



Policy number – 431.04

Effective date – 09/28/2015

Violence, Zero Tolerance for

Policy

The Minnesota Department of Health (MDH) is committed to providing a safe work environment that is free from violence, threatening, and/or intimidating conduct.

As described in Minnesota Statutes, section 15.86, MDH has zero tolerance for workplace violence. No individual may engage in any verbal or physical conduct which intimidates or threatens, directly or indirectly, to harm to any employee or visitor, or cause evacuation of a MDH facility. All acts of violence or threats against any employee, visitor, or facility are to be reported immediately. The Department commits to investigate violence, respond to incidents and support victims of violent acts. The Department expects that employees and staff that experience violence, or witness a violent act, will make a report to their supervisor, human resources, or facilities management.

Objectives

The objectives of this Policy are to:

- Define violence in the workplace setting;
- Identify the standards to ensure a workplace free of violence; and
- Identify the expectations and procedures of employees, supervisors/managers, facilities management, human resource management, and the communication director.

Definitions

1. **“Acting in the course and scope of employment”** means any time that the employee is performing work on behalf of the State whether or not it is during his/her regular or normal work schedule. This includes during the regularly scheduled work day, any overtime work, whether compensated or not, after normal business hours and on weekends.
2. As defined in Minnesota Statutes, section 609.02, **“Dangerous weapon”** means “any firearm, whether loaded or unloaded, or any device designed as a weapon and capable of producing death or great bodily harm, any combustible or flammable liquid or other device or instrumentality that, in the manner it is used or intended to be used, is calculated or likely to produce death or great bodily harm, or any fire that is used to produce death or great bodily harm.”

3. **“Employee”** means any person working for MDH, including any person acting directly or indirectly in the interest of or as a representative of MDH. A condition of any volunteer, internship, consultant contract or other type of agreement between the department and an individual or organization (including other state agencies) to provide services will include an acknowledgement that the provisions of this policy will be complied with while performing services or acting on behalf of the department.
4. **“Safety”** means freedom from violence.
5. **“Violence”** means the threatened or actual use of force which results in or has a high likelihood of causing physical hurt, fear, injury, suffering or death. It includes:
 - a. Intimidation: A physical or verbal act toward another person, the result of which causes that person to reasonably fear for his/her safety or the safety of others.
 - b. Threat of violence: A physical or verbal act which threatens bodily harm to another person or damage to the property of another.
 - c. Act of Violence: A physical act, whether or not it causes actual bodily harm to another person or damage to the property of another.
6. **“Workplace”** means:
 - a. any state or department-owned or leased building; and
 - b. any off-site location where an employee is:
 - i. working;
 - ii. travelling on state business (whether in a state owned, leased, rented or personal vehicle or in any other type of transportation);
 - iii. acting on behalf of the Department; or
 - iv. attending a meeting, training or a conference on behalf of the department.

Standard

Employees must treat all individuals, including coworkers and members of the general public, with courtesy and respect. Employees must not engage in nor tolerate acts or threats of violence in the workplace.

Supervisors and managers will seek to eliminate any potential for violence in and around the department work locations by ensuring that employees and the public are treated with dignity and respect.

The department will respond promptly, positively and proactively in dealing with threats or acts of violence. Response will include timely involvement of law enforcement agencies when appropriate.

The department will offer employee assistance services to employees with personal issues such as, domestic issues that impact the workplace, and verbal and physical abuse which may pose a problem for the employee's safety.

Employees who are involved in the commission of violence or threats of violence will be subject to disciplinary action up to and including discharge from employment.

MDH prohibits the carry or possession of firearms by its employees while acting in the course and scope of employment. Employees who violate this policy may face disciplinary action up to and including termination. Under Minnesota Statutes, section 624.714, subdivision 18, possession of a valid concealed weapon(s) permit authorized by the State of Minnesota is not an exemption under this policy.

Dangerous weapons, including permitted firearms, may not be carried in a personal vehicle when the employee is using it on state business. However, an employee may lawfully carry or possess firearms in a personal vehicle while parked in a State parking facility or parking area.

Procedure

Employee

1. Is familiar with the MDH's policy on Zero Tolerance for Violence and his/her responsibility for preventing and reporting incidences of workplace violence.
2. Treats co-workers and others in the workplace with dignity and respect.
3. Participates in, as assigned, training for violence prevention and applies this knowledge and skills to the workplace.
4. Reports all perceived or real threats or acts of violence to a supervisor or manager, Human Resource Management or Facilities Management immediately, orally or in writing using the [Workplace Violence Incident Report](#) form.
5. If not already contacted, calls 9-911 if dangerous weapons are present and then alerts Capitol Security (if in the Orville L. Freeman Building) or Golden Rule Building security, or other security guard or service as appropriate.
6. If not already contacted, calls 9-911 if a physical assault has occurred and then alerts Capitol Security (if in the Orville L. Freeman Building) or Golden Rule Building security, or other security guard or service as appropriate.
7. Cooperates in investigations regarding workplace violence.

Supervisor/Manager

1. Is familiar with the MDH's Policy on Zero Tolerance of Violence and the procedures to be implemented when reporting acts, perceived or real, of workplace violence.
2. Documents all oral and written reports of violent incidents on the [Workplace Violence Incident Report](#) form and consults with HRM on how to investigate and/or respond to the report.
3. Promotes positive behavior in employees, leads by example, and treats employees with respect and dignity.

4. Participates in training for violence prevention, and applies the knowledge and skills in the workplace.
5. Encourages the use of the Employee Assistance Program (EAP) as needed.
6. Encourages the reporting of all incidents of harassment, discrimination or violence in the workplace.
7. Responds appropriately and in a timely manner to all alleged incidents of violence in the workplace by investigating, or obtaining assistance from HRM in investigating, all such incidents.
8. If not already contacted, calls 9-911 if dangerous weapons are present and then alerts Capitol Security (if in the Orville L. Freeman Building) or Golden Rule Building security, or other security guard or service as appropriate.
9. If not already contacted, calls 9-911 if a physical assault has occurred and then alerts Capitol Security (if in the Orville L. Freeman Building) or Golden Rule Building security, or other security guard or service as appropriate.
10. Works to assure that areas in and around the workplace are designed and operated in a manner that provides for the safety of employees and visitors by taking appropriate and timely action to eliminate violence in the workplace.
11. Holds employees accountable for their behavior, and implements appropriate corrective measures, including discipline up to and including discharge.

Facilities Management

1. Works with staff and the MDH Safety Director to conduct a security vulnerability assessment for all department locations initially and as needed thereafter.
2. Reports results and gives prioritized recommendations to agency management on security enhancements which should be completed for department offices.

Human Resource Management

1. Assists in providing services to employees with personal issues which may affect their workplace safety, including referrals to the Employee Assistance Program as needed.
2. Investigates, assesses and responds to reported acts or threats of violence in conjunction with the manager or supervisor.
3. Reports serious or unresolved acts or threats of violence to the Commissioner.

Communications Director

1. Handles all media inquiries regarding incidents of workplace violence.

Responsible

Manager(s):

Director, Human Resource Management, 651-201-5778

Jamie.Gudknecht@state.mn.us

Contact Person(s):

Safety Director, 651-201-5771

Lonna.Beilke@state.mn.us

Last Updated:

9/28/15

Related Forms

[Workplace Violence Incident Report](#)

Related Law(s)

[Minnesota Statutes, section 15.86 State Agency Actions](#)

[Minnesota Statutes, section 182.651 Definitions](#)

[Minnesota Statutes, chapter 609 Criminal Code](#)

[Minnesota Statutes, section 624.714 Carrying of Weapons without Permit; Penalties.](#)

Related Policies (if any)

Agency Signature:

/s/Dan Pollock

Dan Pollock

Deputy Commissioner

P.O. Box 64975

St. Paul, MN 55164-0975



Workplace Violence Incident Report

If you believe the incident you are about to report is based on any protected characteristic, complete a MDH Internal Discrimination Complaint form, which is available from the MDH Affirmative Action Officer in the Executive Office, instead of this form. Protected characteristics include race, marital status, sex, age, color, national origin, creed, religion, disability, status with regard to public assistance, or sexual orientation.

The information that you provide will be used by the Minnesota Department of Health (MDH) to investigate the alleged incident and to determine the appropriate course of action. You are not legally required to provide this information, but MDH may not be able to investigate the alleged incident without it. The information you are being asked to supply is private, but may be released pursuant to a court order. This information may be given to appropriate law enforcement agencies or may be released in accordance with provisions of the Minnesota Data Practices Act.

Instructions

This form may be completed by the complainant of the incident or their supervisor. Complete Sections 1, 2, and 3 and sign the certification at the end of the report. The completed form may be sent to the person's supervisor or confidentially to MDH Human Resource Management, OLF 1A, 625 Robert Street N., St. Paul, MN 55155-2538. See [Employee Relations](#) or call 651-201-5770 to get contact information for your division's personnel consultant.

Section 1

Complainant Name:

Job Title:

Work Phone:

Work Location:

Supervisor's Name:

Employee ID:

Section 2

Date of Incident:

Time of Incident: xx:xx a.m. p.m.

Location of Incident:

Describe the incident. Include the name, address, age of the respondent and their relationship to you (if known). Attach additional pages if needed.

Is there any other information (including background or history) that you think would be useful to the investigation of this incident?

Section 3

Has an act of physical violence occurred? Yes No

Has intimidation or direct or indirect threat of physical harm occurred? Yes No

Did police or security respond to this incident? Yes No

- If yes, who responded?

Was a police report filed? Yes No

- If yes, please list jurisdiction and report number.

Was your supervisor notified? Yes No

- When?

Was a weapon involved? Yes No

- If yes, please specify.

Were you alone when the incident occurred? Yes No

- Please list the names of any witnesses.

Were you injured? Yes No

- Describe the nature of the injuries and list any facility where you were treated.

Did you lose any work time as a result of this incident? Yes No

- If yes, please explain.

Were you or someone else singled out? Yes No

- If yes, please explain.

Or was the violence directed at more than one person? Yes No

- If yes, please explain.

If this is an ongoing situation explain what, if any, steps have been taken to resolve it.

What do you think can be done to prevent similar incidents from occurring?

Signature

I am the complainant supervisor.

I hereby certify that the information I provided in this report is true and correct to the best of my knowledge.

Employee Signature/Date