



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH SERVICES

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Acting Governor

JAMES W. SMITH, JR.  
Acting Commissioner

ALAN G. KAUFMAN  
Director

**REVISED**

**DIVISION OF MENTAL HEALTH SERVICES  
ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM**

Effective Date: July 24, 2001

**SUBJECT: Administrative Bulletin 4:16  
Policy on Workplace Violence**

The attached Administrative Bulletin is being forwarded for your information. Please be advised that each recipient of this Bulletin is responsible for being familiar with the content and complying with the provisions contained herein.

  
Alan G. Kaufman  
Director

AGK/dr  
Attachment

**DIVISION OF MENTAL HEALTH SERVICES**  
**ADMINISTRATIVE BULLETIN #4:16**  
**POLICY ON WORKPLACE VIOLENCE**

**I. Purpose**

The purpose of the policy is to prevent violence, provide appropriate and immediate crisis intervention during a violent episode and to protect the safety and security of employees, visitors and property of Central Office personnel, Division of Mental Health Services.

**II. Policy Statement**

The Division of Mental Health Services recognizes an obligation to protect the safety and security of its employees, clients, visitors and property. Consistent with Executive Order No. 49 of April 17, 1996, the Division shall not tolerate any harassment, intimidation, violence, or threat of violence against any of its employees, visitors, clients or property. The Division shall take steps to prevent and to respond to all reported instances of violence which occur on its premises or in the performance of official business outside its premises. All Division employees have a responsibility for fostering and maintaining a safe and secure workplace. All employees are expected to adhere to specific security and safety procedures as prescribed by the Division or worksite management. All employees who witness any incident of workplace violence, are responsible for reporting such incidents in accordance with Section VII below (Incident Reporting and Investigations). This policy is consistent with the provisions of Executive Order No. 49.

**NOTE:** *Sexual harassment is generally not covered under this policy unless such harassment also involves acts or threats of violence. Sexual harassment cases should be reported in accordance with procedures promulgated under the provisions of Executive Order No. 106.*

**III. Scope**

This policy shall be implemented and have full force and effect at the following Division of Mental Health Services Central Office worksites:

- A. 50 East Street, Capital Center, 3rd Floor, Trenton, NJ 08625
- B. 100 Hamilton Plaza, Suite 800, Broadway Bank Bldg., Paterson, NJ 07505
- C. Ancora Psychiatric Hospital, Evergreen Hall, 202 Spring Garden Road, Ancora, NJ 08037-9699
- D. "Our House", Bureau of Licensing and Inspections, Sullivan Way, Trenton, NJ, 08628

**IV. Definitions**

**The following definitions apply to this Policy:**

- A. Workplace Violence is an act or the threat of an act which serves to harass, intimidate, cause physical injury, or property damage.

B. Threats or Threatening Behavior is the overt expression, verbal or nonverbal, of an intent to cause physical or mental harm. It is intended to instill fear. It is an expression that constitutes a threat without regard to whether the party communicating it has the present ability to carry out the threat and without regard as to whether the expression of harm is one of an immediate or future nature.

1. Veiled threat ~ involves body language or behaviors which show an intent to harm.
2. Conditional threat ~ suggests harmful consequences if the victim fails to comply or cooperate with the perpetrator.
3. Direct threat ~ clear and explicit communication stating what will happen and (often but not always) to whom it will happen.

C. Harassment or Intimidation is behavior or communication designed or intended to intimidate, menace or frighten another person.

D. Physical Assault is unwanted or hostile physical contact including, but not limited to, hitting, fighting, pushing, shoving, or throwing objects.

E. Property Damage is damage to property, which includes property owned or utilized by the State, employee, patients, and visitors.

#### V. **Policy Concerning Weapons in the Workplace**

No weapon shall be brought into the workplace, whether or not an individual has a permit to carry such weapon. Banned weapons include knives, firearms, and other objects intended to cause harm to oneself or others. Use of any object as an actual or intended weapon shall be considered a violation of this policy. Only law enforcement or security personnel who are required to carry a weapon as part of their official job duties are exempted.

Employees who become aware of the presence of a weapon should immediately report it to their supervisor.

#### VI. **Consequences for Those Who Commit Violent Acts**

Appropriate disciplinary, administrative or criminal action shall be taken against any person who violates the provisions of this policy described above. Disciplinary action against a Division of Mental Health Services employee will conform to the provisions of Administrative Order 4:08, depending on the circumstances, up to and including removal or forfeiture of employment.

**VII. Procedure/Response/Reporting and Investigation of an Incident of Workplace Violence Procedure**

The following procedure will be followed when an incident of violence is alleged:

- A. All incidents or alleged incidents of workplace violence shall be reported to management immediately, followed by submittal of the "Workplace Violence Incident Report," from HR-007 (copy attached) within 24 hours of the occurrence.
- B. When an incident occurs in Central Office which involves alleged workplace violence, the Director shall designate an individual(s) to investigate the incident.
- C. Employee Responsibilities:  
 ~Notifying, immediately, the manager of the work unit if they are victims of, or witnesses to, an act of violence or other violation of this policy.  
 ~Documenting the incident (in writing) as soon as possible after it occurs.  
 ~Assisting management in the completion of form HR-007 (DMHS Workplace Violence Incident Report Form).  
 ~Completing and forwarding to the supervisor (within 24 hours) an Accident Report, upon sustaining any injury related to workplace violence.  
 ~Cooperating with any subsequent investigation of workplace violence incidents.
- D. Unit Management Responsibilities:  
 ~Obtaining emergency police intervention or medical response.  
 ~Notifying, immediately, the Human Resources Office.  
 ~Notifying and briefing the senior management of the Division.  
 ~Obtaining written statements from witnesses once the situation has been brought under control.  
 ~Completing the HR-007 form and forwarding the completed form and witness statements to Human Resources within 24 hours of the occurrence.  
 ~Signing (or completing, if employee is unable to do so) an accident report, Form RM-2, arising from any reported incident of workplace violence, and forwarding the completed report to Human Resources within 24 hours of the occurrence.  
 ~Assisting in, or cooperating with, subsequent investigations of workplace violence incidents.
- E. Office of Human Resources' Responsibilities:  
 ~Assisting in the investigation of workplace violence incidents and where appropriate provide recommendations for intervention and management of the individual and/or worksite.  
 ~Determining, recommending, administering appropriate administrative workplace violence actions.  
 ~Forwarding incident reports to the Workplace Violence Resource Team and the Department of Human Services.

### **VIII. Workplace Violence Resource Team**

The Division of Mental Health Services has established a Workplace Violence Resource Team which will be responsible for reviewing and recommending workplace violence management practices and policies, and to act as a resource to individuals investigating incidents of violence. The Team shall include the:

- ~Manager of Human Resources (Chair)
- ~Division Legal Counsel
- ~Designated Workplace Violence Liaison to the Department of Human Services
- ~Assistant Director for Quality Improvement and Specialty Services
- ~Shop Steward
- ~Medical Director, Division of Mental Health Services
- ~Training Officer

The Workplace Violence Resource Team will meet as necessary to review reported incidents of workplace violence and to recommend appropriate action to implement this policy. Other program managers, legal specialists, police officials or union representatives may be called upon to work with the team as circumstances warrant.

### **IX. Employee Support Services**

Professional counseling services, provided by the Department of Personnel's Employee Advisory Service (EAS), may be used to assist in the assessment of violent or potentially violent situations, to assess an employee's fitness for work and to counsel victims of violence in the workplace.

Private psychiatric services provided by State-appointed doctors may also be used to assess an employee's fitness for work, following a verified incident of workplace violence covered by this policy.

### **X. Training**

Training and education will be provided for Division of Mental Health Services employees to increase awareness about workplace violence. This will include information to help current employees understand what workplace violence is, and how it can be prevented and reported.

### **XI. Orders of Protection or Restraint**

If a Division of Mental Health Services employee obtains court-ordered protection, which extends to the workplace, from any other individual, the employee should notify his/her supervisor who in turn will notify the Office of Human Resources.

  
Alan G. Kaufman, Director

  
Date

This form is to be completed and filed with the DMHS Office of Human Resources within 24 hours of occurrence, when an employee has been threatened or involved (as the victim) in an act of workplace violence. If the employee is unable to complete the form, the employee's supervisor must complete and file the form on behalf of the employee. Any witness(es) are to complete written statements detailing what occurred. Witness(es) statements should be submitted along with this form. If space is insufficient for a complete response to any question(s), please attach additional sheets and indicate the number of each question you are answering on that sheet.

1. Victim's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

2. Person Completing Report (If other than victim)  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

3. Victim's Work Location: \_\_\_\_\_  
(Office/Unit/Section) \_\_\_\_\_

4. Victim's Phone Number (work): \_\_\_\_\_ Home Number (if known): \_\_\_\_\_

5. Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

6. Type of Incident (Circle One): Assault Abuse Threatened Harassment Robbery  
Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

7. Incident Location: \_\_\_\_\_  
\_\_\_\_\_

8. Briefly Describe Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Who Responded to Incident: \_\_\_\_\_

10. Was Victim Injured (circle): YES NO (Attach copy of Accident Form RM-2 if available).

11. If Yes, Please Describe Injury(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Type of Assistance Provided to Victim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Name of Person(s) Providing Assistance: \_\_\_\_\_

14. List Names of Witness(es): \_\_\_\_\_

15. Was Victim's Supervisor Notified: YES NO

16. Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

17. Did Police Respond to Incident: YES NO  
If Yes, Which Police Department: \_\_\_\_\_

18. Was a Police Report Filed: YES NO  
If Yes, Report Number: \_\_\_\_\_

19. Perpetrator's Name/Address (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Did Perpetrator's actions affect more than one Individual: YES NO  
Explain: \_\_\_\_\_

21. Did the Incident Involve: Alcohol Drugs Weapon(s) Other  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE (Person Completing Form): \_\_\_\_\_ DATE: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR HUMAN RESOURCES OFFICE**

Did Victim Lose Time From Work Due to Incident: YES NO  
If Yes, How Much Time Was Lost (if known): \_\_\_\_\_

Disposition of Incident: Arrest Warning Reprimand Suspension Termination Other  
If Other Explain: \_\_\_\_\_

**FOR WORKPLACE VIOLENCE RESOURCE TEAM**

Describe Investigative Action(s) Taken by the Division: \_\_\_\_\_

Describe Plan(s) to Minimize Reoccurrence of Incident: \_\_\_\_\_