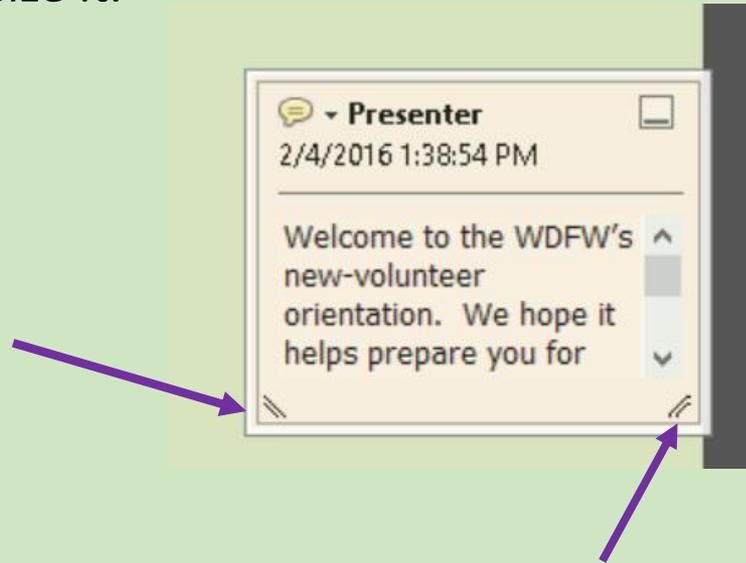




*Washington
Department of*
**FISH and
WILDLIFE**

- As you scroll through this orientation you will see a text box in the upper right corner of some slides. You can pull the lower corners of a box to re-size it.



- You can click on the links to jump to the complete texts of policies or view examples of forms.

Conflict of Interest/Ethics ([Policy M1214](#))
Use of State Resources ([Policy M1217](#))



With so many programs working to meet their goals and objectives, as well as those of the department, it's critical that we have policies and procedures to guide employees and volunteers.

Let's review some information that is key to our goal of a safe, effective and respectful work environment for staff **and** volunteers.



Developing, Issuing, Maintaining, and Complying with WDFW Policy (POL) and/or Procedures (PRO) ([Policy 1001](#))

- All volunteers are required to comply with WDFW policies and procedures.
 - This orientation will introduce you to basic policies and procedures that apply to all department employees and volunteers.
 - Your WDFW volunteer supervisor will communicate with you regarding any additional policies and procedures specific to your assignments.



Establishing Reasonable Accommodation ([Policy 4001](#))

When appropriate, and if resources allow, WDFW will make modifications or adjustments to accommodate our disabled volunteers.



Providing Safety and Health Programs ([Policy 2005](#))

- WDFW is committed to providing a safe and healthful workplace.
- The WDFW Safety Office maintains a *Safety Program Manual*.



Accident Reporting

- Report all accidents and near misses to your WDFW volunteer supervisor immediately.
- You are required to complete and submit a [Safety/Security Incident Report](#) within 72 hours of the incident.
- If you seek medical treatment, inform your health care provider that it is for a WDFW **volunteer** work-related injury/illness. This will help ensure that the proper paperwork is completed.



Conflict of Interest/Ethics ([Policy M1214](#))
Use of State Resources ([Policy M1217](#))

All employees and volunteers are to avoid any actions that **might** create even an appearance of using their positions or volunteer statuses for personal gain or private benefit.



Property and Equipment Assigned to Employees and Volunteers ([Policy M1404](#))

Volunteers will:

- be accountable for the proper use and care of all property and equipment used in the conduct of their official duties.
- complete an [Employee Accountability Form](#), listing any WDFW property assigned to them.



Smoking in agency Vehicles and Facilities ([Policy 4004](#))

Smoking is prohibited in agency vehicles and facilities. Your WDFW volunteer supervisor can direct you to designated smoking areas.



Ensuring a Drug and Alcohol-Free Workplace ([Policy 2002](#))

WDFW is committed to providing a drug and alcohol free workplace for all volunteers and employees.

It is illegal for anyone to possess, deliver, dispense, distribute, manufacture or sell drugs in state vehicles, on WDFW premises or when completing assigned tasks or representing the department as a volunteer.

Volunteers are required to:

- remain unimpaired by alcohol or drugs when completing any and all assigned tasks or representing the department as a volunteer.
- inform your volunteer supervisor if you are taking physician prescribed or over-the-counter medications that might affect job safety due to the side effects.



Preventing Sexual Harassment

([Policy 3001](#))

WDFW has a zero tolerance sexual harassment policy. Offensive Verbal or physical conduct of a sexual nature will not be tolerated.

If you believe that you are being sexually harassed, report it to your volunteer supervisor or another WDFW staff member.



Preventing and Responding to Violence in the Workplace ([Policy 4011](#))

WDFW does not tolerate any form of violence in the work place.

- If you witness or experience violence in the workplace you are required to immediately report the incident to your WDFW volunteer supervisor.
- Each facility has an individual *Emergency Action Plan* that can be obtained from your WDFW volunteer supervisor.



Congratulations! You have completed the Department of Fish & Wildlife new volunteer orientation. You are now ready to complete the registration process and start signing up for relevant and meaningful volunteer opportunities! You can do this by clicking the welcome mat to visit us in-line.

POLICIES and FORMS

Effective Date: 01/10/2018

Last Updated: 10/23/2012

POLICY 1001

Cancela: POL 1025

See Also: PRO 1001

Approved by: /s/ Joe Stohr

POL- 1001 DEVELOPING, ISSUING, MAINTAINING, AND COMPLYING WITH WDFW POLICY (POL) AND/OR PROCEDURE (PRO)

This policy applies to all WDFW employees, however, if policies and procedures are in conflict with or are modified by specific provisions of a bargaining unit agreement, the agreement language shall prevail.

Definitions:

Administrative Policy Committee (APC): The APC consists of the APC Chair, Executive Sponsor, and at least one representative from each Program

Management: Includes WDFW administration, the governor, the legislature, the courts, or any other authority whose decisions dictate what WDFW employees must or must not do.

1. WDFW Policy Directives Reflect Management Decisions

A WDFW policy directive represents a management decision to conduct business in a specific manner. A policy will contain the requirements, rules, criteria, definitions or deadlines that prescribe the standard the work must meet.

2. Policies Change as Conditions Require

Decisions by management must continually meet the new and changing conditions in which WDFW operates. Developing new policy and revising existing policy will reflect those requirements.

3. Agency Policies Will Be Reviewed Annually

4. Administrative Policy Committee Facilitates the Policy Process



Return to
training



APC shall facilitate the process that provides for policy development, maintenance, updates, revision, and distribution.

5. **Any WDFW Employee May Propose New Policy or Revisions to Existing Policy**

6. **All WDFW Employees and Volunteers Will Read and Acknowledge Applicable Policies and Procedures**

Within one week of appointment date and at the start of each new evaluation period employees will read applicable policy and/or procedure and sign an acknowledgement form.

7. **All WDFW Employees and Volunteers Will Comply with Applicable WDFW Policies and Procedures**

8. **Supervisors Will Communicate WDFW Policies and Procedures to WDFW Employees and Volunteers**

9. **When Employees or Volunteers Do Not Comply with WDFW Policies Disciplinary Action May Occur**

10. **The Director Retains Authority to Make Exception to Policy**



Effective Date: 08/16/06**POLICY 4001****Replaces: M1202****See Also: EO 93-03, RCW 51.32****WAC 357-26-015****Approved By: /s/ Jeff Koenings****POL-4001 ESTABLISHING REASONABLE ACCOMMODATION FOR EMPLOYEES WITH DISABILITIES**

This policy applies to all WDFW employees, except if policies and procedures are in conflict with or are modified by a bargaining unit agreement, the agreement language shall prevail.

Definitions:

Reasonable accommodation: Reasonable accommodation includes but is not limited to:

- 1) Accommodation in application procedures, testing, and the interview process; or
- 2) Modifications or adjustments to a job, work method, or work environment that make it possible for a qualified person with a disability to perform the essential functions of a position, or enjoy the benefits and privileges of employment equal to employees without disabilities.

Person with a Disability:

- 1) Under the Americans with Disabilities Act, a person with a physical or mental impairment that substantially limits one or more major life activities; or
- 2) Under chapters 49.60 RCW and WAC162-22, an employee who has a sensory, mental or physical abnormality that substantially limits his/her ability to perform the job.

1. WDFW Will Provide Reasonable Accommodation When Appropriate

Reasonable accommodation may include:

- a) Alteration of job structure;
- b) Modification of facilities, furniture, or equipment;
- c) Provision of qualified sign language interpreters, readers, writers, materials in alternative formats; or
- d) Placement in a vacant funded position for which the employee has the knowledge, skills, and abilities to perform.



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2. Human Resources Office Will Review Accommodation Requests

WDFW will consider the following factors when reviewing requests for accommodation:

- a) The extent of general use of the accommodation;
- b) The useful life of the accommodation;
- c) The likelihood the accommodation would increase or decrease productivity;
- d) The cost of providing the accommodation in relation to the expected benefit derived; and
- e) Other factors as may be warranted by the circumstances of a particular request.

3. Employees Are Encouraged To Participate in the Development of Ideas For Accommodation

4. Appointing Authority May Initiate a Disability Separation

Employees who request accommodation but cannot be accommodated in the current position, and placement in an alternative vacant funded position is not possible, will be notified in writing that the Appointing Authority is initiating a disability separation.



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Effective Date: 3/20/02

POLICY - 2005

Cancels: WDF 501, 508, 509, 510, 512
WDW 1901, 1903

See Also: WDFW Safety Program Manual Approved By: /s/ Jeff Koenings

POL - 2005 PROVIDING SAFETY AND HEALTH PROGRAMS

This policy applies to all WDFW employees and volunteers.

1. **WDFW is Committed to Providing a Safe and Healthful Workplace Free of Recognized Hazards**
2. **WDFW Safety Office Maintains and Distributes the Safety Program Manual**

The Safety Office maintains the Safety Program Manual to ensure it meets the Washington Industrial Safety and Health Act (WISHA) requirement for an effective and comprehensive written accident prevention program.

3. **WDFW Supervisors and Managers Ensure That Employees Understand and Follow the Safety Program Manual**





Safety/Security Incident Report

DATE OF INCIDENT	TIME OF INCIDENT
	<input type="checkbox"/> AM <input type="checkbox"/> PM

TYPE OF INCIDENT: Injury/condition requiring no professional medical attention
 Injury/condition requiring professional medical attention (See Box # 21 on page 2.)
 Vehicle accident (SF-137)
 Hazardous Condition/Near Miss
 Security Incident

PART 1. TO BE COMPLETED BY EMPLOYEE / VOLUNTEER - SEE INSTRUCTIONS

1. NAME (PLEASE PRINT) LAST, FIRST, MI	2. AGE	3. EMPLOYEE'S ID#
4. MAILING ADDRESS CITY STATE ZIP CODE	5. HOME TELEPHONE NUMBER ()	
6. JOB/POSITION TITLE	7. TIME BEGAN WORK (DAY OF INJURY)	8. WORK SCHEDULE
9. SUPERVISOR NAME	10. PROGRAM	11. DIVISION
12. REGION	13. ASSIGNED WORK LOCATION (FACILITY/OFFICE NAME AND ADDRESS)	
14. EXACT LOCATION OF INCIDENT (BLDG, ROOM, BODY OF WATER, WLA, ETC.)		
15. IN TRAVEL STATUS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. CAUSE OF ACCIDENT (CHECK ONE)		17. OCCUPATIONAL EXPOSURE
<input type="checkbox"/> Struck by/against <input type="checkbox"/> Slipping <input type="checkbox"/> Lifting <input type="checkbox"/> Carrying <input type="checkbox"/> Push/pull <input type="checkbox"/> Fall <input type="checkbox"/> Caught between/under <input type="checkbox"/> Inhalation <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Contact heat/cold <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Injured in DT training session <input type="checkbox"/> Heat/cold exposure <input type="checkbox"/> Bitten (animal, insect) <input type="checkbox"/> Cut by <input type="checkbox"/> Needle stick <input type="checkbox"/> Blood/body fluids <input type="checkbox"/> Airborne diseases <input type="checkbox"/> Fumes/gas <input type="checkbox"/> Chemicals <input type="checkbox"/> Other (please specify):
18. RESULTING INJURY (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Cut/Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Abrasion/scratch <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Crushed/Smashed <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Burn (type) <input type="checkbox"/> Animal/insect bite <input type="checkbox"/> Bruise/Contusion <input type="checkbox"/> Swelling/redness/irritation/Inflammation <input type="checkbox"/> Dislocation <input type="checkbox"/> Overexertion <input type="checkbox"/> Puncture <input type="checkbox"/> Bleeding <input type="checkbox"/> Bodily reaction <input type="checkbox"/> Poisoning <input type="checkbox"/> Toxin (specify): <input type="checkbox"/> Other (specify):		
19. BODY PART AFFECTED (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Head <input type="checkbox"/> Scalp <input type="checkbox"/> Face <input type="checkbox"/> Jaw <input type="checkbox"/> Other (specify): <input type="checkbox"/> Eye L/R <input type="checkbox"/> Teeth <input type="checkbox"/> Nose <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder L/R <input type="checkbox"/> Arm (upper) L/R <input type="checkbox"/> Arm (lower) L/R <input type="checkbox"/> Elbow L/R <input type="checkbox"/> Wrist L/R <input type="checkbox"/> Hand L/R <input type="checkbox"/> Finger <input type="checkbox"/> Thumb L/R <input type="checkbox"/> Back (upper/lower) <input type="checkbox"/> Cognitive <input type="checkbox"/> Abdomen <input type="checkbox"/> Chest <input type="checkbox"/> Ribs <input type="checkbox"/> Leg (upper) L/R <input type="checkbox"/> Leg (lower) L/R <input type="checkbox"/> Knee L/R <input type="checkbox"/> Hip <input type="checkbox"/> Ankle L/R <input type="checkbox"/> Foot L/R <input type="checkbox"/> Toe <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Groin <input type="checkbox"/> Glasses <input type="checkbox"/> Artificial appliances		
20. DETAILED DESCRIPTION OF HOW INCIDENT (OR HAZARDOUS CONDITION) OCCURRED (ATTACH ADDITIONAL PAGE(S) IF NECESSARY)		
22. RECOMMENDATIONS FOR PREVENTION AND FOLLOW-UP. (ATTACH ADDITIONAL PAGE(S) IF NECESSARY)		
23. TO WHOM DID YOU REPORT THE INCIDENT?		
NAME	PHONE NUMBER ()	DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
24. Health Care Provider Name: 25. Phone Number: () 26. L&I Claim #		
27. NAME OF WITNESS(ES) (ATTACH ADDITIONAL PAGE(S) IF NECESSARY)		PHONE NUMBER ()
28. EMPLOYEE/VOLUNTEER'S SIGNATURE		DATE WORK PHONE NUMBER ()

PAGE 2 MUST BE COMPLETED BY SUPERVISOR
PAGE 3: INSTRUCTIONS
NOTE: SEND TO WDFW SAFETY OFFICE IMMEDIATELY
Form: WDFW 699 - Revised JUN 2017

EMPLOYEE'S NAME (PLEASE PRINT)

PART 2. TO BE COMPLETED BY SUPERVISOR -SEE INSTRUCTIONS

IF THE EMPLOYEE IS ADMITTED TO THE HOSPITAL, IMMEDIATELY NOTIFY THE WDFW SAFETY OFFICE (360) 902-2279

1. SUPERVISOR NAME (PLEASE PRINT)	2. WORK PHONE NUMBER ()	3. OTHER PHONE ()
4. Did your investigation support the statements in Part 1? <u>If no, please attach a signed statement explaining</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
5. Was the employee/volunteer engaged in regular duties when the incident occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
6. Did the incident include a third party? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
7. Was first aid administered? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
8. Was Emergency Medical Response requested? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
9. Is it anticipated that lost work days or medical treatment beyond first aid will be sought as a result of this Incident? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
10. Did the incident occur during the employee's regularly assigned activities/work area..... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
11. Was the employee orientated to the work area prior to incident? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
12. Was lifting assistance or lifting equipment utilized? (If no, please explain.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
13. Was the employee trained in the work procedure prior to incident?..... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
14. Was the required personal protective equipment utilized? (If no, please explain.)..... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
15. Was the employee following WDFW standard operating procedures(when applicable)? (If no, please attach a signed statement explaining the circumstances) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
16. Was the incident the result of work environment/condition/equipment?..... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
17. Was the incident the result of improper procedure?..... <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA If so, please explain. (ATTACH ADDITIONAL PAGE(S) IF NECESSARY.)		
18. To prevent future occurrences did you discuss this incident with the injured employee? <input type="checkbox"/> Yes <input type="checkbox"/> No WHAT HAS BEEN DONE TO PREVENT A SIMILAR INCIDENT? (ATTACH ADDITIONAL PAGE(S) IF NECESSARY.)		19. WAS SAFETY OFFICE NOTIFIED? Name: Date: How notified:
20. WHAT IS THE STATUS OF THE EMPLOYEE? <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Non-Permanent <input type="checkbox"/> On-call <input type="checkbox"/> Volunteer <input type="checkbox"/> Career Seasonal <input type="checkbox"/> Project Employee Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (specify):		
21. Did the incident require admission to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, notify Safety Office (360-902-2275/2279) Immediately or L&I (800-423-7233) on weekends. If so, where:		22. County of Injury:
23. SUPERVISOR'S SIGNATURE		28. DATE

PART 3. TO BE COMPLETED BY SAFETY OFFICER - SEE INSTRUCTIONS

1. SIGNATURE	2. DATE	3. PRINT NAME HERE	4. TELEPHONE NUMBER ()
5. SAFETY OFFICER COMMENTS (ATTACH ADDITIONAL PAGE(S) IF NECESSARY) <input type="checkbox"/> L&I Notified?			

PART 4. EMPLOYEE REPRESENTATIVE REVIEW (SEE INSTRUCTIONS) WHEN WARRANTED.

The Employee Representative below acknowledges they have reviewed this incident report and participated in the preliminary investigation.

1. SIGNATURE	2. DATE	3. PRINT NAME HERE	4. TELEPHONE NUMBER ()
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PAGE 2 MUST BE COMPLETED BY SUPERVISOR
PAGE 3: INSTRUCTIONS
NOTE: SEND TO WDFW SAFETY OFFICE IMMEDIATELY
Form: WDFW 699 - Revised JUN 2017



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INSTRUCTIONS

GENERAL INSTRUCTIONS:

Part 1 - To be completed by employee/volunteer. Answer all questions as completely as possible. Be sure to include your name and the date of the incident on any additional sheets. Sign and date the form, then submit to your supervisor IMMEDIATELY.

Part 2 - To be completed by the supervisor. Interview witnesses and thoroughly investigate the incident immediately upon notification. Answer all questions as completely as possible. Be sure to include the employee's name and date of the incident on any additional pages. Sign and date the form and forward it to the Safety Office immediately, but within 3 days. Make a copy for your safety committee after removing all personal and identifying areas (e.g. Name, Address, Age, etc.). If the incident is an exposure to blood or other bodily fluids, please contact the WDFW Safety Office immediately for additional instruction. Please be aware of Part 4. Should this injury/illness be on the OSHA 300 log?

Part 3 - To be completed by the Safety Officer. Review the information for completeness. Determine how extensive an investigation or review should be conducted and follow local procedures to conduct an investigation or review of the events resulting in the incident. Any follow-up or mitigation assignments should have point of contact assigned and estimated completion date given. Sign and date form.

Part 4 - (This is a Safety Office determination) If the incident had any of the following occur or is anticipated that any of the following might occur an Employee Representative such as a Shop Steward or designated individual (Safety Committee Representative) must be involved in the preliminary investigation in accordance with WAC 296-800-32020 and complete PART 4 at the bottom of page 2 of the SSIR.

- A death
- An inpatient hospitalization
- An amputation
- The loss of an eye

If any of the above has occurred do not disturb scene until after conference with Safety Office. WAC 296-800-32010

DISTRIBUTION: Supervisor must forward the original SSIR with all attachments and any documents from the health care provider to:

*Department of Fish & Wildlife
Safety Office or Risk Management (as appropriate)
1111 Washington St, SE
Olympia WA 98501*

FOR QUESTIONS: Call Safety Office (360) 902-2275/2279 or Risk Management, if applicable (360) 902-2625

The local facility must retain a copy of the SSIR for a minimum of six (6) years. The original report (SSIR) needs to be forwarded to the above address.

Distribute copies of the completed SSIR to:

- Safety Committee or Safety Representative (for local review procedures) after removing personal and identifying information.
- Supervisor
- Employee

Risk Management Reports: Incidents that may not involve an employee on-the-job injury, but do involve (review Policies 4025 & 7010):

- WDFW/State Property Damage or Theft
- Third Party Injury
- Third Party Property Damage
- Any death or serious bodily injury to a third party on WDFW property or involving WDFW personnel (e.g. Good Samaritan Action)

should be forwarded to WDFW Risk Management at the above address.

PAGE 2 MUST BE COMPLETED BY SUPERVISOR

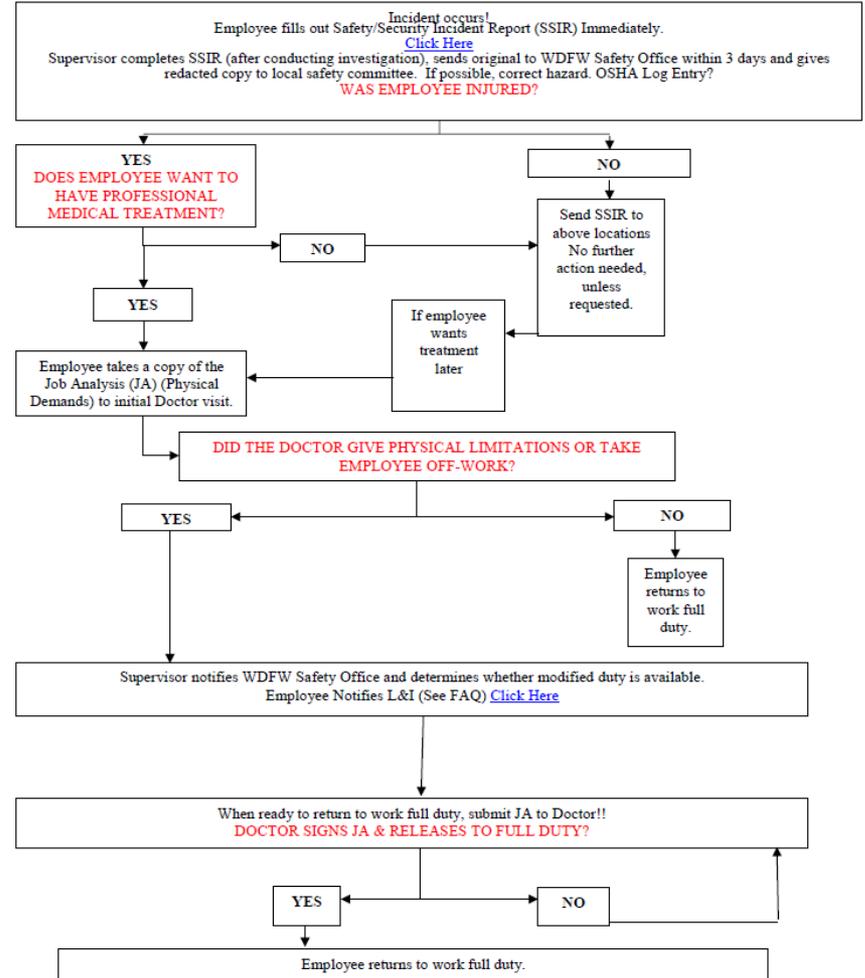
PAGE 3: INSTRUCTIONS

NOTE: SEND TO WDFW SAFETY OFFICE IMMEDIATELY

Form: WDFW 699 – Revised JUN 2017

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Injury ~ Workers Compensation Flow Chart



You must report to Safety Office (360-902-2279/2275) within eight hours of a work-related incident that results in a fatality or an inpatient hospitalization of any employee. If on a weekend or holiday, contact L&I @ 800-423-7233

All medical documentation and changes in employee work status must be provided as soon as possible to the Safety Office (360-902-2281)



Return to training

POLICY TITLE: Conflict of Interest/Ethics

Cancels: WDW 1107 & 1108
 WDF 103 & 113

See Also: M1005, M1215-1223,
 and M1216

Effective Date: 18 May 1995
 Approved By: Judith Newcomer, Deputy
 Director

POL-M1214 CONFLICT OF INTEREST/ETHICS

This policy is derived from Executive Order 93.02 Standards of Ethical Conduct for Executive Branch Employees and from RCW 42.18, Executive Conflict of Interest Act and RCW 42.52, State Ethics Law.

State government derives its authority from the citizens and exercises that authority solely for their benefit. The citizens have entrusted employees with the operation of state government and the stewardship of its human and environmental resources. To protect the public interest it is necessary that both public policy and the process for making public policy decisions be of the highest ethical standards. Employees are, therefore, obligated to treat their offices as a public trust, using their official powers and duties and the resources of the state only to advance the public interest. This obligation requires that all employees:

1. Be independent and impartial in the exercise of their duties, avoiding actions that create even the appearance of using their positions for personal gain or private benefit.
2. Strengthen public confidence in the integrity of state government by demonstrating the highest standards of personal integrity, fairness, honesty, and compliance with both the spirit and the letter of the law.
3. Create a work environment that is free from all forms of unlawful discrimination and harassment.
4. Manage human and environmental resources for the benefit and enjoyment of both current and future generations.
5. Conduct the public's business openly and to the maximum extent consistent with existing law, resolve doubtful cases in favor of free public access.
6. Serve the public with respect, concern, courtesy, and responsiveness, recognizing that service to the public is the primary mission of state government.
7. Promote an environment of public trust free from fraud, abuse of authority, and misuses of public property.
8. Protect the integrity of the decision making process by recognizing and avoiding conflicts between their public duties and private interests and activities.
9. Respect and protect privileged information to which employees have access in the course of their official duties.

The policies that follow comprise the Department's positions on Conflict of Interest and Ethics. Those policies are designed to assist employees in the performance of their duties for the state.



Department of Fish and Wildlife

POL-M1217

POLICY TITLE: Use of State Resources

Cancels: WDW 1107 & 1108
WDF 103 & 113

Effective Date: 18 May 1995

See Also: M1214-1216,
M1217-M1223

Approved By: /s/ Judith Freeman, Deputy Director

POL-M1217 USE OF STATE RESOURCES

PUBLIC OFFICE-WHETHER ELECTED OR APPOINTED-MAY NOT BE USED FOR PERSONAL GAIN OR PRIVATE ADVANTAGE

This policy is derived from Executive Order 93.02 Standards of Ethical Conduct for Executive Branch Employees and from RCW 42.18, Executive Conflict of Interest Act and RCW 42.52, State Ethics Law. Employees shall not utilize people, money or property under their control, direction or custody for their private benefit or gain or that of another.

1. Definitions

- A. Assist - means to help, aid, advise, furnish information to, or otherwise provide assistance to another person. The definition also includes a requirement that the employee both intends to assist the person and believes that the action will be of assistance to the person.
- B. Person - any individual, partnership, association, corporation, firm, institution, or other entity, whether or not operated for profit.

2. Requirements

This policy complies with the statutory prohibition against an employee utilizing any of the state's resources for private benefit or gain. The statutory restrictions concerning the utilization of state resources are as follows:

- A. An employee may not use a person under his/her official direction or control for private benefit or gain to the employee or another;
- B. An employee may not use money under his/her official direction or control for the private benefit of gain of the employee or another;
- C. An employee may not use any property under his/her official control or custody for the private benefit or gain of the employee or another; and
- D. An employee may use public resources under his/her direction or control to benefit others when it is part of the employee's public duties.



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Department of Fish and Wildlife

POL-M1404

POLICY TITLE: Property and Equipment Assigned to Employees/Volunteers

Replaces: New

See Also: WDFW Policy 1024 Draft
WDFW Policy 1027 Draft
WDFW Policy 1227 Draft
WDFW Policy 1403
WDFW Policy 1503 Draft

Effective Date:

Approved By:

Director

POL-M1404 PROPERTY AND EQUIPMENT ASSIGNED TO EMPLOYEES/VOLUNTEERS

ALL employees/volunteers will be accountable for the proper use and care of all property and equipment used in the conduct of their official duties. This policy governs the use and assignment of tangible assets and intangible items such as keys and credit cards.

Permanently assigned property and equipment are tangible assets that exceed \$300 in cost and have a minimum useful life of one year.

Temporarily assigned property and equipment are items assigned on an as needed basis. A temporary assignment is for a specific task of identifiable duration from a central location. For these items a Sign Out/In Log with dates will replace the Employee Accountability Form (WDFW 897).

Supervisors will give this policy and the accompanying procedure to all employees/volunteers who report directly to them.

Employees/volunteers will exercise prudent judgment and show responsibility in safeguarding WDFW controlled assets assigned to them from misuse, theft, loss or destruction.

Each employee/volunteer will maintain a list (WDFW 897 Employee Accountability Form) of all WDFW controlled permanently assigned property in their possession. Each program or unit may design their own form if it contains all the elements contained in the Employee Accountability Form (WDFW 897).

At the time of termination, retirement, or reassignment the employee/volunteer must surrender all items to the first line supervisor for a comparison with the Employee Accountability Form (WDFW 897). When the comparison is completed, the employee/volunteer (if available) and the individual who did the visual inspection will sign and date the Employee Accountability Form (WDFW 897). If any items are unaccounted for WDFW may withhold an employee's final pay check pending the return of the missing assets.

Periodically the Internal Auditor and Purchasing staff will review for compliance. Records will also be subject to audit by state and federal auditors.

Supervisors will evaluate all employees for compliance with this policy. They will report any failure to comply to management. Management will take corrective or disciplinary action per Merit System Rules when appropriate.



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Effective Date: 12/08/05

POLICY 4004

Replaces: Policy WDF 503, Policy WDW 1020, Policy M1206

Refer to: RCW 70.160, WAC 296-800-240 and Executive Order 88-06

Approved By: /s/ Jeff Koenings__

POL - 4004 Smoking in Agency Vehicles and Facilities

This policy applies to all Department of Fish and Wildlife employees and volunteers except if policies and procedures are in conflict with or are modified by a bargaining unit agreement, the agreement language shall prevail.

1. Smoking is prohibited in agency facilities (except in designated areas) and vehicles

Employees living in state-owned or operated residences are exempt from this prohibition in their assigned residence.

2. No Smoking Signs will be Posted in Facilities

3. Supervisors are Responsible for Compliance



Effective Date:07/01/05

POLICY 2002

Replaces: M1224 and 4010
Refer to: Federal Drug-Free Workplace Act of 1988, Federal Omnibus Transportation Employee Testing Act of 1991, Federal Commercial Motor Vehicle Act of 1986.
See Also: Policy 2002, Federal Drug-Free Workplace Act of 1988 Federal Omnibus Transportation Employee Testing Act of 1991 Federal Commercial Motor Vehicle Act of 1986 Executive Order EO 92-01 RCW 69.50; RCW 46.25; WAC Chapter 357-40; WAC 357-37-200; U.S. DOT, NHTSA Parts 382, 383, 390, 391, 392, 395, 40; Collective Bargaining Agreement By And Between the State of Washington and Washington Federation of State Employees (WFSE); Collective Bargaining Agreement By And Between the State of Washington and Coalition (MM&P, WAPB, Teamsters 760, IBEW, UA 32, WSPCMA, WSNA); Collective Bargaining Agreement By And Between the State of Washington and Washington Public Employees Association (WPEA)
Approved By: /s/ Jeff Koenings

POL - 2002 ENSURING A DRUG AND ALCOHOL FREE WORKPLACE

The Department's goal is to ensure the health and safety of Department staff and the public, as well as to promote an efficient and productive work environment. Although WDFW is committed to assist employees with chemical dependency problems, safety is the Department's first priority.

This policy applies to all WDFW employees and volunteers except if policies and procedures are in conflict with or are modified by a collective bargaining agreement, the agreement language shall prevail.

Definitions: [See Appendix](#)

1. WDFW Is Committed to a Drug and Alcohol Free Workplace**2. WDFW Requires Drug and Alcohol Testing Under Certain Circumstances**

(See PRO-2002C - Drug and Alcohol Testing)

- A. Employees required to have a Commercial Driver's License (CDL) are subject to pre-employment, post-accident, random, reasonable suspicion, return-to-duty, and follow-up testing in accordance with the U.S. Department of Transportation Rules and the Federal Omnibus Transportation Employee Testing Act of 1991.
- B. Represented and non-represented employees who perform safety-sensitive functions are subject to pre-employment, post-accident, post-firearm shooting incident, and reasonable suspicion, return-to-duty, and follow-up testing. ([See Appendix for definitions](#))
- C. Non-safety-sensitive employees covered by Coalition are subject to reasonable suspicion, return-to-duty, and follow-up testing.
- D. Non-safety-sensitive employees who are not represented are subject to post-accident, reasonable suspicion, return-to-duty, and follow-up testing.

3. All Employees Must Report to Work in a Condition Fit to Perform Their Assignments Unimpaired By Alcohol Or Drugs

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- A. Employees may not use or possess alcohol while on duty, including standby, in state vehicles, on WDFW premises, or other governmental or private worksites where employees are assigned to conduct official state business, except when:
 - 1. The premises are considered residences. The legal use of alcohol in WDFW-owned housing or residential facilities will be confined to residence, adjacent lawn/yard or patio area, and only when staff is not on duty, preparing to report to duty, or on standby.
 - 2. The use or possession is required pursuant to a lawful investigation.
 - 3. The alcohol is used for scientific purposes related to official state business
- B. The unlawful use, possession, delivery, dispensation, distribution, manufacture or sale of drugs in state vehicles, on WDFW premises, or on official business is prohibited.
- C. Per Federal regulations, the following conduct is strictly prohibited for CDL Drivers:
 - 1. reporting for duty, or being on stand-by status, with nonprescription controlled substances in their system;
 - 2. being impaired while on duty or paid standby due to the use of alcohol, any controlled substances, or non-prescription drugs;
 - 3. any activity involving the use, possession, distribution, or sale of alcohol, unauthorized prescription drugs, controlled substances or drug paraphernalia while on duty or paid standby;
 - 4. using alcohol within eight hours following an accident or prior to undergoing a post-accident alcohol test;
 - 5. using alcohol four hours before reporting to duty or while on paid standby; or
 - 6. refusing to submit to an alcohol or controlled substance test required by post-accident, random, reasonable suspicion or follow-up testing requirements.
- D. Employees representing the State at official functions must exercise prudence in consuming alcohol to ensure they remain unimpaired.
- E. Employee may decline to perform outside of normal working hours, including standby, without penalty if under the influence of controlled substances and/or alcohol.

4. Employee Notifies Appointing Authority of Any Controlled Substance Conviction

Any employee convicted of any controlled substance statute violation on state property or while conducting WDFW business, must notify his/her Assistant Director or Regional Director within 48 hours of the conviction.

5. WDFW Notifies Federal Contracting Agencies of Any Controlled Substance Conviction

WDFW notifies Federal contracting agencies within 10 days if an employee has been convicted of a drug violation occurring in the workplace.

6. Employees Must Notify Supervisor of Certain Medications

CDL Drivers must remove themselves from performance of any safety-sensitive function and report the situation to their supervisor if they are experiencing any impairment from prescription or non-prescription medication or if there is the potential for any impairment.

WDFW employees covered under Washington Public Employees Association (WPEA) are responsible for consulting their physician as to any limitations on their ability to perform the duties of their position as a result of taking physician-prescribed drugs. Employees shall report any such limitations to their supervisor or other designated official before resuming their work duties.

WDFW non-represented employees and employees covered under Washington Federation of State Employees (WFSE) and Coalition (MM&P, WAPB, Teamsters 760, IBEW, UA 32, WSPCMA, WSNA) who are taking physician-prescribed or over-the-counter medications, must notify their supervisor or other designated official if there is a substantial likelihood that such medication will affect job safety and the side effects of the drug(s).



7. Managers, Supervisors, and Lead Workers Must Attend Training To Recognize Drug And Alcohol Abuse

(See PRO-2002A – General Responsibilities And/Or Expectations and PRO 2002B - Hiring Process For Positions With Safety Sensitive Duties and Training For All Supervisors)

8. All CDL Drivers Must Attend Training Regarding Drug and Alcohol Abuse Prior to Performing Safety-Sensitive Duties and Prior to Drug and Alcohol Testing

Except: Pre-employment testing (See PRO-2002B - Hiring Process For Positions With Safety Sensitive Duties and Training for All Supervisors)

9. WDFW Human Resource Office Provides Information on Drug and Alcohol Free Workplace Program**10. WDFW Maintains Confidentiality and Privacy**

Confidentiality and privacy will be maintained throughout all stages of the testing process including the reporting of test results. All alcohol and controlled substances testing shall be done in accordance with procedures set forth by the US Department of Transportation and approved by US Department of Health and Human Services (DHHS).

All records involving drug and alcohol testing information will be maintained in secure locations with controlled access in accordance with Federal regulations.

11. Employees Refusing to Comply With a Request For An Alcohol or Controlled Substance Test are in Violation

Refusing to comply with a request for testing of alcohol or controlled substances will be documented as a refusal and treated as a positive test result for controlled substances and/or an alcohol test result at the level of 0.04 breath alcohol concentration (see PRO-2002D – Consequences of Policy Violation)

Refusal to comply includes providing false information in connection with a test, attempting to falsify test results through tampering, contamination, adulteration, or substitution. Refusal to comply may include an inability to provide a specimen or breath sample without a valid medical reason or failure to proceed immediately to the collection site designated by WDFW ([See Appendix for Definitions](#)).

12. WDFW Employees Who Violate This Policy May Be Subject to Disciplinary Action

(See PRO – 2002D – Consequences of Policy Violation.)

CDL Drivers found in violation of this policy shall:

1. not be permitted to perform or continue to perform safety-sensitive functions or other duties which may pose a hazard to the CDL Driver or others and;
2. be subject to appropriate disciplinary action and Federal mandates set forth in the Federal Omnibus Transportation Employee Testing Act of 1991

WDFW employees covered under WPEA who are found to be impaired on the job due to the use of controlled substances or alcohol may be subject to disciplinary action in accordance with existing laws and regulations, but the results of such drug or alcohol testing shall provide no independent basis for disciplinary action. WDFW may use the results of a drug or alcohol test to require an employee to successfully complete a rehabilitation plan. The rehabilitation plan terms

may require the employee to pass all subsequent drug or alcohol tests. In this situation, the results of a subsequent drug or alcohol test may be the basis for disciplinary action.

WDFW employees covered under WFSE who have a positive alcohol test and/or a positive controlled substance test may be subject to disciplinary action, up to and including dismissal, based on the incident that prompted the testing, including a violation of the drug and alcohol free work place policy.

WDFW employees covered under Coalition who have a positive alcohol test and/or a positive controlled substance test may be subject to disciplinary action, up to and including dismissal, based on the incident that prompted the testing.

Non-represented employees who have a positive alcohol test and/or a positive controlled substance test may be subject to disciplinary action, up to and including discharge.

13. WDFW Encourages Employees to Voluntarily Seek Treatment for Drug and Alcohol Abuse

Employees who voluntarily seek assistance will be removed from safety-sensitive functions or other duties that may pose a hazard to the employee or others. They must complete recommended treatment, including aftercare and provide documentation verifying completion of the treatment prior to resuming those duties (see PRO-2002D– Consequences of Policy Violation).

14. WDFW Pays for Alcohol and/or Initial Controlled Substance Testing

15. WDFW Employees May Request a Split Sample Test

If an employee's initial controlled substance test is positive, the employee may request the split sample be tested at WDFW's expense. If the test result is positive, WDFW will charge the employee for the cost of the split sample testing.

16. WDFW Employees Are Considered On Duty while Traveling To and From and Participating in Drug and Alcohol Testing

Policy 2002 - APPENDIX

DEFINITIONS:

For the purpose of **Policy 2002 - Ensuring A Drug And Alcohol Free Workplace** and the accompanying procedures the following definitions apply:

Accident: For CDL Drivers - An occurrence involving a commercial motor vehicle operating on a public road that results in: 1) a fatality; 2) bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident and the CDL Driver receives a citation under state or local law; or, 3) one or more motor vehicles incurring disabling damage as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other vehicle and the CDL Driver receives a citation under state or local law.

OR

For all employees except non-safety-sensitive employees covered by WFSE and WPEA: a work-related incident involving death, serious bodily injury, or significant property/environmental damage, or the potential for death, serious injury, or significant property/environmental damage,

and when the employee's actions(s) or inaction(s) either contributed to the incident or cannot be completely discounted as a contributing factor.

An accident may be considered objective grounds, allowing a reasonable suspicion test.

Post-Firearm Shooting is also considered an "accident" under this policy for any employee except non-safety-sensitive employees covered by WFSE and WPEA:

Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including methyl and isopropyl alcohol.

Alcohol Concentration (or content): The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an Evidential Breath Test (EBT).

Alcohol Use: The consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

Breath Alcohol Technician (BAT): An individual who has undergone training equivalent to the National Highway Traffic Safety Administration's (NHTSA) model course. The BAT instructs and assists individuals in the alcohol testing process and operates an EBT approved by the NHTSA.

CDL Driver: Any permanent, seasonal career, probationary, temporary or intermittent employee performing duties which require possession of a CDL to operate a commercial motor vehicle. For the purpose of pre-employment/pre-duty testing, the term CDL Driver includes all prospective persons applying for positions with duties which require a valid CDL.

Commercial Driver's License (CDL), Commercial Motor Vehicle: A license required by a Commercial Motor Vehicle Safety Act of 1986 in order to operate a motor vehicle or combination of motor vehicles which: 1) has a gross combination weight of 26,0001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or 2) has a gross vehicle weight rating of 26,0001 or more pounds; or 3) is designed to transport 16 or more passengers, including the driver; or 4) is used in the transport of hazardous materials requiring placards.

Confirmation Test: For alcohol testing: a confirmation test means a second test, following a screening test of 0.02 or greater, which provides quantitative data of alcohol concentration. For controlled substances testing: a confirmation test means a second analytical procedure on the primary sample to identify the presence of a specific drug or metabolite. The confirmation test is independent of the screen test and uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy.

Contractor: The firm retained by WDFW to collect/transport/test samples collected, determine random testing, provide medical review officer services, report results to WDFW, etc.

Controlled Substances or Drugs (see RCW 69.50): Amphetamines, barbiturates, cocaine, marijuana, methaqualone, opiates, phencyclidine (PCP) inhalants, hallucinogens, prescription drugs, and any other substance, legal or illegal, that impairs or tends to impair an employee's physical or mental ability to perform his or her duties in a safe and competent manner. The following controlled substances are tested for under the U.S. DOT Federal Omnibus Transportation Employee Testing Act of 1991 regulations and this policy: 1) Marijuana, 2) Opiates, 3) Cocaine, 4) Amphetamines, and 5) Phencyclidine (PCP).

Dilute specimen. A specimen with creatinine and specific gravity values which are lower than expected for human urine.



Firearm: A weapon or device from which a projectile or projectiles may be fired by an explosive such as gunpowder or another propellant such as CO2. Includes, but is not limited to, rifles, shotguns, pistols, tranquilizer or dart guns, paintball guns, net guns, pellet guns, and hazing equipment.

Firearm, Issued: Any firearm, as defined, which is issued to a WDFW employee or to a WDFW owned or operated facility which may be used by a WDFW employee in the performance of his/her duties.

Follow-up Test: Unannounced alcohol and/or controlled substances test conducted in accordance with the recommendations of the Substance Abuse Professional and requirements in the Return-to-Work Agreement. This test is conducted only after an employee has violated this policy.

Impaired: Observable and documented deterioration in work-related performance due to the use of alcohol, any type of controlled substances, or non-prescription drugs.

Medical Review Officer (MRO): A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

Objective Grounds: Examples may include but not be limited to:

1. Physical symptoms consistent with controlled substance and/or alcohol use;
2. Evidence or observation of controlled substance or alcohol use, possession, sale, or delivery;
- or
3. The occurrence of an accident(s) where a trained manager, supervisor or lead worker suspects controlled substance/alcohol use may have been a factor
4. Indications of the chronic use and withdrawal effects of controlled substances

Pre-Employment Test: A controlled substance test required prior to performance of safety-sensitive functions. This requirement also applies to current WDFW employees who haven't previously performed safety-sensitive functions or those returning to safety-sensitive duties after a long absence.

Post-Firearm Shooting: Any shooting incident involving a person for any accidental discharge of a firearm for all employees except non-safety-sensitive employees covered by WFSE and WPEA. This also qualifies as an "accident" as defined above.

Reasonable Suspicion: For CDL Drivers - The belief that a CDL Driver has violated the alcohol or controlled substances prohibitions and this policy, based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.

For non-represented employees and employees covered by WPEA, WFSE, and Coalition – A reason to suspect that alcohol or controlled substance usage may be adversely affecting the employee's job performance or that the employee may present a danger to the physical safety of the employee or others. Specific objective grounds must be stated in writing that support the reasonable suspicion.

Refuse to submit/comply (to an alcohol or controlled substances test):

- (1) Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency

regulations, after being directed to do so by the employer.

(2) Fail to remain at the testing site until the testing process is complete. Provided, that an employee who leaves the testing site before the testing process commences (see Sec. 40.63(c) of this title) a pre-employment test is not deemed to have refused to test;

(3) Fail to provide a urine specimen and/or sufficient breath specimen for any drug test required by this part or DOT agency regulations. Provided, that an employee who does not provide a urine specimen and/or sufficient breath specimen because he or she has left the testing site before the testing process commences (see Sec. 40.63(c) of this title) for a pre-employment test is not deemed to have refused to test;

(4) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen (see Sec. 40.67(l) and 40.69(g) of this title);

(5) Fail to provide a sufficient amount of urine and/or sufficient breath specimen when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure (see Sec. 40.193(d)(2) of this title);

(6) Fail or declines to take a second test the employer or collector has directed the driver to take;

(7) Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under Sec. 40.193(d) of this title. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;

(8) Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or

(9) Is reported by the MRO as having a verified adulterated or substituted test result;

(10) A verified occurrence of tampering as reported by the collection site technician;

(11) As an employee, if you refuse to take a test, you incur the consequences of a positive drug test as specified in PRO-2002D – Consequences of Policy Violation

Residence: WDFW-owned or operated housing

Residence, Temporary: WDFW-owned or operated facility used for overnight lodging

Return to Duty Test: An alcohol and/or controlled substances test required after an employee violates this policy. Conducted upon the recommendation of the Substance Abuse Professional in accordance with the Return-to-Work Agreement prior to an employee returning to safety-sensitive duties.

Safety-sensitive Employees: Any employee who performs or may be subject to a call to perform safety-sensitive functions as defined. Also, any employee who is required to possess a Commercial Driver's License as part of his or her employment or who performs duties for WDFW utilizing a CDL.

Safety-sensitive Functions/duties: For CDL Drivers the typical safety-sensitive function is operating a commercial motor vehicle. It also includes all time spent loading or unloading a commercial vehicle, supervising or assisting in the loading or unloading, repairing, obtaining assistance, waiting to be dispatched, or remaining in attendance with a disabled vehicle by the CDL Driver or as otherwise set forth in 49 CFR 382.107. An employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform or immediately available to perform any safety-sensitive function.

For employees covered by WPEA, includes the duties of positions in which an employee is issued a firearm, works with incarcerated minors or offenders, is required to operate state-owned

motorized equipment, dispenses medication, or transports clients, students, citizens, patients, residents or offenders.

For employees covered by WFSE and Coalition, includes the duties of positions in which an employee is issued firearms and duties of licensed health care professionals who administer or dispense medications as part of their job duties.

For non-represented employees, includes duties of positions in which an employee is responsible for security on state property or ensuring public safety; or, administering or dispensing medication; or, may call for utilization of a firearm in performance of the duties.

Screening Test (initial test): In alcohol testing, it means an analytical procedure to determine whether a driver may have a prohibited concentration of alcohol in his or her system. In controlled substances testing, it means an immunoassay screen to eliminate "negative" urine specimens from further consideration.

Split Sample or Split Specimen: In drug testing, it means a part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests that the split sample be tested following a verified positive test of the primary specimen or a verified adulterated or substituted test result.

Substance Abuse Professional (SAP): A licensed physician (Doctor of Medicine or Osteopathy); a licensed or certified social worker; a licensed or certified psychologist; a licensed or certified employee assistance professional; or a drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC); or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC); or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC) who is knowledgeable about and has clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders and who qualifies under 49 CFR Part 40, Subpart O.

Under the Influence: Under the influence means that an employee is exhibiting behavior and/or has a physical appearance and/or odor leading supervisory staff to believe that the employee is impaired due to the use of alcohol, any controlled substances, or non-prescription drugs.



Effective Date: 4/16/08

POLICY 3001

Replaces: M1201, F210, W1102

See Also: WAC 357-25-027

Approved by: /s/ Jeff Koenings

POL-3001 PREVENTING AND REPORTING SEXUAL HARASSMENT

This policy applies to all WDFW employees, volunteers, contractors and any persons doing business with WDFW except if policies or procedures are in conflict with or are modified by a bargaining unit agreement, the agreement language shall prevail.

DEFINITIONS:

Sexual Harassment is an unlawful violation prohibited by Title VII of the Civil Rights Act of 1964 and RCW 49.60; <http://www.eeoc.gov/policy/vii.html>

Sexual Harassment: As defined under the Equal Employment Opportunity Commission (EEOC): Unwelcome sexual behavior by a person of either sex against an individual of the opposite or same gender. In addition, this includes, but is not limited to, requests for sexual favors or other offensive verbal or physical conduct of a sexual nature including, but not limited to, when any of the following occur:

- When submission to such conduct, either explicitly or implicitly, is made a term or condition of an individual's employment;
- When submission to or rejection of such conduct by an individual is used as the basis for employment decisions; and/or
- When such conduct has the purpose or effect of interfering with work performance or statutory rights, or creates an intimidating, hostile, or offensive agency work environment.

Harassment: Intimidating, hostile or offensive work environment; includes, but is not limited to, a workplace in which:

- Repeated, unwelcome, sexually-oriented jokes, innuendoes, obscenities, pictures or any action with sexual connotation has the cumulative effect of making an employee feel uncomfortable in the workplace; or
- Aggressive, harassing behavior in the workplace whether or not sexual in connotation, is directed toward an employee based on the employee's gender.



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1. **WDFW Does not Tolerate Sexual Harassment**
Individuals who sexually harass are subject to disciplinary actions up to and including dismissal.
2. **Supervisors Will Review this Policy with all New Appointees**
3. **Employees are Responsible for Helping Maintain a Work Environment Free from Sexual Harassment (See PRO-3001)**
4. **Employees/Volunteers/Contractors Believing They are Being Sexually Harassed During the Course of Their Job are Strongly Encouraged to Take Immediate Action (See PRO-3001)**
5. **Management Observing or Having Knowledge of Sexual Harassment are Legally Required to Take Immediate Action**
6. **Human Resources Will Conduct a Thorough Review Or An Investigation of the Allegations (See PRO-3001)**
7. **Employees Will Cooperate in the Review or Investigation**
8. **Complaints Will Be Kept Confidential to the Extent Reasonably Possible**
9. **Employees Intentionally Providing False Information are Subject to Disciplinary Action**
10. **Retaliation or Reprisal Against any Person Filing a Complaint or for Cooperating in an Investigation of Sexual Harassment Will be Grounds for Disciplinary Action up to and Including Dismissal**
11. **Management will Endeavor to Keep Affected Individuals Apprised of the Status and the Outcome of the Situation**
12. **WDFW Will Provide and Employees Must Take Training on Sexual Harassment Prevention**
13. **Employees Have a Legal Right to File a Complaint with the Washington State Human Rights Commission and/or the Federal Equal Employment Opportunity Commission <http://www.eeoc.gov>**



Effective Date: 8/21/2002

POLICY - 4011

Cancels:

Approved By: /s/ Jeff Koenings

See Also: WAC 296-24-55001
WDFW POL 2001, M1604
Executive Order 96-05

POL - 4011 PREVENTING AND RESPONDING TO VIOLENCE IN THE WORKPLACE

This policy affects all employees and volunteers of WDFW as it relates to violence in the workplace.

Definitions:

Domestic violence:

- A. Either physical, sexual, or psychological abusive behavior intended to establish and maintain control over a partner or family member; or
- B. Not solely a private, family dispute that affects only the people immediately involved, but crosses over to the workplace, adversely affecting the safety and productivity of victims and co-workers.

Facility:

Any building or structure owned, leased, rented, or occupied by WDFW where work activities take place.

Violent activities:

- A. Any attempt to cause personal harm to another person, whether successful or not;
- B. Any threat to do so; or
- C. Any other harassment intended to create a feeling of vulnerability or intimidation regardless of the sources, which could be a member of the public, a fellow employee or a family member.

Workplace:

Any office (including home office), facility, vehicle, property or field location assigned to an employee for work-related activities.

1. **WDFW Does Not Tolerate Violence in the Workplace by Employees or Others**
2. **WDFW Will Take Corrective or Disciplinary Action**

WDFW will take corrective or disciplinary action against an employee who:

- A. Commits a violent act in the workplace;
- B. While conducting state business uses state resources to commit a violent act; or
- C. Is arrested, convicted, or issued a permanent injunction as a result of violence, including domestic violence, when such action has a direct connection to the employee's duties.

3. **Each Facility Will Establish and Maintain an Emergency Action Plan**



Each facility must establish and maintain an Emergency Action Plan. The plan includes information used in the event of a hostile situation such as activating the local emergency response system (See **Safety Manual**).

4. WDFW Will Provide Personal Safety Training

WDFW will provide personal safety training dealing with hostile people and appropriate self-defense measures.

5. WDFW Will Provide Assistance to Employees Reporting Violence, Including Domestic Violence

A. The Personnel Office will provide each workplace with materials to post about this policy, domestic violence, and available resources. Employees may confidentially obtain these materials.

B. Supervisors will take any reasonable measure to reduce the risk to an employee, or others, if a potential violent incident might occur in the workplace.

C. WDFW will provide support and assistance to employees who inform WDFW they are victims of violence, including domestic violence (See **Attachment A** below).

Assistance may include:

- (1) Confidential means for coming forward for help;
- (2) Resource and referral information;
- (3) Work schedule adjustments or leave as needed to obtain assistance;
- (4) Workplace relocation as feasible; and
- (5) Development of workplace safety plans.

6. No Penalties or Discipline Will Occur to Victims of Violence, Including Domestic Violence

Being a victim of violence, including domestic violence, will not result in the employee being penalized or disciplined.

7. WDFW Will Encourage Perpetrators of Violence, Including Domestic Violence, to Seek Help

WDFW encourages the perpetrators of violence, including domestic violence, to seek assistance which shall include referral to counseling services and information regarding certified treatment resources.

8. Employees Must Immediately Report Violent Activities in the Workplace, including Domestic Violence in the Workplace, to Supervisor or Designee

Supervisor or designee will, as appropriate, advise employee to:

- A. Obtain any necessary medical or psychological assistance;
- B. Report the incident to the local police department or sheriff's office.

9. Supervisors Will Immediately Respond to Reported Violent Activities

A. Supervisor or designee will:

- (1) Secure the work area where the incident occurred to assure that it is safe;
- (2) Account for all employees and others in the area to ensure their safety;
- (3) Report the incident to appropriate supervisory personnel and the Personnel Office;
- (4) Provide for critical incident debriefing for victims, witnesses and other affected

employees with the assistance of the Personnel Office; and

(5) Provide for prompt and accurate communication with outside agencies, media (see Attachment B), and law enforcement.

B. Within **three (3) days** of the incident, provide written documentation of all violent activities to the Safety Office. Use the Safety/Security Incident Report Form (see Attachment C).

C. If the incident results in a police investigation, the regional Enforcement Captain or Assistant Director for Enforcement may assign a Fish and Wildlife Officer to assist the local police jurisdiction and to monitor progress.

10. Supervisors Will Follow up with Victims of Violence in the Workplace

Supervisors in conjunction with the Personnel Office will provide information and other resources, if necessary.

11. Supervisor Will Provide Necessary Resources for Employees Working in Known Hostile Working Conditions

A. Supervisor will provide appropriate support to employees when they must work in those areas;

B. Necessary resources may include adequate communications equipment or working with another employee.

ATTACHMENT A

ASSISTING DOMESTIC VIOLENCE VICTIMS

- Be responsive when an employee who is either the victim or perpetrator of domestic violence asks for help.
- Maintain confidentiality. Information about the employee shall only be given to others on a need-to-know basis.
- Work with the victim, personnel office, safety office, manager, employee advisory service, available security staff, law enforcement, and community domestic violence programs, if necessary, to assess the need for and develop a workplace safety plan for the victim. Victims of domestic violence know their abusers better than anyone else. When it comes to their own personal safety, offer to assist them in developing a workplace safety plan, but allow them to decide what goes in it. The plan should be in writing, but be a living document, amended as warranted. If it is determined that other employees or clients are at risk, it is essential to take measures to provide protection for them.
- Maintain communication with the employee during the employee's absence. Remember to maintain confidentiality of the employee's whereabouts.
- Honor all civil protection orders. As appropriate, participate in court proceedings in obtaining protection orders on behalf of the employee.

COMPONENTS OF A WORKPLACE SAFETY PLAN

- Consider obtaining civil orders for protection and make sure that they remain current and are accessible at all times. A copy should be provided to the employee's supervisor, reception area, and security areas if there is a concern about the abusive person coming to the work site.
- The employee should consider providing a picture of the perpetrator to reception areas and/or security.
- A Department contact person should be identified for the employee to reach when needed.
- An emergency contact person should be identified should the employer be unable to contact the employee.
- Review the employee's parking arrangements for possible changes.
- Consider changing the employee's work schedule or location.
- Consider what steps need to be taken to provide for the safety of other employees and clients.
- Consider having the employee's telephone calls screened at work.

ATTACHMENT B

Dealing with the Press

In the event of a hostile incident, the press or other media may contact the facility with inquiries. If that occurs, the following do's

and don'ts will provide a helpful guideline in making any response:

Do:

- Be helpful and courteous.
- Refer the reporter(s) to the local agency with appropriate jurisdiction when an incident occurs. For example, local police and sheriff's departments will investigate crimes; local fire departments will fight and investigate fires.
- In addition, you may also refer reporters to the WDFW public affairs office to coordinate responses to questions about employees' personnel information, personal background, details of their jobs, WDFW policies, etc.

Don't:

- Speculate.
- Provide any information about the incident. Let the responsible investigating agency do that.
- Be unavailable or say only "no comment".
- Provide personal information about an employee involved in the incident, such as marital status, home address or phone number, background or training, hospital to which he or she may have been taken, etc.
- Take a reporter to the scene of an incident. Let the responsible investigative authority do that.
- Comment on the progress of an official investigation.

ATTACHMENT C

Safety/Security Incident Report (WDFW 699)

Form WDFW 699 replaces the old *Supervisor's Report of Personal Injury or Accident* (Form WDFW 758). The new form is used to record injuries, accidents, medical emergencies, motor vehicle collisions, near misses, and security incidents. Print out the form, fill it out in ink, then send it to the Personnel Office for processing.



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