



**Graham Hospital
School of Nursing
Annual Campus Security Report
and Annual Fire Safety Report
September 2019**

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Graham Hospital School of Nursing publishes the Annual Campus Security and Fire Safety Report in compliance with the Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998 (formerly the Crime Awareness and Campus Security Act of 1990) and the Higher Education Opportunity Act of 2008. This report includes:

- Crime statistics for the previous three years concerning reported crimes on campus, on public property within or immediately adjacent to the campus, and in or on non-campus buildings or property owned or controlled by Graham Hospital.
- Fire Safety report for the previous three years
- Various safety and security related policies and procedures. The report also includes fire safety policies and statistics, emergency notification procedures, and protocols for missing persons.

By October 1 of each year, all current students and GHSON employees receive a copy of the report by email. This report is accessible on the school website at www.grahamschoolofnursing.org, and a copy is posted on the bulletin board by the Financial Aid Office. You can also request a copy be mailed to you by calling (309) 647-4086.

Contact Information

Robert Senneff

President and CEO

647-5240, x2201

rsenneff@grahamhospital.org

Susan Livingston

Director, Graham Hospital School of Nursing

647-4086

slivingston@grahamhospital.org

Jason Reith

Plant Services/Security

647-4096

jreith@grahamhospital.org

Pam Ritter

Coordinator of Admission, Recruitment, and
Financial Aid

647-5240, x2347

pritter@grahamhospital.org

Leesa Statler

Environment of Care Committee Chair

647-5240, x2331

lstatler@grahamhospital.org

Jason Reith

Emergency Management

647-4096

jreith@grahamhospital.org

SAFETY INFORMATION

The Safety Officer and the Environment of Care Committee Chair coordinate the development of organization-wide safety policies and procedures, and provide assistance to department directors in development of departmental safety procedures, as requested.

Individual department directors manage the development of department-specific safety policies and procedures for hazards unique to their area of responsibility. Department specific safety policies and procedures address safe operations, safe use of hazardous equipment, and use of personal protective equipment in that department. Access to organization-wide safety policies and procedures is available to all departments. Department directors are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of safety policies and procedures. Each staff member is responsible for following safety policies and procedures.

Organization-wide and departmental safety policies and procedures are reviewed at least every three years. Additional interim review may be performed on an as-needed basis.

PLANT SERVICES SECURITY — (Student Handbook pg. 25 & Faculty Handbook pg. 91)

Security services are provided twenty four hours each day, seven days a week. Security staff will respond to all requests for assistance by the hospital staff, students, visitors, and guests where suspected violations of security to people or the facility are indicated.

A security incident is any theft, vandalism or attack on an employee, student or visitor or their personal property or on health system property. A Security Incident Report form should be used to document any security incident, workplace violence or other suspicious behaviors.

In the event of a security incident the person needing security support or observing a possible security issue should call the switchboard operator who will page security. The security officer on duty will respond as quickly as possible. The security officer may call on Environmental Services or Plant Operations for additional support.

The staff member or student involved with a security incident or who supported a visitor with a security incident should complete a report in the Clarity Safety Zone Portal (on the Employee Portal) and send it to the Security Supervisor. The Security supervisor will review and forward the report to the Director of Plant Services.

These reports are reviewed at the Environment of Care Committee meetings as well.

In the event there is a violent crime reported, the security person on duty will call the local police department. The local police will take whatever corrective or procedural action is required by law. The security person on duty will assist in any way requested by the police and will fill out a complete report for the Graham Hospital Environment of Care Committee and the security supervisor.

- Violent crimes include but are not limited to:

- Workplace violence
- Liquor Law Violations
- Drug Related Violations
- Weapons Violations
- Rape and attempted rape
- Robbery and attempted robbery
- Murder and attempted murder
- Violence against women

Access to Graham Hospital after 8:00 p.m.

The hospital lobby entrance doors will be locked at 8:00 p.m. Staff and students that enter the hospital after 8:00 must enter through the Emergency Department. All staff or students that are not wearing an employee badge must be escorted to their destination by a security officer or their designee. (Student Handbook pg. 25 and Faculty Handbook pg. 91).

UNSAFE ACT, CONDITION, OR SECURITY INCIDENT - (Student Handbook pg. 24 & Faculty Handbook pg. 90)

An unsafe act or condition is: where the acts of the staff, students, visitors or the conditions of the equipment or facility could result in a personal injury or damage to the organization's property or both.

A security incident is: any theft or vandalism to an employee's, visitor's or student's personal property or to health system property. The Clarity Portal can be used to document workplace violence and other suspicious behavior. Security should be called.

An Unsafe Act/Condition Report or Security Incident Report should be filled out on the Clarity Portal located on the computer desktop. The report should be filled out by the person(s) most directly involved or who observed the situation. School or hospital personnel can help you complete the report using the Clarity Portal. The occurrence investigation should be initiated during the same shift and completed within 24 hours. The reports should be reviewed by the Director of the school.

Reports should be forwarded to the Safety Officer within 24 hours and acted upon in a timely manner.

Unsafe acts or conditions will be reviewed by the Environment of Care Committee.

HOSPITAL OCCURRENCE REPORT - (Student Handbook pg. 24 and Faculty Handbook pg. 90)

Within Graham Health System an occurrence shall be defined as any happening which is not consistent with the routine care of a patient or the routine operation of the facility. This includes lost, broken or malfunctioning property and accidents involving a patient or visitor.

To report patient care improvement or visitor incident, use the Clarity Portal icon located on hospital and School of Nursing computers. The report is to be initiated by the department in which the occurrence took place by the employee or employees involved. All pertinent information should be completed. Occurrences involving patients and visitors are reported to the Risk Manager. Instructors, staff members, or the Director will assist you in completing the required information.

INJURY REPORT - (Student Handbook pg. 24, Faculty Handbook pg. 90)

Injuries to students and employees should be reported. A witness statement must be filled out if there is a witness to the incident. Have the hospital switchboard page Security and they will come to the accident site with a packet and a camera to take pictures of where the incident occurred and assist with transport to the Emergency Department. If the student does not choose to go to the ED, it is not necessary for the ED physician to sign. The Clarity Portal must be used to report injuries. School of Nursing staff can help you fill out the report. There is a place on the form to circle the type of accident. The packet must be returned to your supervisor/instructor or Director of the School of Nursing. The Director is responsible for reviewing all reports submitted on the Clarity Portal and for returning the packet to the Nursing Administration within 24 hours.

BURGLARY PLAN - (Student Handbook pg. 36, Faculty Handbook pg. 104)

Confrontation by an armed robber or thief while on duty in the hospital is a dangerous event that may be minimized by adherence to the following recommended procedures.

1. React positively and calmly to any demands for money, drugs or other valuables.
2. Help minimize the time the perpetrator is in the building by obeying all demands or instructions.
3. Contact your instructor to inform him/her of the incident at the earliest, safest opportunity.

CONCEALED FIREARMS POLICY - (Student Handbook pg. 27, Faculty Handbook pg. 93).

Definition:

Concealed firearm: a loaded or unloaded firearm carried on or about a person completely or mostly concealed from view of the public or on or about a person within a vehicle.

Concealed firearms are not allowed on or in any Graham Health System building, Graham vehicles (whether owned or leased), or parking area controlled by Graham Health System (unless the firearm is stored within a person's vehicle in the manner stated in the Concealed Firearms Policy located in the Employee Portal under Policies and Procedures).

EMERGENCY PREPAREDNESS - (Student Handbook, Pg. 31, Faculty Handbook, pg. 99)

PROCEDURE FOR OVERHEAD PAGING OF CODES

POLICY

It is the policy of this facility to use overhead paging to announce the implementation of the following codes: Code Black, Code Yellow, Code Pink, Code Blue, Code Teddy, Code RRT, Code Purple, Code Triage and the All Clear for a code (including a Code Red).

At this time, these codes are the only approved usage of the overhead paging system.

GRAHAM HOSPITAL CODES AND THEIR MEANINGS:

Version Date: 4/19

ALERT	MEANING
Code 911	Active Shooter
Code Red	Fire
Code Green	Contaminated patient arriving or already on grounds
Code Spill	Chemical Spill
Code Yellow	Patient Elopement
Code White	Hospital Evacuation
Code Teddy	Medical Pediatrics
Dr. Armstrong	Disorderly patient or visitor
Code Blue	Medical
Code Pink	Infant/Pediatric Abduction
Code Power	Utility/Computer system failure
Code Purple	OB Rapid Response Team
Code Gray	Bomb Threat
Code Triage	Disaster/Mass Casualty Incident
Code Black	Weather Warning
Code RRT	Rapid Response Team
Code Zebra	Bioterrorism

PLAN OF ACTION IN CASE OF FIRE - (SH pg. 27-28, FH pg. 93-94)

FIRE DRILLS: Fire drills will be held unannounced, on all shifts each quarter. During fire drills, all personnel will follow full fire plan procedures except that patients will not be evacuated unless simulated patients have been provided for this purpose and the evacuation has been properly ordered. As the fire drills will be unannounced beforehand, personnel should always assume a fire is actually present and proceed accordingly. Measures must be taken to ensure that patients and visitors are not unduly alarmed.

If you discover a fire, **GO IMMEDIATELY TO THE NEAREST FIRE ALARM BOX AND ACTIVATE THE SAME.** If the fire alarm system isn't operating or you cannot reach an alarm box pull station, call 4444 to report the fire. The hospital operator will call 911 and then notify Plant Operations, Security, and the Administrator on call.

DO NOT SHOUT "FIRE". Report the fire to those in your area in a quiet and calm manner. Obtain the nearest extinguisher and attempt to put out the fire. If the fire is in a small room, ask someone to stay in the hallway while you fight the fire, to direct maintenance personnel and firemen who will be arriving with other equipment.

DO NOT start evacuation of other residents unless they are in immediate danger, until evacuation is authorized by one of the following: President, Administrator on Call, House Supervisor, Hospital Fire Marshal or Fire Department personnel. Wait for the All Clear.

GENERAL ACTION BY ALL DEPARTMENTS

1. Keep calm.
2. Do not shout "FIRE".
3. Do not use elevators unless authorized to do so.
4. Confine the fire by closing all doors and windows.
5. Terminate immediately all telephone conversations. Telephones will be needed for emergency use and you will need to be aware of changing information as it comes in.
6. Assign someone to the telephone to receive and relay emergency instructions.
7. Turn on all ceiling lights.
8. Reassure visitors, clients, residents and patients and let them know what is happening.

FACULTY/STAFF - Faculty and staff, excluding library personnel, in the school assemble in the School of Nursing office. Library personnel will remain in the library.

STUDENTS - **On Clinical** - Remain at your station with faculty and follow instructions given by the Head Nurse.

- The RACE rule is the most efficient manner to react in a fire. It stands for:

R - Rescue patients

A - Sound the Alarm

C - Confine the fire

E - Extinguish the fire

- **Off Clinical** - Assemble in library and await instructions. Head count conducted by library staff and reported to Director or designee.

After school hours, dorm residents should assemble in the TV lounge of their floor. See Residence Hall rules. (Student Handbook, pg. 27-28 and Faculty Handbook, pg. 93-94).

CODE YELLOW RESPONSE – PATIENT ELOPEMENT – Live Message

(SH pg. 35, FH pg. 103)

"May I have your attention please, Code Yellow, (insert number indicating the patient's age, and male or female and a brief description.)" **Example: "May I have your attention please, Code Yellow 78-year-old male in a plaid shirt, Code Yellow 78-year-old male in a plaid shirt, Code Yellow 78-year-old male in a plaid shirt"**. Students should continue their regular activities and report any sighting of the patient to staff.

CODE PINK RESPONSE – INFANT ABDUCTION – Live Message

(SH pg. 35, FH pg. 103)

“May I have your attention please, Code Pink, (insert patient’s age, male or female and a brief description. If available, give description of the abductor.)” **Example: “May I have your attention please, Code Pink 2-year-old female with man in tan jacket, Code Pink 2-year-old female with man in tan jacket, Code Pink 2-year-old female with man in tan jacket”**. Students should continue their regular activities and report any sighting of the patient to staff.

CODE BLACK RESPONSE - WEATHER WARNING - (SH pg. 35, FH pg. 103)

1. The hospital switchboard will receive the details of the tornado warning from the weather radio or ESDA and will notify the House Supervisor of the warning.
2. The hospital switchboard operator will note the type of weather message received, the time the warning is expected to expire and will activate the Code Black. The operator will announce the Code Black via overhead paging in the format below. Only the statement listed below should be announced.

**“May I have your attention please, Code Black, a tornado warning is in effect until ____.”
Please make sure radios are on Channel 1 and begin implementing department specific procedures.**

3. The announcement above will then be made over the two-way radios.

CODE TRIAGE RESPONSE - DISASTER PLAN RESPONSE

(SH pg. 35-38, FH pg. 103-106)

PROCEDURE TO BE FOLLOWED IN THE EVENT OF A DISASTER

The Code Triage message will be broadcast via the overhead paging system. Upon notification, the faculty who are not on clinical will report to the School of Nursing Office.

Instructors on duty in the clinical area (nursing units, OR, OB) should remain in the clinical area with the students assigned to that area. Instructors and students in the classroom or dormitory area will report respectively to the School of Nursing office and the library to await notification of assignment. The number of people available should be reported to the school Director. Depending on the number of available School of Nursing personnel, students and faculty may be utilized as follows:

1. Faculty – As notified from personnel pool
2. Seniors – Senior Nursing Assistants
3. Juniors – Junior Nursing Assistants
4. Freshmen – Transporting Patients and/or as runners

All personnel should be able to present their employee identification card at all times. Exception: When the school is closed or after office hours, dorm residents will assemble in the living room on the 3rd floor. One of the residents will report the number of students to the Incident Command Center, ext. 2699 and await further instructions.

CODE WHITE RESPONSE – EVACUATION – (SH pg. 36, FH pg. 104)

A Code White is defined as a hospital evacuation. The switchboard operator will notify the organization of a CODE WHITE by overhead paging. School of Nursing employees and students should exit the building and assemble in the parking lot next to the main hospital entrance. After hours, dorm residents should evacuate upon notification by using the stairway that is next to the front entrances of the dormitory and assemble in the parking lot.

EARTHQUAKE PLAN - (SH pg. 36-38, FH pg. 104-106)

Earthquakes occur suddenly and with little or no warning. Be aware that some earthquakes are actually foreshocks and a larger earthquake might occur. Minimize your movements to a few steps to a nearby safe place and stay indoors until the shaking has stopped and you are sure exiting is safe.

Injuries are caused by:

- Building collapse or damage, such as falling brick, light fixtures, collapsing walls, etc.
- Flying glass from broken windows.
- Overturned bookcases, fixtures, furniture, appliances, equipment, etc.
- Fires from broken gas lines, etc. This danger could be aggravated by a lack of water caused by broken mains.
- Fallen power lines.
- Drastic human reaction from fear.

What to do during the shaking occurrence.

DON'T PANIC. The motion is frightening but, unless it shakes something down on top of you, it is harmless. Keep calm and ride it out. Reassure patients and visitors.

If indoors -

- Stay indoors. Drop to the ground and take cover by getting under a sturdy table or other piece of furniture and hold on until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Do not use elevators.
- Stay away from glass. Pull curtains around patients and put extra blankets over patients.
- Stay in bed if you are there when an earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
- Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, load bearing doorway.
- Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- Do not use candles, matches, or any open flame, either during or after tremor. Put out all fires.

If outdoors –

- Stay there.
- Move away from the buildings, streetlights and utility wires.
- Once in the open, stay there until shaking stops. The greatest danger exists directly outside buildings at exits and alongside exterior walls. Do not attempt to remain standing.

If in a moving vehicle –

- If driving, park in the safest spot possible, and stay low in the car. Keep your seatbelt fastened. Avoid stopping near or under buildings, trees, overpasses and utility wires.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges or ramps that might have been damaged by the earthquake.

If in a high rise building –

- If in a high-rise building, get under a desk or similar heavy furniture. Do not dash for exits. Stairways may be broken and/or jammed with people. NEVER use elevators.
- Do not use elevators or stairwells. Keep visitors, patients, and other employees out of stairwells and elevators.
- The most important thing to remember is to REMAIN CALM. Reassure and assist patients and visitors. DO NOT ABANDON YOUR PATIENTS.

What to do after the shaking subsides

1. STAY CALM.
2. Assemble personnel and take a head count of patients. Take a head count of employees and known visitors.
3. Shut off/conserve all non-essential utilities, equipment and hazardous material supply lines.
4. Put out or contain fires as required.
5. If you smell gas, open windows and notify Plant Services. Evacuate rooms in areas with heavy gas leakage. Do not turn on radios, pagers, cell phones, light switches or flashlights in the area where the leak is located.
6. Do not use telephone except to report emergencies.
7. Turn on two-way radio if your department has one and there is no gas leak in the area.
8. Assess damage, supplies needed and functioning capability.
9. Standby in your immediate area for internal directions.
10. Give aid to others in your area as it is available.
11. Check for injuries. Do not move injured persons unless in immediate danger of further injury.
12. Immediately clean up spilled medicines and other harmful materials.
13. DO NOT eat or drink anything from open containers near shattered glass.
14. DO NOT touch downed power lines or objects touched by the downed or shorted power supply lines.
15. Assist as directed with salvage operations.
16. Stay out of severely damaged areas; after-shocks can shake them down.
17. DO NOT go sight-seeing. If evacuation is necessary, follow evacuation procedures outlined in Hospital Evacuation.

OVERALL STATEMENT ABOUT THE EMERGENCY OPERATIONS PLAN

No plan can be an end-all answer during a crisis or a disaster for an organization. The plan is a “playbook” of ideas and resources and should be one of the many tools utilized to mitigate the disaster as soon as possible. This plan is also not designed for “turn-key” operations. The Emergency Operations Plan needs to be reviewed and updated based on the operational needs of the health system. The plan should be reviewed no less than once per year by the Emergency Management Committee and senior administration of the organization.

The Emergency Operations Plan needs to be available for all employees to read and reference. Employees are encouraged to read and understand their part of the Emergency Management Plan.

The Emergency Operations Plan is the blueprint of how senior administration wants the health system to respond during times of crisis or disaster. This is to ensure safety, accountability of staff, patients and visitors; in addition to a swift continuity of return to day-to-day business of healthcare. Senior administration and health system management realize that it is their responsibility to activate and implement the Emergency Operations Plan during a disaster.

(Employee Portal/Emergency Management/More Documents/Overall Statement about the EOP – Version date 2/18)

GUIDELINES FOR HOSPITAL SECURITY

Overview

Security for Graham Health System is extremely important during a disaster. Two of the more difficult security challenges will be to “lock-down” the hospital campus and to identify all people within the hospital. An escalating plan will be able to meet the needs of a growing disaster, therefore ensuring the safety the hospital needs during a disaster.

Since Graham Hospital has a full-time security staff they will be the lead on implementing this policy, and they will have the authority to utilize health system staff to assist with security as long as patient safety is not jeopardized.

Policy

1. Hospital campus security is divided into three levels:
 - a. Level 1 – Normal day-to-day operations
 - b. Level 2 – Increase in security
 - c. Level 3 – Visible increase in security, limited access to the hospital and all occupants within hospital will be identified.
2. The Incident Commander sets the level of security during the disaster.
 - a. The Safety and Security Officer implements the security level.
3. Level 1 security, as noted is the standard day-to-day security operations of the hospital.
4. Level 2 security is the first increase in security. The Incident Commander assigns a Safety and Security Officer to the Command Staff.

(Employee Portal/Emergency Management/More Documents/Guidelines for Hospital Security – Version date 1/18)

- a. Access to Campus:
 - i. Door guards will be posted at every entrance and exit point.
 - 1. Employees must be used as door guards until relieved by volunteers, police or private security.
 - 2. One guard is assigned to one door. Each door guard is assigned a door map, identification vest, if available, sign in/out form and two-way radio or telephone.
 - ii. Only on-duty employees and students, family/friends of patients or patients will be allowed in the hospital; all others must be escorted out of the hospital.
 - b. Identification of Personnel:
 - i. Graham Health System employees and students must be identified with the Graham Health System identification. Identification must be on the outermost garment.
 - ii. Patients, visitors and friends may be asked for photo identification to verify their identity.
5. Level 3 security is a noticeable increase in security. The Incident Commander assigns a Safety and Security Officer to the Command Staff.
- a. Access to Campus:
 - i. Door guards will be posted at every entrance and exit point. Door guards will not allow anyone to enter their door; anyone can exit their door.
 - ii. There will be only one entrance and exit point for patients, family and visitors.
 - iii. There will be only one entrance and exit point for employees.
 - iv. Everyone entering and exiting the hospital should sign in and out.
 - 1. Employees must be used as door guards until relieved by volunteers, police or private security.
 - 2. One guard is assigned to one door. Each door guard is assigned a door map, identification vest, sign in/out form and two-way radio or telephone.
 - b. Identification of Personnel:
 - i. Graham Health System employees and Graham Hospital students must be identified with the Graham Health System identification. Identification must be on the outermost garment.
 - ii. Visitors and friends already in the hospital need to be placed in the Family Communications Center.
 - 1. Only two people may be with a patient at any time.
 - iii. Everyone within the hospital needs to sign in and have hospital-issued identification. A temporary name tag should be issued to outpatients, family and visitors. The identification and sign in will be at the single point of entry for patients, family, and visitors.
 - iv. Employees or students that do not have their identification must be verified either through Human Resources or the Incident Command Center. A new Graham Health System identification must be re-issued to the employee or student.

(Employee Portal /Emergency Management/More Documents/Guidelines for Hospital Security – Version date 1/18)

6. Family and friends of patients already in the hospital are restricted to the area they currently occupy. (i.e. Family stays in patient's room, or waiting areas.)
 - a. Family may need to be evacuated from the hospital.
 - b. Family may need to be fed and housed during the disaster.
7. Members of the media should be directed to the Media Information Center.
8. Traffic Control

Set up barricades at all road entrances. Try to establish one entry and exit point for vehicles.

 - a. Passengers in vehicles need to be identified before being allowed on the Graham Hospital campus.
 - b. All vehicles should be parked in authorized areas.
 - c. Consider removing any cars parked in the ED waiting area. (These cars may have a secondary explosive device in them.)
 - d. Challenge anyone who does not have hospital identification.
9. The Safety and Security Officer has the authority to contact outside security or police agencies for additional security assistance for the hospital.
 - a. The Safety and Security officer will direct any security or police agency assisting the hospital.

(Employee Portal/Emergency Management/More Documents/Guidelines for Hospital Security – Version date 1/18)

COMMUNICATING WITH THE MEDIA

Overview

How the public perceives the organization during a disaster can make or break public confidence. Therefore, the organization and all employees will work through the Public Information Officer (PIO) for all media requests.

Policy

1. **Employees should not talk with members of the media unless it is authorized by the Public Information Officer (PIO).**
 - a. The Incident Commander or Public Information Officer needs to be notified immediately of media requests.
2. Member of the press should be directed/escorted to the Media Information Center (MIC). This is located across the street at the Wellness Center.
3. The Media Information Center will be activated by the Incident Commander and staffed by the PIO or designee.
 - a. The PIO will establish briefing times and location for the media.
 - b. The PIO will establish interviews for the media if possible.
 - c. The PIO will establish "shots of interest" for the media if possible.

(Employee Portal/Emergency Management/More Documents/Communicating with the Media – Version Date: 1/18)

TIMELY WARNING AND EMERGENCY NOTIFICATION

In the event that an emergency or dangerous situation arises that in the judgment of the Graham Hospital Safety Officer constitutes an on-going or continuing threat to the safety of the students or employees, the school will follow its emergency notification system.

Notification to students and employees may include text messaging, campus emails, telephone call tree, updates on school web page, and runners.

The School of Nursing has a system that allows notification of students and school personnel in the event of dangerous situations that may arise on Graham Hospital property, weather-related events, or other situations that would be deemed an emergency by the school or hospital administration. The notification system allows text messages to be sent to students, faculty, and staff. All participants are required to provide current cell phone numbers and provider. The Director, Office Manager, and the Coordinator of Admissions, Recruitment, and Financial Aid are designated to send out emergency messages via Remind.com. Recipients receive the message by text, email, or through the Remind App. (SH pg. 38, FH pg. 106)

The notification system will not be initiated if in the judgment of the responsible authorities it would compromise efforts to assist a victim or contain, respond to, or otherwise mitigate the emergency.

A timely warning will not be issued when the emergency notification procedures are used. Graham Health System and/or the school will provide adequate follow-up to the community as needed.

The school will report to the campus community crimes that are included in the campus crime statistics, crimes that are reported to local police, or crimes considered to represent a threat to students or employees if it will aid in the prevention of similar crimes.

If evacuation of the building is necessary, proceed from your class to the nearest stairwell and exit the building. The staging area for the School of Nursing is the main parking lot in front of the hospital.

The evacuation procedures are tested on at least an annual basis, including announced or unannounced tests. The school documents each test with the description of the exercise, date and time, and whether it was announced or unannounced.

DR. ARMSTRONG – Version date: 4/19

Overview

Creating a safe working environment is a priority for Graham Health System. Therefore it is important that employees identify any threatening behaviors of patients, visitors, or staff members early and seek intervention as soon as possible.

Policy

It is the policy of Graham Health System to provide an emergency response plan to workplace violence. Violence in the workplace exists when someone is threatening and causing danger to

themselves, others or you. This violence can be either verbal or physical. **If you feel threatened, activate Dr. Armstrong.**

Dr. Armstrong is activated when assistance is needed with a disorderly or violent patient or visitor.

Dr. Armstrong

1. If you witness someone behaving in a disruptive or violent manner or making verbal or physical threats, call **4444 (GH)** or **8444 (GMG)**, as soon as possible.
2. Advise the switchboard operator of all known information.
3. The switchboard operator will announce the Dr. Armstrong and the unit/department via overhead paging and two-way radio. For example, “Dr. Armstrong, E.D.” or “Dr. Armstrong, Pod 4C”.
4. The switchboard operator will notify the administrator on call of the situation.
5. Security will restrict access to the area.
6. **If you are the victim:**
 - Remain as calm as possible.
 - Do as you are told.
 - Do not argue or become angry with the individual.
 - Initiate conversation with the person; tell them your name and facts about yourself. (Act friendly)
 - Be observant.
 - In the event of a rescue attempt, drop to the floor as quickly as possible and remain there.
7. The Dr. Armstrong Team will respond to the location.
 - a. The Dr. Armstrong Response Team will consist of the following during normal business hours:
 1. Safety Officer
 2. Administration
 3. Maintenance staff
 4. Environmental Services staff *
 5. Plant Operations staff *
 6. Security staff *
 7. House Supervisor *
 8. Any available male employee
 9. Affected department director or designee *

* indicates staff that will make up the Dr. Armstrong team during second and third shift

- b. The Dr. Armstrong Response Team will secure the area.
- c. The House Supervisor/Administrator will send employees back to their departments once enough individuals are on scene to handle the situation.
- d. Communication with the individual(s) involved will be attempted. A non-threatening demeanor will be maintained. The individual will not be backed into a corner; an escape route for staff involved will be left.
- e. Team members will attempt to maintain a calm environment.

(Employee Portal/Environment of Care/Codes/Dr. Armstrong – Version date 4/19)

CODE 911 – ACTIVE SHOOTER – Version date: 4/19 (SH pg. 32-34, FH pg. 100-102)

I. **OBJECTIVE:** To assist employees in responding to an active shooter event.

II. **DEFINITIONS:**

- A. Active Shooter – An **active shooter** is defined as “...an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearm(s) and there is no pattern or method to their selection of victims.

III. **POLICY:**

In order to preserve life and address the reality of an active shooter event, these guidelines have been established to guide our response to this event to maximize survivability. Most importantly, quickly determine the most reasonable way to protect your own life.

IV. **PROCEDURES:**

- A. The intent of most active shooters is to kill as many people as quickly as possible. Traditional law enforcement response will include the concept of “surround and contain” in order to minimize the number of victims. In order to save lives, the law enforcement agency having jurisdiction will initiate an immediate response.
- B. Upon discovery of an active shooter situation, **as soon as possible** and when safe to do so, notify law enforcement (**911**) and provide overhead announcement of a “**Code 911**” and location.
1. The phone call to 911 (from the area where they are safely concealed) should provide the following information:
 - a. Description of suspect and possible location.
 - b. Number and types of weapons.
 - c. Suspect’s direction of travel.
 - d. Location and condition of any victims.
- C. Security Officers and/or the Administrator/Person in Charge will meet and guide law enforcement officers if possible and as appropriate. The goal of law enforcement is to locate, isolate, and neutralize the shooter as quickly as possible to prevent additional deaths or injuries.

(Employee Portal/Emergency Management/Codes/Code 911 – Version Date 4/19)
(Student Handbook pg. 32-34 & Faculty Handbook pg. 100-102)

D. Response:

Evacuate – If there is an accessible escape path, attempt to evacuate the premises.

Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

Hide out – if evacuation is not possible, find a place to hide where the active shooter is less likely.

- Direct personnel into resident rooms or other adjacent rooms, close the door and attempt to barricade the door.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., locating into a resident bathroom and locking the door, stay as low to floor as possible and remain quiet and still)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

**(Employee Portal/Emergency Management/Codes/Code 911 – Version Date 4/19)
(Student Handbook, pg. 32-34 & Faculty Handbook, pg. 100-102)**

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

Take action against the active shooter – As a last resort, and only when your life is in imminent danger, attempt to:

- Disrupt and/or incapacitate the active shooter by:
 - Acting as aggressively as possible against him/her
 - Throwing items and improvising weapons
 - Yelling
 - Committing to your actions

- E. An “all clear” Code 911 will be announced overhead when the situation has been addressed and the scene is declared safe by law enforcement officials.
- F. **School of Nursing personnel and students should follow the Active Shooter Policy stated above.**
- **Get OUT!** Depending on the location of the shooter given by the switchboard operator, you should evacuate the building. The regular School of Nursing evacuation route is down the stairs by the front doors.

If unable to evacuate:

- **Hide Out** – Lock the door to your location, if possible, or go to areas such as offices, dorm rooms, library, small classrooms that have doors that lock from the inside.

Students on Clinical – follow directions of instructor and/or staff member in charge.

Dev. 6/16/17

Version date: 4/19

(Employee Portal/Emergency Management/Codes/Code 911 – Version Date 4/19)
(Student Handbook, pg. 32-34 & Faculty Handbook, pg. 100-102)

POLICIES AND PROGRAMS

ANNUAL MANDATORY HEALTH STREAM TRAINING - (Student Handbook, pg. 60).

Policy:

Each student of Graham Hospital School of Nursing is required to complete computerized education courses on mandated topics annually.

Practice Guidelines:

Topics included in, but not limited to, the computerized education are: Ergonomics/Back Safety, Environment of Care, Fire Safety, HIPAA and Privacy, Infection Control, TB, Latex Allergies, Hand Hygiene, Bloodborne Pathogens, Standard Precautions, Patient Rights, Advance Directives, Reporting Employee injury/Incidents, Sexual Harassment, MSDS, Corporate Compliance, Customer Service, Patient Satisfaction, Fall Prevention, Radiation Safety, Patient Abuse, Workplace Violence, Emergency Management, Ethics, Disruptive Behaviors, Hazard Communication, Graham Health System Patient Clinical, Alarms, and Graham Health System Abuse Education. Additional educational courses may be assigned to employees and students during the year.

Procedure:

The Director of the School of Nursing is responsible for ensuring that students complete computerized education within 30 days of the start of the fall semester each year. Students cannot participate in patient care/clinical settings until completed.

ORIENTATION PLAN FOR NEW STUDENTS - (Student Handbook, pg. 101)

In addition to the annual mandatory education/Health Stream, new students are given the School Catalog, Student Handbook, Financial Aid Handbook and receive the following orientation in August:

- I. Introduction of faculty/staff
- II. Orientation to physical facilities
 - A. Phone system
 - B. Mailboxes
 - C. Parking
 - D. Elevator use
 - E. Smoking policy
 - F. Food Service
 - G. Optional tour of school/hospital
- III. Orientation to the library and technology

- IV. Student Organizations
 - A. Student Senate
 - B. Class groups
 - C. Student of the Month
- V. School calendar
- VI. Assignments
 - A. Faculty advisor
 - B. Clinical rotation schedule
- VII. Health policies
 - A. Drug Screening Policy
- VIII. Campus Security
- IX. Financial Aid policies and procedures

The school has information pamphlets on: Sexual Harassment, Personal Safety, DUI Illinois Fact Book, and Substance Abuse in the display case by the financial aid office.

(Student Handbook, pg. 101)

COUNSELING AND GUIDANCE POLICY - (Student Handbook, pg. 75)

The Coordinator of Admissions, Recruitment, and Financial Aid is available for individual guidance throughout the school year.

Each student will be assigned a faculty advisor. Faculty advisors are available for individual guidance on academic and professional matters. Students are required to meet with their advisors at least once in the fall. Additional meetings can be arranged by either faculty or students at any time throughout the year.

Graham's Employee Assistance Program (EAP) is a free and confidential service available to employees and students. Services are provided by counselors with a master's degree. Services provided include: marriage, family problems, stress-related problems, financial and legal difficulties, psychological and workplace conflicts. There is no cost for up to six EAP sessions. EAP is accessible 24-hours a day, 7 days per week through Spoon River counseling and Wellness by calling 309-740-2171. If you choose to call them, please identify yourself as a Graham employee and/or student so they recognize that you are under the Graham assistance plan. EAP is a confidential resource where no one at work or school will know you've come unless you choose to talk about your experience. Names are not used on reports received by the hospital. They are just told numbers using the service for financial reimbursement.

HARASSMENT POLICY

School of Nursing employees follow the Graham Hospital policy in the Employee Handbook located on the Employee Portal. The Harassment Policy related to students is located in the Student Handbook. (Student Handbook, pg. 21-23 & Faculty Handbook, pg. 90).

Definition of Sexual Harassment

According to the Illinois Human Rights Act, sexual harassment is defined as:

Any unwelcome sexual *advances* or *request* for sexual favors or any conduct of a sexual nature when

- submissions to such conduct is made either explicitly or implicitly, a term or condition of an individual's student status, or
- submission to or rejection of such conduct by an individual is used as the basis for student status decisions affecting such individual, or
- such conduct has the purpose or effect of substantially interfering with an individual's work or school performance or
- creating an immediate, hostile, or offensive working or educational environment.

The courts have determined that sexual harassment is a form of discrimination under the Title VII of the U.S. Civil Rights Act of 1964, as amended in 1991.

Conduct commonly considered to be sexual harassment includes:

- | | |
|-------------|---|
| Verbal: | Sexual innuendoes, suggestive comments, insults, humor and jokes about sex, anatomy or gender-specific traits, sexual propositions, threats, repeated requests for dates, or statements about students, even outside of their presence, of a sexual nature. |
| Non-Verbal: | Suggestive or insulting sounds "whistling", leering, obscene gestures, sexually suggestive bodily gestures, "catcalls", "smacking" or "kissing" noises. |
| Visual: | Posters, signs, pin-ups, slogans of a sexual nature, or sexually explicit material on computer screens obtained from internal or external software or the internet. |
| Physical: | Touching, unwelcome hugging or kissing, pinching, brushing the body, coerced sexual act, or actual assault. |

Sexual harassment most frequently involves a man harassing a woman. However, it can also involve a woman harassing a man or harassment between members of the same gender. It also can involve harassing conduct by non-students who may be on the hospital's premises.

Specifically, Graham Hospital School of Nursing students must address an observed incident of sexual harassment or complaint, with seriousness, take prompt action to report the incident in detail either to their instructor, advisor, or the Director of the school. In cases of sexual assault, the student (victim) should notify Security and they will notify the police or the student may notify the police department themselves.

Sexual Assault Policy

For the purpose of this policy, sexual assault is defined as attempted or actual unwanted sexual activity including forcible and non-forcible sex offenses which occur on campus. Such conduct is prohibited by the School of Nursing and a violation is subject to disciplinary action. Information on sex offenders can be found at <http://www.isp.state.il.us/sor>.

The Director of the School of Nursing will implement appropriate disciplinary action to bring the incident to an end. Confidentiality to the fullest extent allowed by law will be maintained by all persons involved. This action shall also apply when a student informs an employee or student of behavior considered sexual harassment but does not want to make a formal complaint. Graham Hospital School of Nursing will ensure that no retaliation will result against a student making a sexual harassment complaint. The accuser and the accused are entitled to the same opportunities to have others present during a disciplinary proceeding. Both will be informed of outcome of the disciplinary proceeding.

Definition of Gender Harassment

Gender harassment can be different than sexual harassment and consists of belittling remarks against a specific gender, female or male. Examples of gender-based harassment involving students would include:

- comments made regarding the assignment of male students to female patients or vice versa.
- comments or actions which infer male students are not as proficient as female students.

Race, Religion, Age, and Disability Harassment

This policy shall also cover harassment based on religion, age, race, sexual orientation, national origin, ancestry, or disability. Any comments or actions made to other students or school employees that is demeaning in nature and based upon the student's race, religion, age, sexual orientation, national origin, ancestry, or disability shall be considered harassing, subject to the procedures of this policy.

Procedures for Filing a Formal Complaint

A student who either observes or believes he/she to be the object of harassment should deal with the incident as directly and firmly as possible by clearly communicating his/her position to his/her instructor and the offending individual(s). It is not necessary for harassment to be directed at the person making a complaint. The following procedures are generally followed when a harassment complaint is made:

1. **Investigation** - upon receiving a report of harassment, the Director will begin an investigation which normally lasts around ten (10) academic days. After the ten (10) day investigation period, a written response will be given to the student advising him or her of the results of the investigation and what discipline, if any, is to be issued to the alleged defender. Where there has been injury to the complainant, the complainant will be advised on what action the School intends to take. If the student is unsatisfied with the action taken by the Director, then he or she may appeal directly to the Non Academic Grievance Procedure provided in the Student Handbook. The decision of the Non- Academic Grievance Committee will be final and binding. Investigations will include, but not be limited to, the interviewing of witnesses and taking of written statements detailing the charges made, all of which will be done immediately after the information is received from the complaining student. It is the policy of this School to investigate completely, uniformly and without discrimination in any manner, all complaints involving harassment of the nature described herein. The length and manner of the investigation will be dictated on a case-by-case basis by the seriousness of the incident. No complaint will go uninvestigated and each situation will be treated and handled as expeditiously as possible.
2. **Counseling** - Where necessary, the Director will assist students in locating counseling which may be given on a confidential basis to students to help them with any problems associated with the harassment.
3. **Retribution or Retaliation** - Graham Hospital School of Nursing will not condone nor permit any retaliation or retribution for complaints made by individuals who believe they have been sexually harassed. During follow-up inquiries made by the Director or her designee, specific inquiries will be made with each complaining student in this regard. If a student believes that they are being retaliated against for making the complaint of alleged sexual harassment, then they are encouraged to inform their instructor, advisor, or the Director of the school.
Incidents of retaliation may result in dismissal from the School.

The Process for Making a Harassment Complaint Fall into Two Categories

1. **Direct Communication** - If there is harassing behavior in the School or Hospital, the harassed student should directly and clearly express his/her objection that the conduct is unwelcome and request the offending behavior stop immediately. The initial message may be verbal. If subsequent messages are necessary, they should be put in writing either in the form of a note or a memo. When complaints are made to School of Nursing employees, they will be required to report the complaint to the Director, unless he/she is the harasser, in which case it should be reported to the Director of Human Resources.
2. **Indirect communication or informal complaints** - students not wishing to file a formal complaint should report harassment to their instructor or advisor. The instructor or advisor should investigate the alleged incident and report it to the Director of the School. The alleged offender will receive a written warning regarding the harassment complaint from the Director. Confidentiality will be maintained. If harassment continues after the warning, the victim should make a formal complaint.

An employee or student who has been physically harassed or threatened while on the job or at school may also have grounds for criminal charges of assault and battery.

False or Frivolous Complaints or Charges

False or frivolous complaints or charges refer to cases where the accuser is using a harassment complaint or charge to accomplish some end other than stopping harassment. It does not refer to:

- charges made in good faith which cannot be proven. Given the seriousness of the consequences for the accused, a false or frivolous charge will be considered a severe offense that will result in disciplinary action.

Defining Sexual Assault and Consent

The term “sexual assault” covers behavior from unwanted touching to rape. Each state has its own legal definition and criminal code, and thus definitions of acts that constitute sexual assault vary. These definitions are gender neutral because sexual assault happens to both females and males, although the vast majority of sexual assault victims are females.

Illinois State Law defines sexual assault as:

Sexual penetration by force or threat of force or an act of sexual penetration when the victim was unable to understand the nature of the act or was unable to give knowing consent. (720 ILCS 5 Criminal Code of 1961 12-13).

Illinois law defines sexual penetration as:

Any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth, or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration (720 ILCS 5 Criminal Code of 1961 12-12(f)).

What is consent?

Sexual activity requires consent, which is defined as voluntary, positive agreement between the participants to engage in specific sexual activity.

Communicating consent:

- Consent to sexual activity can be communicated in a variety of ways, but one should presume that consent has not been given in the absence of clear, positive agreement.

- While verbal consent is not an absolute requirement for consensual sexual activity, verbal communication prior to engaging in sex helps to clarify consent. Communicating verbally before engaging in sexual activity is imperative. However potentially awkward it may seem, talking about your own and your partner's sexual desires, needs, and limitations provide a basis for a positive experience.
- Consent must be clear and unambiguous for each participant at every stage of a sexual encounter. The absence of "no" should not be understood to mean there is consent.
- A prior relationship does not indicate consent to future activity.

Alcohol and drugs:

- A person who is asleep or mentally or physically incapacitated, either through the effect of drugs or alcohol or for any other reason, is not capable of giving valid consent.
- The use of alcohol or drugs may seriously interfere with the participant's judgment about whether consent has been sought and given.

If you are a victim of a Sexual Assault, contact Graham Hospital Security immediately by dialing "0" and/or call the local police or 911. In the event of a sexual assault, it is important to preserve evidence for proof in a criminal proceeding.

Security at Graham Hospital and/or the local police will take the victim to the Emergency Department where they will follow their Sexual Assault Survivor's Emergency Treatment Plan. This is located on the Employee Portal. To access the portal:

1. All SON computers have an Employee Portal icon, click on it.
2. Left side page, select Policies and Procedures.
3. Select Emergency Department.
4. Select Abuse Neglect.
5. The following procedures are listed there:
 - Drug Facilitated Sexual Assault
 - Sexual Assault Survivor's Emergency Treatment
 - Sexual Assault Treatment Plan
 - Victim of Violent Crime

A copy of these policies are available upon request.

VIOLENCE AGAINST WOMEN ACT

The HEA defines the new crime categories of domestic violence, dating violence, and stalking in accordance with section 40002(a) of the Violence Against Women Act of 1994 as follows:

“Domestic violence” means a “felony or misdemeanor crime of violence committed by –

- A current or former spouse or intimate partner of the victim,
- A person with whom the victim shares a child in common,
- A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies (under VAWA), or
- Any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.”

“Dating violence” means “violence committed by a person –

- Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - The length of the relationship;
 - The type of relationship; and
 - The frequency of interaction between the persons involved in the relationship.”

“Stalking” means “engaging in a course of conduct directed at a specific person that would cause a reasonable person to –

- Fear for his or her safety or the safety of others; or
- Suffer substantial emotional distress.”

WHAT IS DOMESTIC VIOLENCE?

Sources: National Domestic violence Hotline, National Center for Victims of Crime, and www.WomensLaw.org

Domestic violence is about one person getting and keeping power and control over another person in an intimate relationship. It is a pattern of behavior in which one intimate partner uses physical violence, coercion, threats, intimidation, isolation and emotional, s3xual or economic abuse to control and change the behavior of the other partner. The abusive person might be your current or former spouse, live-in lover, or dating partner. To better understand all of the ways that an abuser can use power and control over a victim, you can check out what is called the **“Power and Control Wheel.”**

Domestic violence happens to people of all ages, races, ethnicities, and religions. It occurs in both opposite-sex and same-sex relationships. A person's gender, gender identity, or sexual orientation does not determine whether s/he can be a victim of domestic violence or an abuser. Economic or professional status does not affect whether someone can commit domestic violence or be the victim of domestic violence – abusers and victims can be laborers or college professors, judges or janitors, doctors or orderlies, teachers, truck drivers, homemakers or store clerks. Domestic violence occurs in the poorest neighborhoods, the fanciest mansions and white-picket-fence neighborhoods.

Domestic violence not only affects those who are abused, but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large. Children, who grow up witnessing domestic violence, are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches that violence is a normal way of life – therefore, increasing their risk of becoming society's next generation of victims and abusers.

Physical Abuse: Hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, etc, are types of physical abuse. This type of abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.

Sexual Abuse: Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual part of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.

Emotional Abuse: Undermining an individual's sense of self-worth and/or self-esteem is abusive. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging one's relationship with his or her children.

Economic Abuse: Is defined as making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment.

Psychological Abuse: Causing fear by intimidation, threatening physical harm to himself/herself, you, your family member, or your children; destruction of pets and property; **stalking you or cyberstalking you**, playing "mind games" to make you doubt your sanity; forcing isolation from friends, family, school and/or work.

Sexual Coercion and Reproductive Control: When a partner sabotages your birth control efforts by demanding unprotected sex, lying about "pulling out", hiding or destroying birth control (i.e., flushing pills down the toilet or poking a hole in a condom), preventing you from getting an abortion or forcing you to get an abortion.

Cultural and Identity Abuse: Threatening to “out” your sexual orientation or gender identity, your participation in S & M or polyamory, your HIV status, your immigration status, or any other personal information to family, friends, co-workers, landlords, law enforcement, etc. Using your race, class, age, immigration status, religion, size, physical ability, language, and/or ethnicity against you in some way.

WHAT IS STALKING?

Stalking is a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

Stalking can include:

Repeated, unwanted, intrusive, and frightening communications from the perpetrator by phone, mail, and/or email.

Repeatedly leaving or sending victim unwanted items, presents, or flowers.

Following or lying in wait for the victim at places such as home, school, work, or recreation place.

Making direct or indirect threats to harm the victim, the victim’s children, relatives, friends, or pets.

Damaging or threatening to damage the victim’s property.

Harassing victim through the internet.

Posting information or spreading rumors about the victim on the internet, in a public place, or by word of mouth.

Obtaining personal information about the victim by accessing public records, using internet search services, hiring private investigators, going through the victim’s garbage, following the victim, contacting victim’s friends, family, work, or neighbors, etc.

Source: Stalking Resource Center, National Center for Victims of Crime

Stalking Response Tips

Did You Know?

Stalking is a dangerous crime that affects an estimated 6.6 million women and men each year. Stalking – generally defined as a pattern of behavior directed at a specific person that would cause a reasonable person to feel fear – is a crime under the laws of all 50 states, the District of Columbia, the U.S. territories, and the federal government. As many as 1 in 4 women and 1 in 13

men have experienced stalking victimization at some point during their lifetime and most often the stalker is someone the victim knows – an acquaintance, a relative, or a current or former intimate partner. Stalking is unpredictable and dangerous. No two stalking situations are alike. There are no guarantees that what works for one person will work for another, yet victims can take steps to increase their safety.

What to do if you are Being Stalked

1. Trust your instincts. Victims of stalking often feel pressured by friends or family to downplay the stalker's behavior, but stalking poses a real threat of harm. Your safety is paramount.
2. Call the police if you feel you are in any immediate danger. Explain why even some actions that seem harmless – like leaving you a gift – are causing you fear.
3. Keep a record or log of each contact with the stalker. Be sure to also document any police reports.
4. Stalkers often use technology to contact their victims. Save all e-mails, text messages, photos, and postings on social networking sites as evidence of the stalking behavior.
5. Get connected with a local victim advocate to talk through your options and discuss safety planning. Call the National Domestic Violence Hotline at 1-800-799-SAFE.

For More Information:

National Stalking Awareness Month

<http://stalkingawarenessmonth.org/>

Stalking Resource Center

www.victimsofcrime.org/src

If a student has a Restraining or Stalking No Contact Order against an individual, they must bring the court order to the school. A copy of the court order is given to the Security Department, so they are aware of the situation. The original is kept in the student's file.

Other Contact Information:

Illinois Coalition Against Domestic Violence

801 S. 11th Street
Springfield, IL 62703
Phone: 217-789-2830
Hotline: 1-877-863-6338
Website: www.ilcadv.org

Love is Respect

(866) 331-9474
Phone and online hotlines 24 hours/day, 365 days/year

Illinois Coalition Against Sexual Assault

100 N. 16th Street
Springfield, IL 62703
Phone 217-753-4117
Website: www.icasa.org

East Central Illinois Refugee Mutual Assistance Center

(217) 344-8455
9:00 am-5:00 pm, Monday-Friday

National Domestic Violence Hotline

1-800-799-SAFE (7233)

1-800-787-3224 (TTY)

Phone and online hotlines 24 hours/day, 365 days/year

Rape, Abuse and Incest National Network (RAINN)

(800) 656-4673

VICTIMS OF VIOLENT CRIMES

POLICY

The Emergency Department will provide information pertaining to assistance for persons who may be eligible for the Victims of Violent Crime Program. Printed material will be available in the Emergency Department with information and phone numbers of local victim/witness programs who will assist the victims with the preparation and filing of the claim. This information, in conjunction with other appropriate referral services, will be presented to the patient before being discharged from the Emergency Department, or upon any patient's request.

Local Office: (Name, phone # and address of local agency)

Fulton-Mason Crisis Service

1330 East Ash

Canton, IL 61520

(309) 647-8311

The State Victims of Crime Program may also be contacted at the toll free number: (800) 228-3368

A poster notifying crime victims of the availability of victim compensation and the existence and location of local victim assistance centers will be posted in the registration areas of the Emergency Department.

DRUG SCREENING PROGRAM — (Student Handbook pg. 88)

All students must clear an initial urine drug test. Failure to undergo this test, a positive drug screen, or a tampered-with urine sample may result in dismissal from the program.

The initial drug screen will be completed during the summer months prior to classes starting in August. Students who are current employees of Graham Hospital and have had a drug screen completed for employment are not exempt from the school drug screening. The school conducts a different drug panel from the hospital in accordance with the requirements needed to satisfy all clinical agencies used by the school.

Initial Procedure

1. Students receive drug screen forms from the School of Nursing Office. A school representative will escort the student to the Graham Hospital laboratory on the date determined by the school.

2. All urine specimens will be collected by trained personnel in a manner to ensure integrity of the specimen. Tampering with, altering, or contaminating a specimen in any manner will result in dismissal from the School of Nursing.
3. The student will be notified only of positive test results by the Medical Review Officer. Students have the right to appeal a positive drug test by immediately requesting in writing a retest of the original specimen at their own expense.
4. Any student with a positive test result for drugs will be provided a reasonable opportunity to establish a legitimate medical explanation for the positive test result to the satisfaction of the Medical Review Officer.

Random Screenings - (Student Handbook, pg. 88)

Students will be subject to random drug/alcohol screening throughout the duration of their nursing curriculum. Student names will be randomly drawn each month for a drug screen. Upon notification of a random screen, the student is required to immediately report to the office to be escorted to the lab for testing. A student could be selected more than once in a year as the names are placed back into the selection pool.

1. Positive Drug Screen: Students who have a positive drug/alcohol screen from a random test will be notified by the Medical Review Officer (steps 3 and 4 of the initial procedure listed above will be followed).
2. Disciplinary Action: Students who test positive on a random screen will be placed on probation until their graduation and will be subject to random testing for the rest of the program. A second positive test will result in dismissal from the program. Readmission will be determined on a case-by-case basis by the Admission, Retention, Promotion, and Graduation Committee. If readmitted, the student will be subject to random drug testing until graduation. Failure to comply with testing or a positive test will result in immediate dismissal.

SUBSTANCE ABUSE POLICY - (Student Handbook, pg. 89-90)

Students have a responsibility to their clients to deliver care in a safe and conscientious manner. In order to ensure that this responsibility is met, students must be able to work free from the effects of alcohol and other performance-impairing substances. The School of Nursing has instituted this policy to address the hospital's need to assure our employees, students, and patients can coexist in an environment free of substance abuse in the classroom and clinical setting.

1. Any student who:
 - A. unlawfully manufactures, distributes, dispenses, possesses, or uses alcohol or a controlled substance (which has not been prescribed for use by the student) on Graham Hospital owned and controlled property and/or any site where students participate in clinical experiences and/or;
 - B. reports for class, clinical, skills lab practice, graduation, or conferences sponsored by Graham Hospital or the School of Nursing under the influence of alcohol or a controlled substance and/or;

- C. becomes under the influence of a controlled substance while acting in the scope of student responsibilities as a result of the use of alcohol and/or drugs which have not been properly prescribed and used in accordance with the doctor's instructions and/or;
- D. is confirmed by faculty member or nursing supervisor to have alcohol on the breath while acting in the scope of student responsibilities while on Graham Hospital controlled property and/or any site where students participate in clinical experiences.

will be subject to the following discipline:

- A. **SUSPENSION:** Immediate temporary removal from the program while possible substance abuse violations are being investigated through an alcohol or drug test to be administered by Graham Hospital and until drug and/or alcohol test results are available. If test results are positive, suspension will be for a total of one week of class and clinical, recorded as school absences. Further disciplinary action will be instituted as below:
- B. **PROBATION:** For a first offense, the student whose drug and/or alcohol tests results are positive will, after the suspension period of one week, be placed on probation for the remainder of the student's nursing program. Probation requires the student not use or be under the influence of drugs or alcohol while on Graham Hospital owned and controlled property and/or any site where the student participates in clinical experiences. The student will also be subject to random testing for the remainder of their school curriculum. If the random testing shows the use of any alcohol or controlled substance which has not been properly prescribed and used, the student will be subject to discipline up to and including termination. Random testing will be done while the student is at school at times and dates determined by the instructor or school Director at their sole discretion. The student will also be required to obtain substance abuse counseling, at their own cost, and follow the recommendations of the counselor after evaluation and treatment. The student, as a condition of continued enrollment, agrees to authorize the release of the evaluation results and any recommendations of the counselor to Graham Hospital so that they can monitor the recommendations imposed upon the student by the counselor. Referral information for substance abuse counseling will be provided.
- C. **DISMISSAL:** If a student on probation is confirmed to have violated the terms of Probation, the student will be immediately dismissed from the program.

Should the school later decide to readmit the student to the program, the student would be placed on probation for the remainder of the school program and be subject to random drug and/or alcohol testing which could be requested by the instructor or school Director at any time.

- 2. Whenever the instructor or staff has reason to suspect that a student is using illegal drugs, using legal drugs illegally, or using alcohol while on the Graham Hospital owned and controlled property and/or any site where the student participates in clinical experiences, the school reserves the right to require the student to submit to a breath, blood, and/or urine test. See "Procedure for Implementation of the Substance Abuse Policy" for guidelines.

3. The student undergoing medically prescribed treatment with a controlled substance which may limit the student's ability to perform on the job or in school must report that treatment and possible side effects to the instructor and school Director at the beginning of each course. The student may have their responsibilities changed to maintain a safe environment for the student and/or the patients the student is working with. Failure to report this information to the instructor shall be cause for appropriate disciplinary action. It is the student's responsibility to determine from his/her physician whether a prescribed drug may impair clinical or class performance. This information will be treated confidentially.
4. It shall be the responsibility of each student who observes or who has knowledge of another student in a condition which impairs his/her ability to perform in the clinical setting, who poses a hazard to the safety and welfare of others, or who is otherwise in violation of this policy to promptly report that fact to the clinical/course instructor or staff.
5. Students are required to notify the Director of the School of Nursing of any criminal drug conviction resulting from a violation occurring at the hospital no later than five days after conviction.
6. Graham Hospital School of Nursing will notify the appropriate federal agency from which the student receives federal funds within ten days after receiving notice of such a conviction from a student.
7. Within 3 days of receiving notice of a conviction, the school will institute appropriate disciplinary action as listed in #1 on the previous page.
8. For the purposes of this policy, the following definitions apply:
 - a. A CONTROLLED SUBSTANCE or ILLEGAL DRUG is one which either:
 - 1) is not legally obtainable.
 - 2) is being used in a manner different from that prescribed.
 - 3) is legally obtainable but has not been legally obtained.
 - b. A CONVICTION is defined as finding of guilt (including a plea or no contest) or imposition of a sentence, or both, by any judicial body charged with responsibility of determining violations of the federal or state criminal drug statutes. (Student Handbook, pg. 89-90).

PROCEDURE FOR IMPLEMENTATION OF THE SUBSTANCE ABUSE POLICY

Graham Hospital School of Nursing will require a blood and/or urine test to be obtained (1) for analysis on the student suspected of being under the influence of using drugs and/or alcohol or (2) for a student placed on probation. The school must have reasonable cause based on specific, objective facts to suspect substance abuse. These behaviors may include, but are not limited to, chronic absenteeism, tardiness, sleeping in class, erratic behavior, inattention to direction, alteration in usual behavior, appearing intoxicated, having the smell of alcohol on the breath, or other behavior that would suggest substance abuse. If the student has no reasonable, verifiable explanation for his/her behavior, the following procedure will be implemented.

(Student Handbook, pg. 91)

BEFORE REQUESTING DRUG AND/OR ALCOHOL TESTING - (Student Handbook, pg. 91)

When a student's behavior in classroom or clinical performance suggests substance abuse:

1. The supervising instructor must identify specific behaviors that indicate there is reasonable cause to require questioning and/or testing.
2. The instructor should inform the Director of the school as soon as possible.
3. The instructor shall have the Director of the school or another instructor present during questioning to learn of the student's explanation of his/her condition and in so doing determine the need for testing. If the Director or another instructor is unavailable, a Nursing Service Department Head or Hospital Administrator should be present.
4. If the student has a reasonable explanation for his/her condition and the instructor or Director determined, in their sole discretion, the explanation is reasonable and supported by facts, and further, the student is then fit for class or clinical, then in that event, the student should return to his/her previous setting.

DRUG AND/OR ALCOHOL TESTING AND SUSPENSION - (Student Handbook, pg. 91-92)

1. If the student refuses to respond to questioning, the instructor shall request that the student meet privately with the Director of the school to provide an explanation of the refusal to respond. If the student refuses to respond to questioning AND refuses to meet with the Director of the school, the student will be informed that he/she is immediately dismissed from the program by the Director of the school.
2. If the student responds to questioning but refuses to comply with drug and/or alcohol testing as requested, the Director of the school will inform the student that he/she is immediately dismissed from the program.
3. If the student responds to questioning and agrees to drug and/or alcohol testing as requested, the Director of the school or instructor shall have the student sign the Consent Form for Alcohol and/or Drug Testing. The Director of the school or the instructor shall personally escort the student to the laboratory.
 - a. The specimen(s) shall be treated with caution to preserve the "chain of evidence" as much as possible, according to the hospital procedure.
 - b. The specimen(s) shall be processed by the lab in the same manner as random drug screens.
 - c. Results will be reported to the Medical Review Officer. He/she will then communicate the significance of the results to the Director of the school.
 - d. Pending determination of test results, the Director of the school will inform the student that he/she will be suspended from class and clinical and that, in the event of positive test results, he/she will be placed on probation.

4. Information concerning possible violations of the School of Nursing regulations concerning drug and/or alcohol use is to be restricted to those persons who are participating in reporting, questioning, observation, assessment, investigation, prosecution, or implementation of disciplinary action. Counsel for the hospital shall also be privy to the test results and any information relevant to or necessary for the investigation and prosecution of the incident.
5. Instructors and the Director of the school are not to attempt to use force in seeking compliance of the student with questioning or with testing. Security personnel should be called if the instructor or Director of the school determines that the student should not remain in the clinical or classroom setting, but the student refuses to leave.
6. Once the student has been suspended or determined to be unfit for school, arrangements for disposition must be made. The student will not be allowed to drive or go home alone. An adult family member or friend may be permitted to escort the student from the hospital or school premises.
7. A severely impaired student should be taken to the Emergency Department for appropriate evaluation and treatment.
8. The School of Nursing will refer illegal drug activities to law enforcement, licensing, financial aid, and/or credentialing agencies when appropriate.

(Student Handbook, pg. 89-92).

Drug-Free Schools and Communities Act Amendments (Student Handbook, pg. 84-85)

Under the Drug-Free Schools and Communities Act Amendments of 1989, Public Law 101-226, all schools must provide students with information regarding standards of conduct, legal and institutional sanctions, health risks and counseling services related to substance abuse on campus. Questions concerning this policy and/or alcohol and other drug programs, interventions and policies may be directed to Susan Livingston, Director of the School of Nursing at slivingston@grahamhospital.org or (309) 647-4086.

Graham Hospital School of Nursing reviews its program once every two years to determine its effectiveness and to ensure that its sanctions are being enforced. The report is available upon request.

School Policies & Sanctions

As an academic community, Graham Hospital School of Nursing is committed to providing an environment in which learning and scholarship can flourish. The possession or use of illegal drugs, or the abuse of those which may otherwise be legally possessed, seriously affects the learning environment, as well as the individual potential of our students and staff. The school enforces state laws and related school/hospital policies. (Student Handbook, pg. 84-85).

The abuse of alcohol and other drugs by students, regardless of age and location (on-campus or off-campus), is prohibited by the Graham Hospital Code of Conduct. The school can, and will, impose disciplinary sanctions for violations. Students are also subject to city ordinances and state and federal laws.

The school strongly encourages students and staff members to voluntarily obtain assistance for dependency or abuse problem before such behavior results in an arrest and/or disciplinary action which might result in their separation from the institution. (See Drug Screening Program & Substance Abuse Policy, pgs. 88-90 of the Student Handbook).

The use of, or addiction to alcohol, marijuana, or controlled substances is not considered an excuse for violations of the Graham Hospital Code of Conduct or staff expectations, and will not be a mitigating factor in the application of appropriate disciplinary sanctions for such violations.

Counseling & Treatment

Help is available through the school and within the community for students and staff members who are dependent on, or who abuse the use of alcohol or other drugs. Graham Hospital has an Employee Assistance Program (EAP) which is a free and confidential service available to employees and members of their immediate household. This service is also available for students at Graham Hospital School of Nursing. (Student Handbook Counseling & Guidance Policy, pg. 75).

(Student Handbook, Pg. 84-85).

On-Campus Resources

Graham Hospital Employee Assistance Program	Referred by School Director Sue Livingston, (309) 647-4086
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Off-Campus Resources

Alcohol & Drug Professionals of Fulton County, Canton, IL	(309) 649-1002
Countermeasures, Pekin, IL	(309) 347-8282
Gateway Foundation Inc. Alcohol & Drug Treatment, Pekin, IL	(309) 346-8282
North Central Behavior Health Systems, Fulton & McDonough Counties	(309) 647-1881 (800) 344-8077
Richardson Counseling Center, Bartonville, IL	(309) 633-1030
Schuyler Counseling & Health Services, Rushville, IL	(217) 322-4373
Tazwood Center for Wellness, Pekin, IL	(309) 347-5522
United in Jesus Outreach Ministries	(309) 649-1618
Wells Center Mason County	(309) 543-2330

(Student Handbook, pg. 84-85)

LEGAL SANCTIONS - (Student Handbook, pg. 85)

For specific legal sanctions and/or information on substance abuse and prevention, please go to the following links:

Controlled Substances:

Federal: U.S. Department of Justice, Drug Enforcement Administration – www.dea.gov. Click on “Drug Info – Federal Trafficking Penalties”. Information on prevention can be found by clicking on the “Prevention” tab.

<http://criminal.findlaw.com/criminal-charges/what-is-a-controlled-substance.html>

State: <http://statelaws.findlaw.com/illinois-law/illinois-drug-possession-laws.html>

Alcohol – Illinois laws and penalties

Underage Drinking – www.illinois.gov/ilcc/education/pages/under21laws.aspx

DUI – www.cyberdriveillinois.com Search Illinois DUI Fact Book

Other Helpful Sites:

www.samhsa.gov – U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services Administration

Student Social Activities Alcohol Policy - (Student Handbook, pg. 133)

Graham Hospital School of Nursing prohibits the consumption of alcohol at exclusive school functions.

Guidelines for hosting student social functions:

1. No alcoholic beverages may be served at any School or Student Senate-sponsored activities.
2. Social events such as the Senior Recognition Banquet may be held at restaurants or dining establishments that have a public bar, but the bar cannot be opened by student request or voluntarily by the establishment to serve alcoholic beverages to students.
3. Alcoholic beverages may not be consumed during any school function.

Insert MISSING STUDENT POLICY –

H/SON/Faculty Handbook 2019-2020/Policies/Missing Student Policy

GRAHAM HOSPITAL SCHOOL OF NURSING CAMPUS CRIME STATISTICS

In accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Graham Hospital School of Nursing is providing crime statistics to current and prospective students, faculty, and staff members.

OFFENSE	ON CAMPUS			**RESIDENTIAL FACILITIES			NON CAMPUS			PUBLIC PROPERTY		
							BUILDING PROPERTY					
	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
MURDER/NON-NEGLIGENT MANSLAUGHTER	0	0	0	0	0	0	0	0	0	0	0	0
NEGLIGENT MANSLAUGHTER	0	0	0	0	0	0	0	0	0	0	0	0
SEX OFFENSES, FORCIBLE/NON-FORCIBLE	0	0	0	0	0	0	0	0	0	0	0	0
ROBBERY	0	0	0	0	0	0	0	0	0	0	0	0
AGGRAVATED ASSAULT	0	0	0	0	0	0	0	0	0	0	0	0
BURGLARY	0	0	0	0	0	0	0	0	0	0	0	0
MOTOR VEHICLE THEFT	0	0	0	0	0	0	0	0	0	0	0	0
ARSON	0	0	0	0	0	0	0	0	0	0	0	0
LIQUOR LAW VIOLATIONS/ARRESTS	0	0	0	0	0	0	0	0	0	0	0	0
LIQUOR LAW VIOLATIONS REFERRED FOR CAMPUS DISCIPLINARY ACTION	0	0	0	0	0	0	0	0	0	0	0	0
DRUG LAW VIOLATIONS/ARRESTS	0	0	0	0	0	0	0	0	0	0	0	0
DRUG LAW VIOLATIONS REFERRED FOR CAMPUS DISCIPLINARY ACTION	0	0	0	0	0	0	0	0	0	0	0	0
ILLEGAL WEAPONS POSSESSION VIOLATIONS/ARRESTS	0	0	0	0	0	0	0	0	0	0	0	0
ILLEGAL WEAPONS POSSESSION VIOLATIONS REFERRED FOR CAMPUS DISCIPLINARY ACTION	0	0	0	0	0	0	0	0	0	0	0	0
OFFENSES THAT MANIFEST EVIDENCE OF PREJUDICE	0	0	0	0	0	0	0	0	0	0	0	0
VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT												
DOMESTIC VIOLENCE	0	0	0	0	0	0	0	0	0	0	0	0
DATING VIOLENCE	0	0	0	0	0	0	0	0	0	0	0	0
STALKING	0	0	0	0	0	0	0	0	0	0	0	0
INCIDENTS OF SEXUAL ASSAULT	0	0	0	0	0	0	0	0	0	0	0	0
**CRIMES REPORTED IN THE RESIDENTIAL FACILITIES COLUMN ARE INCLUDED IN THE ON-CAMPUS CATEGORY												
Hate offenses: Crime that manifest evidence the victim was intentionally selected because of his or her actual or perceived race, gender, religion, sexual orientation, ethnicity/national origin, or disability.												
There were no offenses to report for the crimes listed for 2016, 2017, and 2018: Murder/non-negligent manslaughter, sex offenses/forcible, sex offenses/non-forcible, robbery, aggravated assault, burglary, motor vehicle theft, arson, simple assault, larceny-theft, intimidation, destruction/damage/vandalism of property, or any other crime involving bodily injury.												

FIRE SAFETY REPORT

<u>Fire Safety Report on Student Housing</u>	Year 2016	Year 2017	Year 2018
Number of fires and cause of each.	0	0	0
Number of injuries related to a fire that results in treatment at a medical facility.	0	0	0
Number of deaths related to a fire.	0	0	0
Value of property damage caused by fire.	0	0	0

Dormitory housing has smoke alarms in each room. The alarm is audio and visual. There is a sprinkler system on the 3rd floor and 4th floor. There are pull stations at each stairwell and fire extinguishers in all hallways.

If the fire alarm system isn't operating or you cannot reach an alarm box pull station, call 4444 to report the fire. The hospital operator will call 911 and then notify Plant Operations, Security and the Administrator on call.

There is a mandatory fire drill quarterly.

RESIDENCE HALL POLICY

Residents may not cook in their rooms because of the potential fire hazard. All cooking must be done in the kitchen provided on your floor. Ventilation units on window ledges should be kept clear, the panel under the window to the heating/air conditioning unit and thermostats on side walls should also not be obstructed. Nails, screws, tape or hooks may not be attached to furniture, walls, or doors. Removable hooks (3M hooks and hangers) or removable plastic adhesive should be used to attach decorations to the walls. Ceiling hangings of any description are not permissible as they interfere with the proper function of the fire/smoke detection and prevention devices. Painting of the rooms is prohibited. Christmas tree lights, candles and incense burners are not permitted due to Fire Regulations. Extension cords are not permitted. A power/surge protector strip with extension is allowed. Only one strip per outlet can be used (do not plug one into another to make it longer). The following items are not permitted to be used or stored in student rooms or any other area of the residence halls: any internal combustion engine, any acids, automobile batteries, gasoline, and firearms. Because of Health and Safety considerations, cooking appliances such as hot plates, resistance coils, grills, frying pans, coffee pots, and toasters may not be used in residence hall rooms. They are allowed in the kitchen only. Microwaves and Keurig-type kitchen appliances can be used in individual rooms. (**Student Handbook, pg. 143**).

Smoking or use of tobacco products is not permitted in the building or on hospital property (including parking lots).

EMERGENCY PLANS - (Student Handbook, pg. 142).

Always take time for the following steps during any emergency situations:

1. Close drapes or blinds
2. Turn ON all ceiling lights, turn OFF electrical equipment
3. Close your door
4. Check on other dorm residents
5. Do not use elevators
6. Assemble as a group in the appropriate area
7. Wait for an "ALL CLEAR" from the overhead paging system before returning to rooms.

FIRE PLAN - (Student Handbook, pg. 143).

Residents should assemble in the TV lounge on their floor during after-hour fire alarms. When leaving your room, please turn ON the light, shut OFF any major electrical equipment (TV, etc.) and close your door. The resident with the most seniority shall call the operator to report the number of students and shall appoint, if needed, one student to check rooms. The overhead paging system will notify you with an "All Clear" announcement when it is safe to return to your room. If evacuation of the building is necessary, the staging area for the School of Nursing is the main parking lot in front of the hospital. You would proceed down the nearest stairwell (Stairwell #4 on the west side of the building) to the parking lot.

FIRE SAFETY EDUCATION

Each student at Graham Hospital School of Nursing is required to complete computerized education courses on mandated topics annually through Health Stream Training. One of the topics included is Fire Safety.

NIBRS OFFENSE DEFINITIONS

The definitions that were developed for the NIBRS are not meant to be used for charging persons with crimes. To the contrary, they are simply a way of categorizing or organizing the crimes committed throughout the United States. State statutes must be very specific in defining crimes so that persons facing prosecution will know the exact charges being placed against them. On the other hand, the definitions used in the NIBRS must be generic in order not to exclude varying state statutes relating to the same type of crime.

Accordingly, the offense definitions in the NIBRS are based on common-law definitions found in *Black's Law Dictionary*, as well as those used in the *UCR Handbook* and the NCIC Uniform Offense Classifications. Since most state statutes are also based on common-law definitions, even though they may vary as to the specifics, most should fit into the corresponding NIBRS offense classifications.

If a state statute for an offense includes additional offenses not fitting the NIBRS offense definition, the nonconforming offenses are reported according to their NIBRS offense classifications. For example, some states have larceny statutes that are so broadly worded as to include the crime of embezzlement. If an embezzlement is perpetrated within such a state, it is reported to NIBRS as Embezzlement, not Larceny.

Group A Offenses

Arson—To unlawfully and intentionally damage, or attempt to damage, any real or personal property by fire or incendiary device.

Assault Offenses—An unlawful attack by one person upon another.

Aggravated Assault—An unlawful attack by one person upon another wherein the offender uses a weapon or displays it in a threatening manner, or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness. This also includes assault with disease (as in cases when the offender is aware that he/she is infected with a deadly disease and deliberately attempts to inflict the disease by biting, spitting, etc.).

Simple Assault—An unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness.

Intimidation—To unlawfully place another person in reasonable fear of bodily harm through the use of threatening words and/or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack.

Bribery—(Except Sports Bribery) The offering, giving, receiving, or soliciting of anything of value (i.e., a bribe, gratuity, or kickback) to sway the judgment or action of a person in a position of trust or influence.

Burglary/Breaking and Entering—The unlawful entry into a building or other structure with the intent to commit a felony or a theft.

Counterfeiting/Forgery—The altering, copying, or imitation of something, without authority or right, with the intent to deceive or defraud by passing the copy or thing altered or imitated as that which is original or genuine; or the selling, buying, or possession of an altered, copied, or imitated thing with the intent to deceive or defraud.

Destruction/Damage/Vandalism of Property—(Except Arson) To willfully or maliciously destroy, damage, deface, or otherwise injure real or personal property without the consent of the owner or the person having custody or control of it.

Drug/Narcotic Offenses—(Except Driving Under the Influence) The violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use.

Drug/Narcotic Violations—The unlawful cultivation, manufacture, distribution, sale, purchase, use, possession, transportation, or importation of any controlled drug or narcotic substance.

Drug Equipment Violations—The unlawful manufacture, sale, purchase, possession, or transportation of equipment or devices utilized in preparing and/or using drugs or narcotics.

Embezzlement—The unlawful misappropriation by an offender to his/her own use or purpose of money, property, or some other thing of value entrusted to his/her care, custody, or control.

Extortion/Blackmail—To unlawfully obtain money, property, or any other thing of value, either tangible or intangible, through the use or threat of force, misuse of authority, threat of criminal prosecution, threat of destruction of reputation or social standing, or through other coercive means.

Uniform Crime Reporting (UCR) Program
National Incident-Based Reporting System (NIBRS)

Fraud Offenses—(Except Counterfeiting/Forgery and Bad Checks) The intentional perversion of the truth for the purpose of inducing another person, or other entity, in reliance upon it to part with something of value or to surrender a legal right.

False Pretenses/Swindle/Confidence Game—The intentional misrepresentation of existing fact or condition, or the use of some other deceptive scheme or device, to obtain money, goods, or other things of value.

Credit Card/Automated Teller Machine Fraud—The unlawful use of a credit (or debit) card or automated teller machine for fraudulent purposes.

Impersonation—Falsely representing one's identity or position, and acting in the character or position thus unlawfully assumed, to deceive others and thereby gain a profit or advantage, enjoy some right or privilege, or subject another person or entity to an expense, charge, or liability which would not have otherwise been incurred.

Welfare Fraud—The use of deceitful statements, practices, or devices to unlawfully obtain welfare benefits.

Wire Fraud—The use of an electric or electronic communications facility to intentionally transmit a false and/or deceptive message in furtherance of a fraudulent activity.

Gambling Offenses—To unlawfully bet or wager money or something else of value; assist, promote, or operate a game of chance for money or some other stake; possess or transmit wagering information; manufacture, sell, purchase, possess, or transport gambling equipment, devices or goods; or tamper with the outcome of a sporting event or contest to gain a gambling advantage.

Betting/Wagering—To unlawfully stake money or something else of value on the happening of an uncertain event or on the ascertainment of a fact in dispute.

Operating/Promoting/Assisting Gambling—To unlawfully operate, promote, or assist in the operation of a game of chance, lottery, or other gambling activity.

Gambling Equipment Violations—To unlawfully manufacture, sell, buy, possess, or transport equipment, devices, and/or goods used for gambling purposes.

Sports Tampering—To unlawfully alter, meddle in, or otherwise interfere with a sporting contest or event for the purpose of gaining a gambling advantage.

Uniform Crime Reporting (UCR) Program
National Incident-Based Reporting System (NIBRS)

Homicide Offenses—The killing of one human being by another.

Murder and Non-negligent Manslaughter—The willful (non-negligent) killing of one human being by another.

Negligent Manslaughter—The killing of another person through negligence.

Justifiable Homicide—The killing of a perpetrator of a serious criminal offense by a peace officer in the line of duty, or the killing, during the commission of a serious criminal offense, of the perpetrator by a private individual.

Kidnapping/Abduction—The unlawful seizure, transportation, and/or detention of a person against his/her will, or of a minor without the consent of his/her custodial parent(s) or legal guardian.

Larceny/Theft Offenses—The unlawful taking, carrying, leading, or riding away of property from the possession, or constructive possession, of another person.

Pocket-picking—The theft of articles from another person's physical possession by stealth where the victim usually does not become immediately aware of the theft.

Purse-snatching—The grabbing or snatching of a purse, handbag, etc., from the physical possession of another person.

Shoplifting—The theft, by someone other than an employee of the victim, of goods or merchandise exposed for sale.

Theft From Building—A theft from within a building which is either open to the general public or where the offender has legal access.

Theft From Coin-Operated Machine or Device—A theft from a machine or device which is operated or activated by the use of coins.

Theft From Motor Vehicle—(Except Theft of Motor Vehicle Parts or Accessories) The theft of articles from a motor vehicle, whether locked or unlocked.

Theft of Motor Vehicle Parts or Accessories—The theft of any part or accessory affixed to the interior or exterior of a motor vehicle in a manner which would make the item an attachment of the vehicle, or necessary for its operation.

All Other Larceny—All thefts which do not fit any of the definitions of the specific subcategories of Larceny/Theft listed above.

Motor Vehicle Theft—The theft of a motor vehicle.

Pornography/Obscene Material—The violation of laws or ordinances prohibiting the manufacture, publishing, sale, purchase, or possession of sexually explicit material, e.g., literature, photographs, etc.

Prostitution Offenses—To unlawfully engage in or promote sexual activities for anything of value.

Prostitution—To engage in commercial sex acts for anything of value.

Assisting or Promoting Prostitution—To solicit customers or transport persons for prostitution purposes; to own, manage, or operate a dwelling or other establishment for the purpose of providing a place where prostitution is performed; or to otherwise assist or promote prostitution.

Robbery—The taking, or attempting to take, anything of value under confrontational circumstances from the control, custody, or care of another person by force or threat of force or violence and/or by putting the victim in fear of immediate harm.

Sex Offenses, Forcible—Any sexual act directed against another person, without the consent of the victim including instances where the victim is incapable of giving consent.

Forcible Rape—(Except Statutory Rape) The carnal knowledge of a person, forcibly and/or against that person's will or not forcibly or against the person's will in instances where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity.

Forcible Sodomy—Oral or anal sexual intercourse with another person, forcibly and/or against that person's will or not forcibly or against the person's will in instances where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

Sexual Assault With An Object—To use an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, forcibly and/or against that person's will or not forcibly or against the person's will in instances where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

Forcible Fondling—The touching of the private body parts of another person for the purpose of sexual gratification, forcibly and/or against that person's will or not forcibly or against the person's will in instances where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

Uniform Crime Reporting (UCR) Program
National Incident-Based Reporting System (NIBRS)

Sex Offenses, Non-forcible—(Except Prostitution Offenses) Unlawful, non-forcible sexual intercourse.

Incest—Non-forcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

Statutory Rape—Non-forcible sexual intercourse with a person who is under the statutory age of consent.

Stolen Property Offenses—Receiving, buying, selling, possessing, concealing, or transporting any property with the knowledge that it has been unlawfully taken, as by Burglary, Embezzlement, Fraud, Larceny, Robbery, etc.

Weapon Law Violations—The violation of laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, concealment, or use of firearms, cutting instruments, explosives, incendiary devices, or other deadly weapons.

Group B Offenses

Bad Checks—Knowingly and intentionally writing and/or negotiating checks drawn against insufficient or nonexistent funds.

Curfew/Loitering/Vagrancy Violations—The violation of a court order, regulation, ordinance, or law requiring the withdrawal of persons from the streets or other specified areas; prohibiting persons from remaining in an area or place in an idle or aimless manner; or prohibiting persons from going from place to place without visible means of support.

Disorderly Conduct—Any behavior that tends to disturb the public or decorum, scandalize the community, or shock the public sense of morality.

Driving Under The Influence—Driving or operating a motor vehicle or common carrier while mentally or physically impaired as the result of consuming an alcoholic beverage or using a drug or narcotic.

Drunkenness—(Except Driving Under the Influence) To drink alcoholic beverages to the extent that one's mental faculties and physical coordination are substantially impaired.

Family Offenses, Nonviolent—Unlawful, nonviolent acts by a family member (or legal guardian) that threaten the physical, mental, or economic well-being or morals of another family member and that are not classifiable as other offenses, such as Assault, Incest, Statutory Rape, etc.

Uniform Crime Reporting (UCR) Program
National Incident-Based Reporting System (NIBRS)

Liquor Law Violations—(Except Driving Under the Influence and Drunkenness) The violation of laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages.

Peeping Tom—To secretly look through a window, doorway, keyhole, or other aperture for the purpose of voyeurism.

Runaway—A person under 18 years of age who has left home without permission of his/her parent(s) or legal guardian.

Trespass of Real Property—To unlawfully enter land, a dwelling, or other real property.

All Other Offenses—All crimes that are not Group A offenses and not included in one of the specifically-named Group B offense categories listed previously.