



**Graham Hospital  
School of Nursing  
Annual Campus Security Report  
and Annual Fire Safety Report  
October 2021**

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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 Violence Against Women Reauthorization Act of 2013. This report includes:

- Campus crime statistics for the previous three years concerning reported crimes on campus, in or on non-campus buildings or property owned or controlled by Graham Hospital, and on public property within or immediately adjacent to the campus.
- Fire Safety report for the previous three years, including fire safety policies.
- Various safety- and security-related programs, policies and procedures, including information regarding sex offenders and protocols for missing student notifications.

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](http://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.

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## **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. 34 & Faculty Handbook pgs. 89)

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
  - Sexual Assault
  - Dating Violence
  - Domestic Violence
  - Stalking
- Hate Crimes

**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.

**UNSAFE ACT, CONDITION, OR SECURITY INCIDENT** (Student Handbook pg. 33 & Faculty Handbook pg. 88)

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. 33 and Faculty Handbook pg. 88)

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. 33, Faculty Handbook pg. 88)

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. 45, Faculty Handbook pg. 102)

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. 36, Faculty Handbook pg. 91)

### **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).

## **SEX OFFENDERS** (Student Handbook and Faculty Handbook – Addendum)

To look up sex offenders' locations in proximity of Graham Hospital School of Nursing, click on website (or copy and paste into your browser):

<https://www.isp.state.il.us/sor/sor.cfm>

Far left column, type 'Canton' into city

Type '61520' into zip code

Select 'Fulton' for County

Use default 'ALL' for status

Use default 'ALL' for offender type

Click on 'Find'

The list will show you addresses and you can check their proximity to the school campus and hospital premises. Our location is 210 West Walnut Street and we are surrounded by West Maple Street (south border), South Avenue B (east border), and West Walnut Street (north border). Prospect Court is behind us (west), but not immediately adjacent to or bordering the campus.

The clinic is located at 180 South Main Street and is surrounded by West Walnut Street (south border), South Main Street (east border), and West Pine Street (north border). Martin Avenue is behind the clinic (west), but not immediately adjacent to or bordering the clinic.

## **EMERGENCY PREPAREDNESS** (Student Handbook, Pg. 40, Faculty Handbook, pg. 97)

### **Procedure for Overhead Paging of Codes**

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 1/20):**

<b>ALERT</b>	<b>MEANING</b>
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
Code 333	Emergent Stroke Care

**PLAN OF ACTION IN CASE OF FIRE** (Student Handbook pgs. 36-37 and Faculty Handbook pgs. 91-92)

**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.

**CODE YELLOW RESPONSE – PATIENT ELOPEMENT – Live Message** (Student Handbook pg. 44 and Faculty Handbook pg. 101)

"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/PEDIATRIC ABDUCTION – Live Message** (Student Handbook pg. 44 and Faculty Handbook pg. 101)

"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** (Student Handbook pg. 44, Faculty Handbook pg. 101)

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** (Student Handbook pgs. 44-45 and Faculty Handbook pgs. 101-102)

**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** (Student Handbook pg. 45; Faculty Handbook pg. 102)

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** (Student Handbook pg. 45 and Faculty Handbook pg. 102)

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/conserves 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**

(Employee Portal/Emergency Management/Overall Statement about the EOP – 6/21)

The Emergency Management Plan is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, residents, staff, and visitors, or the environment of Graham Health System facilities, or adversely impact upon the organization's ability to provide healthcare services to the community. The program is also designed to assure compliance with applicable codes and regulations.

The program is applied to Graham Health System in its entirety, including Graham Extended Care Long Term Care (LTC) and Skilled Nursing (SNF) Units. References to Graham Health System, hospital, organization, organizations, organizational, or facility(s) includes all entities specified above.

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.

## **GUIDELINES FOR HOSPITAL SECURITY**

(Employee Portal/Emergency Management/Guidelines for Hospital Security – 8/21)

### **Purpose**

The Emergency Management Plan is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, residents, staff, and visitors, or the environment of Graham Health System facilities, or adversely impact upon the organization's ability to provide healthcare services to the community. The program is also designed to assure compliance with applicable codes and regulations. The program is applied to Graham Health System in its entirety, including Graham Extended Care Long Term Care (LTC) and Skilled Nursing (SNF) Units. References to Graham Health System, hospital, organization, organizations, organizational, or facility(s) includes all entities specified above.

### **Policy**

Security for Graham Health System is very 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.

### **Procedure**

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.
  - 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, 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 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 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 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.
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.

## **COMMUNICATING WITH THE MEDIA**

(Employee Portal/Emergency Management/Communicating with the Media – 8/21)

### **Purpose**

The Emergency Management Plan is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, residents, staff, and visitors, or the environment of Graham Health System facilities, or adversely impact upon the organization’s ability to provide healthcare services to the community. The program is also designed to assure compliance with applicable codes and regulations. The program is applied to Graham Health System in its entirety, including Graham Extended Care Long Term Care (LTC) and Skilled Nursing (SNF) Units. References to Graham Health System, hospital, organization, organizations, organizational, or facility(s) includes all entities specified above.

### **Policy**

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) and CEO for all media requests.

### **Procedure**

1. Employees should not talk with members of the media unless it is authorized by the Public Information Officer (PIO) and CEO.
  - a. The Incident Commander, Public Information Officer, and CEO need 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 and CEO.
  - a. The PIO and CEO will establish briefing times and location for the media.
  - b. The PIO and CEO will establish interviews for the media if possible.
  - c. The PIO and CEO will establish “shots of interest” for the media if possible.

REFERENCE National Incident Management System. (2020). Basic Guidance for Public Information Officers.

## **TIMELY WARNING AND EMERGENCY NOTIFICATION** (Student Handbook pg. 47 and Faculty Handbook pg. 104)

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 Canvas. Recipients receive the message through their Canvas account.

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** (Employee Portal/Environment of Care/Codes/Dr. Armstrong – 8/21)

#### **Purpose**

The Emergency Management Plan is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, residents, staff, and visitors, or the environment of Graham Health System facilities, or adversely impact upon the organization's ability to provide healthcare services to the community. The program is also designed to assure compliance with applicable codes and regulations. The program is applied to Graham Health System in its entirety, including Graham Extended Care Long Term Care (LTC) and Skilled Nursing (SNF) Units. References to Graham Health System, hospital, organization, organizations, organizational, or facility(s) includes all entities specified above.



## **Policy**

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.

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.

## **Procedure**

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. Affected department director or designee \*

At Graham Medical Group:

1. Administration
2. Environmental Services staff
3. 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.

**CODE 911 – ACTIVE SHOOTER** (Student Handbook pgs. 41-43 and Faculty Handbook pgs. 98-100)  
(Employee Portal/Emergency Management/Codes/Code 911 – 8/21)

**Purpose**

The Emergency Management Plan is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, residents, staff, and visitors, or the environment of Graham Health System facilities, or adversely impact upon the organization’s ability to provide healthcare services to the community. The program is also designed to assure compliance with applicable codes and regulations. The program is applied to Graham Health System in its entirety, including Graham Extended Care Long Term Care (LTC) and Skilled Nursing (SNF) Units. References to Graham Health System, hospital, organization, organizations, organizational, or facility(s) includes all entities specified above.

**Definitions**

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.

**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.

**Procedure**

- 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.

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)
- 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

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.

## **POLICIES AND PROGRAMS**

### **ANNUAL MANDATORY HEALTH STREAM TRAINING** (Student Handbook, pg. 70).

#### **Policy**

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

#### **Practice Guidelines**

Topics in the computerized education include, but not limited to: Standard Precautions; Infection Control – MDRO's; Patient Responsiveness; Rapid Regulatory Compliance: Clinical I; Rapid Regulatory Compliance: Clinical II; HIPAA; Preventing Slips, Trips, and Falls in the Workplace; Radiation Safety; Hand Hygiene; Environment of Care: Transgender Nondiscrimination Policy; Impaired Healthcare Workers; Patient Satisfaction; Corporate Compliance; Electrical Panel and Medical Gas Panel Safety; Abuse Education; Customer Service; Bed Bugs; and Behaviors that Undermine Patient Safety.

#### **Procedure**

The Director of the School of Nursing is responsible for ensuring that students complete computerized education prior to the first scheduled clinical per course. Students may receive a clinical absence and cannot participate in patient care/clinical settings until completed.

### **ORIENTATION PLAN FOR NEW STUDENTS** (Student Handbook, pg. 112)

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:

- 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

## **COUNSELING AND GUIDANCE POLICY** (Student Handbook, pg. 85)

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.

## **SEX DISCRIMINATION AND SEXUAL MISCONDUCT POLICY (TITLE IX)** (Student Handbook pg. 18 and Faculty Handbook pg. 132)

### **Applicable Federal and State Law**

Graham Hospital School of Nursing adheres to all federal and state civil rights laws and regulations prohibiting discrimination in institutions of higher education. These include Title IX of the *Education Amendments of 1972* ("Title IX"), the *Violence Against Women Reauthorization Act of 2013* ("VAWA"), the *Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act* ("Clery Act"), and the *Illinois Preventing Sexual Violence in Higher Education Act*. Title VII of the *Civil Rights Act of 1964* and the *Illinois Human Rights Act* are two other laws that also prohibit sex discrimination.

Title IX is a federal law that prohibits discrimination on the basis of sex in federally funded education programs and activities. Under final Title IX regulations, effective August 14, 2020, discrimination on the basis of sex can include sexual harassment, including sexual assault, dating violence, domestic violence, and stalking.

### **Notice of Nondiscrimination**

Graham Hospital School of Nursing does not discriminate on the basis of sex in the education program or activity that it operates. The School is required by Title IX not to discriminate in such a manner. The requirement not to discriminate in the education program or activity extends to employment and admission. Inquiries about the application of Title IX and its implementing regulations may be referred to the Title IX Coordinator, the United States Department of Education's Office for Civil Rights, or both (see below).

Title IX Coordinator

Pam Ritter, M.S. Ed.

Coordinator of Recruitment, Admissions, and Financial Aid

Graham Hospital School of Nursing, Room 366

210 W. Walnut St., Canton IL 61520

(309) 647-5240 ext. 2347

[pritter@grahamhospital.org](mailto:pritter@grahamhospital.org)

[TitleIXCoordinator@grahamhospital.org](mailto:TitleIXCoordinator@grahamhospital.org)

Any person, including third-party bystanders, may file a verbal or written report of sex discrimination or sexual harassment to the Title IX Coordinator at any time, including during non-business hours. She will respond within 12 hours of receipt of the report.

Office for Civil Rights, *Chicago Office*

U.S. Department of Education

Citigroup Center

500 W. Madison St. Ste. 1475, Chicago IL 60661-4544

(312) 730-1560

[OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov)

### **Policy on Nondiscrimination**

Graham Hospital School of Nursing ("School") strives to provide an educational and working environment that is free from all forms of sex-based discrimination, harassment, and retaliation for faculty, staff, and students. Students and employees are responsible for maintaining such an educational environment and complying with all policies.

Individuals found to have engaged in prohibited misconduct on the basis of sex will be subject to disciplinary action, up to and including termination and/or expulsion from the School.

Furthermore, it is Graham Hospital School of Nursing policy not to discriminate, or tolerate discrimination on the basis of race, religion, color, sex, national origin, ancestry, disability, age, military service, marital status, sexual orientation, pregnancy or other factors as prohibited by law. We are committed to providing an environment that values diversity and emphasizes the dignity and worth of every individual, an environment in which every individual is treated with respect.

Discrimination and harassment in any form are contrary to these goals and fundamentally at odds with the core values of Graham Hospital School of Nursing.

Faculty, staff, and student employees are also subject to the Graham Hospital policy on harassment in the workplace (Title VII and *Illinois Human Rights Act*).

### **Scope**

Graham Hospital School of Nursing's Sex Discrimination and Sexual Misconduct Policy ("Policy") and these implementing Procedures ("Procedures") apply to students, staff, administrators, and faculty members, regardless of sexual orientation or gender identity, whenever the misconduct occurs:

1. On School property or
2. Off School property if:
  - a. The conduct was in connection with a School or School-recognized program or activity; or
  - b. The conduct may have the effect of creating a hostile environment for a member of the School community.

### **Implementing Procedures**

The School will establish, maintain, and publish Procedures implementing this Policy, which set forth:

- The scope and jurisdiction of the School's prohibition on sex-based misconduct;
- Definitions of prohibited conduct;
- Responsibilities of and contact information for the School's Title IX Coordinator and Graham Hospital's Director of Human Resources;
- Options for assistance following an incident of sex-based discrimination, harassment, or other misconduct;
- Procedures for reporting and confidentially disclosing alleged sex-based misconduct;
- The School's response to reports of alleged sex-based misconduct;
- The School's grievance process for complaints alleging Title IX sexual harassment and/or alleging sexual violence, domestic violence, dating violence, or stalking;
- Prevention and education programming provided to School students; and
- Training and education provided to the Title IX Coordinator, and anyone else involved in the receipt of reports of, responding to, investigating or adjudicating alleged incidents of sexual discrimination, harassment, or other misconduct, or involved in the referral or provision of services to survivors.

### **Definition of Sexual Harassment**

The Title IX Final Rule defines sexual harassment as conduct on the basis of sex that satisfies one or more of the following, all of which jeopardize the equal access to education that Title IX is designed to protect: (1) An employee of Graham Hospital School of Nursing conditioning the provision of an aid, benefit, or service of the School on an individual's participation in unwelcome sexual conduct ("Quid Pro Quo"); (2) unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the School's program or activity; or (3) "sexual assault" (as defined in the Clery Act), "dating violence," "domestic violence," or "stalking" as defined in the *Violence Against Women Act* (VAWA).



*Sexual assault* as defined in the Clery Act means an offense classified as a forcible or non-forcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation. A sex offense is any sexual act directed against another person, without that person's consent, including acts in which the person is incapable of giving consent, or in a familial relationship of a degree that would prohibit marriage. Examples include forcible rape, forcible sodomy, sexual assault with an object, forcible fondling, incest, and statutory rape. In this Policy, *consent* is defined as express verbal permission to engage in sexual activity.

*Dating violence* means violence committed by a person— (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship, (ii) the type of relationship, and (iii) the frequency of interaction between the persons involved in the relationship.

*Domestic Violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by 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.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to— (a) fear for his or her safety or the safety of others; or (b) suffer substantial emotional distress.

### **Reporting Sex Discrimination or Sexual Harassment**

Any person, including third-party bystanders, may in good faith report sex discrimination, sexual harassment, or retaliation (whether or not the person reporting is the alleged victim), using one of the following options:

1. File a complaint with, or give verbal notice to, the Title IX Coordinator. Such a report may be made at any time (including during non-business hours) in person or by telephone, email, or mail, using the contact information listed above. The Coordinator will respond to the reporter within 12 hours.
2. Use the electronic anonymous reporting form posted at [http://www.grahamschoolofnursing.org/current\\_students\\_and\\_faculty/title\\_ix](http://www.grahamschoolofnursing.org/current_students_and_faculty/title_ix).
3. Report to a Responsible Employee, who must report the alleged incident of sex-based misconduct, including names of all involved individuals, to the Title IX Coordinator. The following are the School's Responsible Employees: Director and Student Senate Advisor. A report to a Responsible Employee is not confidential.
4. Call Graham Hospital Security at (309) 647-5240 ext. 4444.
5. Call 911 or the Canton Police Department at (309) 647-5131 in an emergency.

Reporting carries no obligation to initiate a formal response. Individuals who feel they have experienced sexual assault, dating violence, domestic violence, or stalking have the option to pursue a Title IX complaint with Graham Hospital School of Nursing, to pursue a criminal complaint with the appropriate law enforcement agency, or to pursue both, either concurrently or consecutively. Likewise, they also have the right not to pursue any complaint either to the School or to a law enforcement agency.

The School will keep confidential the identity of any individual who has made a report or complaint of sex discrimination or sexual harassment, any complainant, any individual reported to be the perpetrator of sexual misconduct, any respondent, and any witness, except as permitted by FERPA or as required by law, or if the School determines that the alleged perpetrator poses a serious and immediate threat to health and/or safety of the School community.

A person who knowingly makes a false report of sex-based misconduct may be subject to disciplinary action, up to and including suspension, expulsion, or termination.

### **Non-Retaliation**

It is a violation of this Policy to retaliate in any way against any person because they have, in good faith, opposed any practices forbidden under this Policy or have filed a report or complaint, testified, assisted, participated, or refused to participate in any manner in an investigation or grievance process under this Policy and Procedure. This includes intimidating, threatening, coercing, harassing, or discriminating against that person.

Acts of alleged retaliation should be reported immediately to the Title IX Coordinator and will be promptly investigated. Graham Hospital School of Nursing is prepared to take appropriate steps to protect individuals who fear that they may be subjected to retaliation and may pursue disciplinary action as appropriate for individuals engaged in retaliation.

### **Administration of Policy**

Title IX Coordinator

Pam Ritter, M.S. Ed.

Coordinator of Recruitment, Admissions, and Financial Aid

Graham Hospital School of Nursing, Room 366

210 W. Walnut St., Canton IL 61520

(309) 647-5240 ext. 2347

[TitleIXCoordinator@grahamhospital.org](mailto:TitleIXCoordinator@grahamhospital.org)

Responsibilities of the Title IX Coordinator include, but are not limited to:

- Overseeing the School's response to all Title IX reports and complaints and identifying and addressing any patterns or systemic problems revealed by such reports or complaints.
- Being informed of all reports and complaints raising Title IX issues, including those initially filed with another individual or office or if the investigation will be conducted by another individual or office.
- Conducting and/or assigning Title IX investigations, including the investigation of facts relative to a complaint.

- With respect to Title IX complaints that relate to a School employee as the complainant or as the respondent, the Title IX Coordinator will partner with the Director of Human Resources to manage the investigation into the allegations and recommend any appropriate sanctions against an employee.
- The Title IX Coordinator must not be the decision-maker for a determination of responsibility in response to a formal Title IX complaint of sexual harassment.
- Coordinating any appropriate supportive measures and ensuring the effective implementation of any remedies.
- Ensuring that appropriate policies and procedures are in place for working with law enforcement and coordinating services with local victim advocacy organizations and services providers, including rape crisis centers.
- Ensuring that adequate training is provided to students, faculty, and staff on Title IX issues.
- Promoting an educational and employment environment which is free of sex discrimination and gender bias.

Director of Human Resources  
 Melanie Ewalt  
 Graham Health System  
 210 W. Walnut St., Canton IL 61520  
 (309) 647-5240 ext. 2303  
[mewalt@grahamhospital.org](mailto:mewalt@grahamhospital.org)

The Director of Human Resources will partner with the Title IX Coordinator with respect to any complaints of sex-based misconduct that involve a School employee as the complainant or as the respondent. For any such complaints that involve a School employee as the respondent and fall outside the scope of Title IX, the Director of Human Resources will manage the investigation into the allegations and issue a decision and any appropriate sanction(s).

**Confidential Resources for Assistance**

The following counselors and advocates can provide an immediate confidential response in a crisis situation, as well as ongoing assistance and support:

Confidential Advisor (Spoon River College students)  
 Andrea White  
 Student Success Coach and Counselor  
 Spoon River College  
 23235 N. County Hwy 22, Canton IL 61520  
 (309) 649-6225  
[Andrea.White@src.edu](mailto:Andrea.White@src.edu)

National Domestic Violence Hotline: (800) 799-SAFE (7233) [www.thehotline.org](http://www.thehotline.org)

National Sexual Assault Hotline RAINN: (800) 656-HOPE (4673) [www.rainn.org](http://www.rainn.org)

Illinois Coalition Against Sexual Assault: (217) 753-4117 [www.icasa.org](http://www.icasa.org)

Illinois Sexual Harassment & Discrimination Helpline: (877) 236-7703 (M-F 8:30-5:00)

Fulton Mason Crisis Service: (309) 647-8311

Fulton County Sexual Assault Services: (309) 333-1934

Western Illinois Regional Council – Community Action Agency Victim Services:

Hotline: (309) 837-5555 <http://wirpc.org/>

Graham Hospital: Preservation of evidence, examination, and treatment for sexual assault survivors to provide for the victim’s medical, legal, and psychosocial needs. (309) 647-5240

### **School Response**

Notice to the Title IX Coordinator, or other official with authority to take corrective measures, charges a school with actual knowledge of sex-based discrimination, sexual harassment, or other sex-based misconduct, or allegations of these in its education program or activity and triggers Graham Hospital School of Nursing’s obligation to respond.

Graham Hospital School of Nursing will investigate every informal or formal notice or complaint of violation of its Sex Discrimination and Sexual Misconduct Policy that is received by the Title IX Coordinator in accordance with the Procedures set forth below.

These Procedures govern sex-based misconduct in various forms, many of which may trigger legal obligations under one or more state and federal laws. In no case does the inapplicability of a particular law require the School not to address an act of misconduct falling within the scope of these Procedures.

#### **1. Notice/Report**

Within 12 hours of receipt of notice or a report of an alleged violation of the Policy to the Title IX Coordinator, the Coordinator will contact the alleged victim in confidence with at least one of three responses:

1. Offer supportive measures when the victim does not wish to proceed formally,
2. An informal resolution, and/or
3. A Formal Grievance Process including an investigation and a hearing.

The investigation and grievance process will determine whether or not the Policy has been violated. If so, Graham Hospital School of Nursing will promptly implement effective remedies designed to ensure that it is not deliberately indifferent to harassment or discrimination, their potential recurrence, or their effects.

#### **2. Report Processing**

Within five (5) business days following receipt of notice or a complaint, the Title IX Coordinator will:

- Inform the alleged victim (hereinafter “complainant”) of their right to request supportive measures, whether that person decides to file a formal complaint or not;
- Inform the complainant of their right to have an advisor;
- Explain that the complainant has an option to file a formal complaint, which can be filed by the complainant or signed by the Title IX Coordinator, except when the Coordinator is a party to the complaint;
- Explain that the complainant has a right to dismiss a formal complaint unless there is a compelling and immediate threat to physical health and/or safety;
- Notify the individual reported to be the perpetrator of sexual harassment (hereinafter, “respondent”), if a formal complaint is made, and inform them of their right to request supportive measures;
- Offer informal resolution of the complaint, such as mediation or restorative justice, so long as both parties give voluntary, informed, written consent, except when an employee is alleged to have sexually harassed a student;
- Initiate a formal investigation and grievance process, and provide a report to the Title IX Hearing Committee (Graham Hospital School of Nursing Non-Academic Grievance Committee); and
- Dismiss the allegations in a formal complaint if they do not meet the definition of sexual harassment or did not occur in the School’s education program or activity.

### 3. Supportive Measures

Supportive measures (also referred to as “interim protective measures”) are non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to a complainant or respondent, irrespective of whether a formal complaint has been filed.

Examples of supportive measures that the School may offer include, but are not limited to:

- Counseling and mental health support;
- Extensions of deadlines or other course-related adjustments;
- Leaves of absence;
- Changes to academic, living, and/or working schedules or situations;
- Increased security and monitoring of certain areas of campus;
- Issuance and enforcement of mutual campus No Contact Orders; and
- Enforcement of an order of protection or No Contact Order entered by a state civil or criminal court.

A report of alleged sex-based misconduct may also prompt the School to consider broader remedial action, such as increased education and prevention efforts or revisions to the School’s policies and practices. The Title IX Coordinator is responsible for coordinating the School’s implementation of supportive measures.

#### 4. Emergency Removals and/or Administrative Leave

The Title IX Coordinator may determine that emergency removal of a respondent from its education program or activity is necessary if that person poses an immediate threat to physical health and/or safety of any student or other individual. In addition, the School may place an employee on administrative pending the Grievance Process in response to a formal complaint.

#### 5. Timely Warnings

Pursuant to the *Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act* (“Clery Act”), 20 U.S.C. § 1092(f), the School will issue timely warnings to the campus community about crimes that have already occurred but may continue to pose a serious or ongoing threat to students and employees. The Clery Act also requires the School to maintain a public crime log and publish an Annual Security Report (“ASR”) available to all current students and employees. The ASR documents three calendar years of select campus crime statistics (including statistics regarding incidents of dating violence, domestic violence, and stalking), security policies and procedures, and information on the basic rights guaranteed to victims of sexual assault.

#### **Formal Grievance Process Procedures**

For purposes of this Grievance Process, a formal complaint is a document filed by a complainant or signed by the Title IX Coordinator alleging qualifying allegations of Title IX sexual harassment (including sexual assault, dating violence, domestic violence, and stalking, as defined above) that occur in an education program or activity controlled by Graham Hospital School of Nursing, involving a complainant and respondent participating or attempting to participate in the School’s education programs or activities, either as a student or an employee.

Absent a willing and able complainant, the Title IX Coordinator may determine that a formal complaint should be pursued due to a compelling threat to health and/or safety.

The Title IX Coordinator may dismiss a formal complaint or any allegations therein if, at any time during the investigation or hearing, the complainant notifies the Coordinator in writing that the complainant wishes to withdraw the formal complaint or allegations therein.

If the Title IX Coordinator determines that the complaint is outside the scope of Title IX, the complaint may be dismissed; however, the allegations may instead be addressed under Graham Hospital School of Nursing’s Code of Conduct or other appropriate policies elaborated in the student, faculty, and employee handbooks. The Coordinator will refer the matter for resolution to the Graham Hospital School of Nursing Director and/or the appropriate School committee.

##### 1. Notice of Allegations

Within ten (10) business days after signing a formal complaint or receiving a formal complaint filed by a complainant, the Title IX Coordinator will provide written notice to the known parties of the following:

- a. This Grievance Process, including the informal resolution process, where applicable.
- b. The allegations potentially constituting sexual harassment under Title IX and/or sexual violence, domestic violence, dating violence, or stalking including sufficient details known at the time and with sufficient time to prepare a response before any initial interview.
- c. That the respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process.
- d. That the parties may have an advisor of their choice, who may be, but is not required to be, an attorney.
- e. That the parties may inspect and review any evidence obtained as part of the investigation that is directly related to the allegations raised in the formal complaint, including evidence upon which the School does not intend to rely in reaching a determination regarding responsibility, and inculpatory or exculpatory evidence, whether obtained from a party or other source.
- f. The provision in this Policy that prohibit knowingly making false statements or knowingly submitting false information during the grievance process.

## 2. Informal Resolution

At any time after receiving the initial notice of allegations, and prior to a determination regarding responsibility being reached, the complainant and respondent may request to participate in an informal resolution process such as mediation, restorative justice, etc.

Informal resolution will only occur with both parties' voluntary, written consent. At any time prior to agreeing to a resolution, any party will have the right to withdraw from the informal resolution process and resume the grievance process with respect to the formal complaint.

The Title IX Coordinator or designee (i.e., Graham Hospital School of Nursing Director, Director of Human Resources), with the consent of the parties, may negotiate and implement an agreement to resolve the allegations that satisfies all parties and the School. Negotiated resolutions are not appealable.

The School does not permit informal resolution in cases involving alleged sexual harassment by a School employee toward a student.

## 3. Investigation of Formal Complaint

The Title IX Coordinator will undertake an investigation into a formal complaint, which may take 60 business days. Throughout the investigation, the parties will be afforded an equal opportunity to present witnesses including fact and expert witnesses, and other inculpatory and exculpatory evidence. The Coordinator will not restrict the ability of either party to discuss the allegations under investigation or to gather and present relevant evidence. Any proceeding, meeting, or hearing held to resolve formal complaints pursuant to this Grievance Process will protect the privacy of the participating parties and witnesses.

Both parties will be afforded an opportunity to be accompanied to any meeting or proceeding by an advisor of their choice, who may be, but is not required to be, an attorney. The advisor's role is limited to providing support, guidance, and/or advice, and to conducting cross-examination during the live hearing. A party's advisor may not speak on behalf of the party during any meeting, interview, or hearing and must comply with all behavioral rules and expectations set forth in these Procedures. If a party's advisor violates these Procedures or engages in behavior that harasses, abuses, or intimidates a party, witness, or individual resolving a complaint, that advisor may be prohibited from further participation.

When a party's participation is invited or expected at an investigative interview or other meeting, the Title IX Coordinator will provide that party with written notice of the date, time, location, participants, and purpose of said interview or meeting at least five (5) business days prior to the interview or meeting.

At the conclusion of the investigation, and prior to the completion of her investigative report, the Title IX Coordinator will send to each party (and the party's advisor, if any) the evidence obtained as part of the investigation that is directly related to the allegations raised in the formal complaint, in hard copy. The parties will have ten (10) business days to submit a written response to the evidence, which the Coordinator will consider prior to completion of her investigative report. Upon completion of the report, the Coordinator will schedule a hearing. At least ten (10) business days prior to the hearing, the Coordinator will:

- a. Provide both parties with written notice of the hearing date, time, location participants, and purpose of the hearing; and
- b. Send to each party (and the party's advisor, if any) the investigative report in hard copy for their review and written response.

#### 4. Live Hearings

A hearing will be conducted by a hearing officer/decision-maker (the Graham Hospital School of Nursing Director), except when the Director is a party to the complaint, and the Title IX Hearing Committee (the Graham Hospital School of Nursing Non-Academic Grievance Committee).

At the request of either party, the School will arrange for the live hearing to occur with the parties located in separate rooms, with technology enabling the hearing officer and parties to simultaneously see and hear the party or witness answering questions. A party wishing to request such an arrangement must contact the Title IX Coordinator to request such an arrangement at least five (5) business days in advance of the hearing. The School may conduct any live hearing virtually, with the participants in one or more separate geographical locations, and with technology enabling participants simultaneously to see and hear each other.

At the live hearing, each party's advisor will be permitted to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging



credibility. Such cross-examination will be conducted directly, orally, and in real time by the party's advisor of choice and may never be conducted by a party personally.

If a party does not have an advisor who is available to conduct cross-examination on behalf of that party at the live hearing, then Graham Hospital School of Nursing will provide the party with an advisor of the School's choice, free of charge, to conduct cross-examination on behalf of that party. To invoke this right, the party must notify the Title IX Coordinator at least three (3) business days in advance of the hearing or will waive the right to request that an advisor be appointed.

Only relevant questions, as determined by the hearing officer, may be asked of a party or witness. Questions and evidence about the complainant's sexual predisposition or prior sexual behavior are not relevant and will not be permitted, except where:

- a. The questions and evidence about the complainant's prior sexual behavior are offered to prove that someone other than the respondent committed the conduct alleged by the complainant; or
- b. The questions and evidence concern specific incidents of the complainant's prior sexual behavior with respect to the respondent and are offered to prove consent.

If a party or witness does not submit to cross-examination at the live hearing, either due to absence from the hearing or due to the party's or witness's refusal to answer cross-examination or other questions, the hearing officer will not rely on any statement of that party or witness in reaching a determination regarding responsibility; however, the hearing officer will not draw an inference about the determination regarding responsibility based solely on a party's or witness's absence from the live hearing or refusal to answer cross-examination or other questions.

The School will make all evidence obtained as part of the investigation that is directly related to the allegations raised in the formal complaint available for the parties' inspection and review during the hearing. In addition, the School will create an audio or audiovisual recording or transcript of the live hearing, which the Title IX Coordinator will make available to the parties for inspection and review upon request.

## 5. Determination of Responsibility

Within ten (10) business days of the conclusion of the live hearing, the hearing officer will make a decision regarding responsibility. The hearing officer will apply a preponderance of the evidence standard when determining responsibility. The hearing officer will issue a written determination to both parties simultaneously. The written determination will include:

- a. Identification of the allegations potentially constituting sexual harassment and/or sexual violence, domestic violence, dating violence, or stalking as defined above;
- b. A description of the procedural steps taken from the receipt of the formal complaint through the determination, including any notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other

- c. evidence, and hearings held;
- d. Findings of fact supporting the determination;
- e. Conclusions regarding the application of the Graham Hospital School of Nursing Code of Conduct or other conduct standards to the facts;
- f. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions the School imposes on the respondent, and whether remedies designed to restore or preserve equal access to the School's education program or activity will be provided by the School to the complainant; and
- g. The procedures and permissible bases for the complainant and respondent to appeal.

## 6. Appeals

Both parties will have the right to appeal any determination regarding responsibility, and any dismissal of a formal complaint or allegations therein, to the Graham Hospital Vice President of Quality or designee. An appeal must be based on one or more of the following grounds:

- a. A procedural irregularity occurred;
- b. New evidence or information exists that could affect the outcome of the matter;
- c. The Title IX Coordinator or hearing officer had a conflict of interest or bias for or against complainants or respondents generally, or the individual complainant or respondent, that affected the outcome of the matter; and/or
- d. The sanction is disproportionate with the violation.

A party who wishes to appeal a determination regarding responsibility or a dismissal of a formal complaint or allegations therein must submit a written appeal request to the Title IX Coordinator within five (5) business days of the party's receipt of the written determination or written dismissal notice. The written appeal request must identify the ground(s) on which the party seeks to appeal the determination or dismissal.

Within five (5) business days of the Title IX Coordinator's receipt of an appeal request, the Title IX Coordinator will forward the appeal request to the Graham Hospital Vice President of Quality or designee and will notify the other party in writing that an appeal has been filed. Before reaching a determination regarding the appeal, the Vice President or designee will afford both parties an equal opportunity to submit a statement in support of, or challenging, the determination or responsibility or dismissal that is the subject of the appeal. Within ten (10) business days after the Vice President or designee has concluded his/her review of the appeal, the Vice President or designee will issue a written decision simultaneously to both parties, describing the outcome of the appeal and the rationale for the outcome. The Vice President or designee's decision is final.

## 7. Sanctions

If a determination of responsibility is found, the decision-maker will implement one or

more sanction or responsive action as soon as is feasible, either upon the outcome of any appeal or the expiration of the window to submit an appeal.

Factors in the decision may include the seriousness of the offense, the respondent's disciplinary history, or previous allegations or allegations involving similar conduct.

Sanctions/responsive actions may include but are not limited to: verbal warning, written warning, required training or education, required counseling or therapy, performance improvement/management process, probation, removal from leadership position, campus access restrictions, disciplinary dismissal (suspension or expulsion/termination), and revocation of offer of admission or employment.

### **Prevention and Education for Students**

Graham Hospital School of Nursing will review at least annually its sexual discrimination, harassment, and misconduct prevention and education programming to ensure students and employees are provided substantive opportunities to learn about sexual discrimination, harassment, and misconduct, including primary prevention, bystander intervention, risk reduction, consent, reporting methods, relevant College policies and procedures, retaliation, survivor-centered and trauma-informed response, relevant definitions, and other pertinent topics.

### **Training**

The Title IX Coordinator and anyone else involved in the receipt of reports of, responding to, investigating, or adjudicating alleged incidents of sexual discrimination, harassment, or other misconduct, or involved in the referral or provision of services to survivors receive annual education and training on primary prevention, bystander intervention, risk reduction, consent, reporting obligations, investigation procedures, confidentiality requirements, relevant Graham Hospital School of Nursing policies and procedures, retaliation, survivor-centered and trauma-informed response, relevant definitions, and other pertinent topics.

In addition to the above training, individuals who investigate or resolve complaints, including through informal resolutions, receive at least 8-10 hours of annual training on issues related to Preventing Sexual Violence in Higher Education Act offenses including sexual violence, domestic violence, dating violence, and stalking; the scope of the School's education program or activity; the Title IX definition of sexual harassment; how to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest, and bias; and how to conduct the School's Formal Grievance Process outlined above. Decision-makers in particular receive training on any technology to be used at live hearings and on issues of relevance of questions and evidence, including when questions and evidence about the complainant's sexual predisposition or prior sexual behavior are not relevant. Investigators in particular receive training on issues of relevance so as to enable them to create an investigative report that fairly summarizes relevant evidence.

Any materials used to train Title IX Coordinators, investigators, decision-makers, and any person who facilitates an informal resolution process, will not rely on sex stereotypes and will promote impartial investigations and adjudications of formal complaints of sexual harassment. Training materials will be posted to the Title IX section of the Graham Hospital School of Nursing web site, [grahamschoolofnursing.org](http://grahamschoolofnursing.org).

## **Recordkeeping**

Graham Hospital School of Nursing will create and maintain for a period of seven years records of each sex discrimination or sexual misconduct investigation, including any recordings or transcripts; any disciplinary sanctions imposed on the respondent or remedies provided to the complainant; any appeal and the results of the appeal; informal resolution, if any, and the results of the informal resolution; and the materials used to train the Title IX Coordinator, investigator, decision-makers, and facilitators of informal resolutions.

## **DRUG SCREENING PROGRAM** (Student Handbook pg. 98)

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**

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, pgs. 99-106)

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.

### **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.

### **Before Requesting Drug and/or Alcohol Testing**

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**

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.

**DRUG-FREE SCHOOLS AND COMMUNITIES ACT AMENDMENTS** (Student Handbook, pgs. 94-95)

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 Rebecca Sherwood, Director of the School of Nursing at [rsherwood@grahamhospital.org](mailto:rsherwood@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.

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. 98-106of 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. 85).

On-Campus Resources	
Graham Hospital Employee Assistance Program	Referral by School Director Rebecca Sherwood, (309) 647-4086

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

### **Legal Sanctions**

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](http://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:

State laws and penalties:

Underage Drinking – [www.illinois.gov/ilcc/education/pages/under21laws.aspx](http://www.illinois.gov/ilcc/education/pages/under21laws.aspx)

DUI – [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com) Search Illinois DUI Fact Book

## Other Helpful Sites:

[www.samhsa.gov](http://www.samhsa.gov) – U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services Administration

## Health Risks of Commonly Abused Substances

Substance	Nicknames/ Slang Terms	Short Term Effects	Risks/Long Term Effects
Alcohol		Slurred speech, drowsiness, headaches, impaired judgment, decreased perception and coordination, distorted vision and hearing, vomiting, breathing difficulties, unconsciousness, coma, blackouts	Toxic psychosis, physical dependence, neurological and liver damage, fetal alcohol syndrome
Amphetamines	Uppers, speed, meth, crack, crystal, ice, pep pills	Increased heart rate, increased blood pressure, dry mouth, loss of appetite, restlessness, irritability, anxiety	Loss of appetite, delusions, hallucinations, heart problems, hypertension, irritability, insomnia, toxic psychosis
Barbiturates and Tranquilizers	Barbs, bluebirds, blues, yellow jackets, red devils, roofies, rohypnol, ruffies, tranqs, mickey, flying v's	Slurred speech, muscle relaxation, dizziness, decreased motor control	Severe withdrawal symptoms, possible convulsions, toxic psychosis, depression, physical dependence

Cocaine	Coke, cracks, snow, powder, blow, rock	Loss of appetite, increased blood pressure and heart rate, contracted blood vessels, nausea, hyper-stimulation anxiety, paranoia, increased hostility, increased rate of breathing, muscle spasms and convulsions, dilated pupils, disturbed sleep	Loss of appetite, depression, weight loss, seizure, heart attack, stroke, hypertension, hallucination, psychosis, chronic cough, nasal passage injury
Gamma Hydroxy Butyrate	GHB, liquid B liquid X, liquid ecstasy, G, Georgia homeboy, grievous bodily harm	Euphoria, decreased inhibitions, drowsiness, sleep, decreased body temperature, decreased heart rate, decreased blood pressure	Memory loss, depression, severe withdrawal symptoms
Heroin	H, junk, smack, horse, skag	Euphoria, flushing of the skin, dry mouth, "heavy" arms and legs, slowed breathing, muscular weakness	Physical dependence, constipation, loss of appetite, lethargy
Ketamine	K, super K, special K	Dream-like states, hallucinations, impaired attention and memory, delirium, impaired motor function, high blood pressure, depression	Major convulsions, muscle rigidity
LSD	Acid, stamps, dots, blotter, A-bombs	Dilated pupils, change in body temperature, blood pressure and heart rate, sweating, chills, loss of appetite, decreased sleep, tremors, changes in visual acuity, mood changes	May intensify existing psychosis, panic reactions, can interfere with psychological adjustment and social functioning, insomnia
MDMA	Ecstasy, XTC, adam, X, rolls, pills	Impaired judgment, confusion, blurred vision, teeth clenching, depression, anxiety, paranoia, sleep problems, muscle tension	Same as LSD, sleeplessness, nausea, confusion, increased blood pressure, sweating
Marijuana/ Cannabis	Pot, grass, dope, weed, joint, bud, reefer, doobie, roach	Sensory distortion, poor coordination of movement, slowed reaction time, panic, anxiety	Bronchitis, conjunctivas, lethargy shortened attention span, cancer
Mescaline	Peyote cactus	Nausea, vomiting, anxiety, delirium, hallucinations, increased heart rate, blood pressure, and body temperature	May intensify existing psychosis, hallucinations at high doses
Morphine	M, morf	Euphoria, increased body temperature, dry mouth, "heavy" feeling in arms and legs	Physical dependence, constipation, loss of appetite
PCP	Crystal, tea, angel dust	Shallow breathing, flushing, profuse sweating, numbness in arms and legs, decreased muscular coordination, nausea, vomiting, blurred vision, delusions, paranoia, disordered thinking	Psychotic behavior, violent acts, psychosis, hallucinations at high dose

Psilocybin	Magic mushrooms, shrooms	Nausea, distorted perceptions, nervousness, paranoia	May intensify existing psychosis, confusion, memory loss, shortened attention span, flashbacks
Steroids	Roids, juice	Increased lean muscle mass, increased strength, acne, oily skin, excess hair growth, high blood pressure	Cholesterol imbalance, acne, baldness, anger management problems, masculinization in women, breast enlargement in men, premature fusion of long bones preventing attainment of normal height, atrophy of reproductive organs, impotence, reduce fertility, stroke, hypertension, congestive heart failure, liver damage

In the United States during 2019, the most commonly abused drugs were alcohol, marijuana, and opioids.

Opioids are a class of drugs that include illegal drugs such as heroin, synthetic opioids such as fentanyl, and prescription pain relievers such as Vicodin, codeine, and morphine. Opioids are often misused to create a sense of euphoria. They alter a person’s thinking and judgment. Regular use of opioids can lead to dependence, addiction, overdose, and death.

**STUDENT SOCIAL ACTIVITIES ALCOHOL POLICY** (Student Handbook, pg. 148)

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.

**MISSING STUDENT POLICY** (Student Handbook pg. 38 and Faculty Handbook pg. 94)

A student will be considered missing if a roommate, classmate, faculty member, friend, or other member of the campus community has not seen the person for a reasonable amount of time. A reasonable amount of time may vary with the time of day and information available regarding the missing person’s daily schedule, habits, punctuality, and reliability. Most missing person reports in

the college environment are the result of a student changing his/her routine without informing roommate(s), family and/or friends of the change.

Individuals will be considered missing immediately if the absence has occurred under circumstances that are suspicious or cause concerns for the student's safety. If the initial report that a person is missing is made to a Graham Hospital department other than the School of Nursing, the person receiving the report shall ensure that the School of Nursing Director is contacted immediately. The Director or her designee will contact the student's emergency contact to check on the student's welfare.

### **Procedures**

At the beginning of each academic year, all students will be asked to voluntarily provide emergency contact information. This emergency information will be maintained by the School of Nursing office, updated annually. Confidential contact information will be accessible only to authorized campus officials, and it will not be disclosed, except to law enforcement personnel in furtherance of a missing person investigation. Upon notification from any entity that a student may be missing, school officials may use any of the following procedures or resources to assist in locating the student.

1. Call and text the student's cell phone and/or e-mail the student.
2. Check all possible locations mentioned by parties above.
3. Check social networking sites.
4. Ascertain student's car make and license plate. Graham Hospital Security will check parking lots.
5. Technology staff may be asked to obtain e-mail logs or access logs to the Graham Hospital computer system.

The student's emergency contacts will be notified if the student has not been located after utilizing the above resources.

Note: Students under the age of 18 are advised that a custodial parent or guardian will also be notified within twenty-four hours of determination that student is missing.

**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 BUILDING PROPERTY			PUBLIC PROPERTY		
	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
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	1	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
<b>**CRIMES REPORTED IN THE RESIDENTIAL FACILITIES COLUMN ARE INCLUDED IN THE ON-CAMPUS CATEGORY</b>												
<b>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.</b>												
There were no offenses to report for the crimes listed for 2018, 2019, and 2020: 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.												

**GRAHAM HOSPITAL SCHOOL OF NURSING**  
**FIRE SAFETY REPORT**

<b><u>Fire Safety Report on Student Housing</u></b>	Year 2018	Year 2019	Year 2020
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

The student dormitory housing was closed permanently May 31, 2021. Student housing had smoke alarms in each room. The alarm is audio and visual. There is a sprinkler system on the 3<sup>rd</sup> floor and 4<sup>th</sup> 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.

**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.

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

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**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.

**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.

**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.

**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.

**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.