shall be completed as soon as possible and submitted to Human Resources. Human Resources will review the reported incident with management to determine the appropriate course of action to be taken to address the incident and facilitate an immediate response to ensure the safety of all employees.
- d. Once the immediate threat has been addressed and the work environment has been secured, Human Resources will initiate an investigation of the incident.
- e. Supervisors shall develop a plan of action in collaboration with Human Resources, to include appropriate corrective action based upon assessment of the incident.

F. Weapons

The County prohibits the possession of weapons on County premises or properties; provided, however, that this prohibition does not apply in the following circumstances:

- 1. Possession of a weapon or firearm is permitted when it is a necessary and approved requirement of the employee's job. The employee shall be required to have any necessary State of Florida licenses prior to being authorized to possess a weapon or firearm under this exception.
- 2. Possession of a weapon or firearm is permitted when an employee is properly licensed under Section 790.06, Florida Statutes.

3. Possession of a weapon or firearm is permitted when an employee complies with Section 790.251, Florida Statutes.

Employees who are properly licensed under Section 790.06, Florida Statutes, and who elect to bring their weapon/firearm to work, must abide by the following regulations:

1. The weapon/firearm must be kept on the employee at all times in a concealed carry holster.
2. The weapon/firearm must not be visible through the employee's clothing to other employees or members of the public at any time.
3. Weapons/firearms shall not be stored in backpacks, purses, or other similar items, and shall not be left unattended at any County property or in any County vehicle.
4. The employee shall not notify or otherwise discuss in any manner with any other employee or with any member of the public that the employee is carrying a concealed weapon.
5. The employee shall not be permitted to take unscheduled break or leave time for the purposes of securing their weapon/firearm in their personal vehicle in the event their job duties require them to go to a location where a concealed weapon is not permitted by law.
6. The employee shall not display the concealed weapon while on County property or in a County vehicle unless such display is permitted pursuant to Chapter 790, Florida Statutes.
7. If requested by a supervisor, the employee will produce their concealed weapons permit for inspection. Supervisors are not permitted to make a copy of the license, but are permitted to see the license to verify that the weapon/firearm is being carried by a properly licensed individual in accordance with Employment Policy 4.6, regarding Workplace Violence. Supervisors must have good cause to request to see a copy of a concealed weapons license. Failure or refusal to produce a concealed weapons license for any reason shall be a violation of this procedure.

Employees who violate any provision of this subsection are subject to corrective action up to and including immediate termination.

G. Reporting an Incident

Employees who become aware of a display of violent, abusive, or threatening behavior or a threat or tendency to engage in the same by another employee or

visitor, must report such behavior to their immediate Supervisor, Human Resources Director, County Manager or Deputy/Assistant County Manager by completing the Workplace Violence Incident Report.

To the extent possible, such reports will be handled confidentially, on a need-to-know basis.

Employees will not be penalized in any way for making a report in good faith. Employees should not assume the County is aware of any possible violent situations, and should immediately report all complaints and concerns.

Any employee who intentionally makes a false allegation or report will be subject to corrective action up to and including termination.

The County Manager shall be notified of all reports under this section.

a. Workplace Violence Incident Report (*Attachment*)

The Workplace Violence Incident Report is to be used by employees and/or witnesses to document and report all acts of workplace violence including physical and/or verbal threats.

The Workplace Violence Incident Report can be obtained from the Lake County intranet, through the "Forms" Quick Link on the main page.

Completing the Workplace Violence Incident Report (*Attachment*)

1. The employee must complete the Workplace Violence Incident Report immediately after an incident.
2. The employee must sign the original report.
3. The original/signed report shall be provided to Human Resources as soon as practical.

b. Duty to Warn

Employees have a "duty to warn" their Supervisor, Department/Office Director, Human Resources Director, County Manager or Deputy/Assistant County Manager, of any suspicious workplace activity, situations or incidents that they observe or of which they are aware that involve other employees, former employees, customers or visitors. This includes, but is not limited to, threats or acts of violence, aggressive behavior, offensive acts, threatening or offensive comments or remarks, possession of weapons on County property, or other examples provided in this procedure.

c. Retaliation

Retaliation against employees who report acts of violence as defined by this procedure will not be tolerated. Employees must report retaliatory actions in writing

directly to Human Resources as soon as possible after the incident occurs. Retaliation may result in corrective action up to and including termination.

d. Corrective Action

Employees who commit threatening or violent acts may be removed from the workplace, and may be subject to corrective action up to and including termination, criminal prosecution, or both.

H. Searches

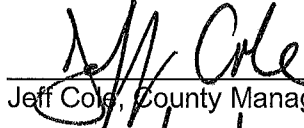
The County may request the cooperation of an employee in agreeing to a search of personal property such as packages, briefcases, purses and similar containers as well as private vehicles parked on County property unless specifically prohibited by law. County supervisory and managerial employees have the right to enter or search County property with or without notice, including desks, lockers, computers, phones and e-mail. Generally, there shall be no expectation of privacy while on any County property or of any property brought onto County premises.

I. Training

All employees are required to attend a "Violence in Today's Workplace" training program that is designed to expose employees to the nature of workplace violence. Participants are presented with the definition of workplace violence, traits and warning signs of violent behavior, and the measures to take when dealing with potential or immediate threats of violence. A review of the Lake County Workplace Violence policy (LCC-74) and this procedure are covered in this program. Additionally, all employees are required to attend a training session regarding the carrying of concealed weapons on County property, or while on duty.

IV. RESERVATION OF AUTHORITY

The authority to issue or revise this Procedure is reserved to the County Manager. The County Manager may authorize exceptions to this procedure when deemed appropriate.



Jeff Cole, County Manager
Date: 5/22/18



LAKE COUNTY
FLORIDA

Attachment

Workplace Violence Incident Report

Lake County Board of County Commissioners

This form is to be used to document and report all acts of workplace violence including physical and verbal threats. After completing this form, please FAX both pages (and any other information and/or additional pages) to the Office of Employee Services at (352) 343-9883, Attention: Director of Employee Services.

(Do not include any medical information on this form.)

Employee Data (Individual Reporting Incident)

Name: _____
Title: _____ Department: _____
Work Location(s): _____ Phone (wk/pager): _____
Specific Job Function(s): _____

Threat Information (Check all that apply.)

Subject Name (Individual Making Threat): _____

Subject Data: Employee Former Employee Non-Employee
 Other: _____ Don't Know

Type of Threat: Act of Violence Threat of Violence Act of Sabotage
 Other: _____

Threat Received by: In person Phone Letter E-mail
 Box Bag Other _____

Date & Time of Incident: _____ & _____ AM / PM
(MM/DD/YYYY)

Location: _____

Name and/or description of perpetrator: _____

Description of act or verbatim language of threat. (If via phone, skip to phone call section of this form): _____

Describe any additional comments made by the perpetrator or explanation of the threat or the workplace violence:

Known Factors (Of Perpetrator) Which May Increase Credibility of Threat (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial debt | <input type="checkbox"/> Known to have weapons | <input type="checkbox"/> Obsessive behavior |
| <input type="checkbox"/> Domestic difficulties | <input type="checkbox"/> Death of family member | <input type="checkbox"/> Previous violence |
| <input type="checkbox"/> Work related problems | <input type="checkbox"/> Significant behavior changes | <input type="checkbox"/> Disruptive behavior |

If the threat was witnessed in person:

Body Language: Arms waving Face/neck red Hands in fists Hands shaking Holding an object Looking around Reaching in pockets Shallow breathing Tense arms/legs	Description of Person: Male/female Age range _____ Height _____ Weight _____ Hair color/length/style _____ Eye color _____ Scars/Marks/Tattoos _____ Clothing/shoes _____ Other _____	Type of Weapon: _____ _____ _____ Other: _____ _____ _____
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Threat received via a telephone call:

If the threat is received by phone, what was heard?

Caller's Voice: Accent Angry Calm Cleared throat Cracking Crying Deep Deep Breathing Disguised Distinct Excited Familiar	Irrational Laughter Lisp Loud Nasal Normal Ragged Rapid Raspy Slow Slurred Soft Stutter	Background: Animal noises Clear Factory/machinery House noises Incoherent Local Motor Music PA System Phone booth Static Street noise	Threat Language: Foul Message read by threat maker Taped Well-spoken Other: _____ _____ _____
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What did caller say? (Include remarks, statements, and exact language.) _____

Other information regarding the caller: (Phone number and/or extension)

Date Call Received _____ Time Received _____ Length of Call _____

Was 911 called: Yes No If yes, explain outcome: _____

Signature: _____ Date: _____

Print Name: _____ Department: _____