



Campus Security Information

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Crime Prevention Service

The Safety and Security Department shall inform students and staff regarding and necessary security issues as they occur. After business hours, a FOB System will be activated in the College Building and students will have to gain access to the building with a faculty and/or staff member.

Safety Tips

Students of St. Luke's College have rights and responsibilities in regard to prevention of and protection from criminal offenses. To maintain campus safety and security the following safety tips are recommended:

- Avoid walking alone, especially after dark.
- Never go places with strangers.
- Avoid high-risk locations, use regular walkways and well-lighted areas.
- Campus security is available to accompany you to your vehicle. If you are alone or unsure of your safety, dial "0" and ask for security or dial 3911.
- Never leave locked building doors propped open.
- Identify all items of importance with name and an identification number.
- Always report criminal or suspicious activity to campus security immediately. (Ext. 3615 or "0")
- If you experience safety concerns off campus please dial 911

Reporting of Suspicious Persons and/or Activity and Crime on Campus

If you observe suspicious persons, activity and/or crime, notify Security immediately by calling the hospital operator "0" and request Security right away or by contacting Matt Max, Manager of Safety and Security. Security will follow-up, report and summon the Sioux City Police Department if the situation so warrants.

Security and Police Department Response

Security surveillance of the campus is maintained 24 hours a day. Security officers tour all areas and are alert for suspicious persons, activity and crime. Security has the authority to detain and/or physically interview those posing a threat to property, life, body, or limb while on campus. Security maintains a routine and emergency related working relationship with local, state, and federal law enforcement agencies. Security is capable of summoning the Sioux City Police Department by a hand-held two-way radio through the hospital operator. All incidents of crime shall be followed up with the Police Department and documentation thereof maintained.

CAMPUS CRIME STATISTICS

In order to comply with requirements of the Title IX Education Amendments Act of 1972 and the Office of Civil Rights prohibiting all forms of sex discrimination, which includes sexual harassment and sexual assault, St. Luke's College has the responsibility to investigate all

reports that it receives. Although St. Luke's College will attempt to respect the wishes of the complainant with regard to action taken in response to the complaint, the college will take appropriate disciplinary or corrective action whenever deemed necessary to meet the college's responsibilities to provide a safe and non-discriminatory environment for other students and employees.

Campus crime statistics shall be maintained and documented by Safety and Security. Statistics will be distributed to students and staff and be available in the College office.

| <u>Criminal Offenses - On campus</u> | | | | | | | |
|--|--------------------------------------|--|----------|--------------------|--------|------------|-------------------------------|
| Criminal offense | Total occurrences On campus | | | | | | |
| | 2010 | 2011 | 2012 | | | | |
| a. Murder/Non-negligent manslaughter | 0 | 0 | 0 | | | | |
| b. Negligent manslaughter | 0 | 0 | 0 | | | | |
| c. Sex offenses - Forcible | 0 | 0 | 0 | | | | |
| d. Sex offenses - Non-forcible | 0 | 0 | 0 | | | | |
| e. Robbery | 0 | 0 | 0 | | | | |
| f. Aggravated assault | 0 | 0 | 2 | | | | |
| g. Burglary | 2 | 0 | 4 | | | | |
| h. Motor vehicle theft | 0 | 0 | 0 | | | | |
| i. Arson | 0 | 0 | 0 | | | | |
| <u>Criminal Offenses - Public Property</u> | | | | | | | |
| Criminal offense | Total occurrences on Public Property | | | | | | |
| | 2010 | 2011 | 2012 | | | | |
| a. Murder/Non-negligent manslaughter | 0 | 0 | 0 | | | | |
| b. Negligent manslaughter | 0 | 0 | 0 | | | | |
| c. Sex offenses - Forcible | 0 | 0 | 0 | | | | |
| d. Sex offenses - Non-forcible | 0 | 0 | 0 | | | | |
| e. Robbery | 0 | 1 | 0 | | | | |
| f. Aggravated assault | 0 | 0 | 0 | | | | |
| g. Burglary | 0 | 0 | 0 | | | | |
| h. Motor vehicle theft | 2 | 1 | 0 | | | | |
| i. Arson | 0 | 0 | 0 | | | | |
| <u>Hate Crimes - On campus</u> | | | | | | | |
| Occurrences of Hate crimes | | | | | | | |
| Criminal offense | 2012 Total | Category of Bias for crimes reported in 2012 | | | | | |
| | | Race | Religion | Sexual orientation | Gender | Disability | Ethnicity/ National Origin |
| | | | | | | | |
| a. Murder/ Non-negligent manslaughter | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| b. Negligent manslaughter | 0 | | | | | | | |
| c. Sex offenses - Forcible | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| d. Sex offenses - Non-forcible | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| e. Robbery | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| f. Aggravated assault | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| g. Burglary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| h. Motor vehicle theft | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| i. Arson | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| j. Simple assault | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| k. Larceny-theft | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| l. Intimidation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| m. Destruction/damage/vandalism of property | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Arrests - On campus

| Law Violation | Number of Arrests | | |
|--|-------------------|------|------|
| | 2010 | 2011 | 2012 |
| a. Weapons: carrying, possessing, etc. | 0 | 0 | 0 |
| b. Drug abuse violations | 0 | 0 | 0 |
| c. Liquor law violations | 0 | 0 | 0 |

Arrests - Public Property

| Crime | Number of Arrests | | |
|--|-------------------|------|------|
| | 2010 | 2011 | 2012 |
| a. Weapons: carrying, possessing, etc. | 0 | 0 | 0 |
| b. Drug abuse violations | 0 | 0 | 0 |
| c. Liquor law violations | 0 | 0 | 0 |

Disciplinary Actions - On campus

| Law Violation | Number of persons referred for Disciplinary Action | | |
|--|--|------|------|
| | 2010 | 2011 | 2012 |
| a. Weapons: carrying, possessing, etc. | 0 | 0 | 0 |
| b. Drug abuse violations | 0 | 0 | 0 |
| c. Liquor law violations | 0 | 0 | 0 |

Disciplinary Actions - Public Property

| Law Violation | Number of persons referred for Disciplinary Action | | |
|--|--|------|------|
| | 2010 | 2011 | 2012 |
| a. Weapons: carrying, possessing, etc. | 0 | 0 | 0 |
| b. Drug abuse violations | 0 | 0 | 0 |
| c. Liquor law violations | 0 | 0 | 0 |

GUIDELINES REGARDING SEXUAL ABUSE

Sexual abuse involves violence meant to degrade the victim sexually, emotionally and psychologically. Sexual assault refers to forcible sexual acts performed without the victim's consent and against her/his will.

Control is the key ingredient of any sexual assault. Some assailants gain control in a direct physical attack while others use verbal deceit to obtain sex under false pretense by using betrayal and often violence.

Procedure in Situations of Sexual Assault

- If attacked, your goal is to escape and run.
- If trapped, your goal is to stay alive. Your mind is your best weapon. Try to talk your way out of the situation.
- Observe all you can about your attacker: age, height, clothing, scars, what was said. Also observe everything possible about the vehicle (if applicable): color, make, and license number.
- Take immediate action: if on Medical Center property, summon St. Luke's Security by dialing "3911" for the hospital operator or report the incident to police by dialing 911.
- Do not bathe or change clothing. Leave everything as is; physical evidence is needed in court.
- Take a change of clothing with you to the emergency room if possible.

- Call the Council on Sexual Assault and Domestic Violence: 258-7233. This is a 24-hour crisis line for free, confidential counseling and support. Assistance is available with medical and legal procedures. A counselor can be with you during the medical exam and police interview.

Prevention Guidelines

Anyone is a potential victim of sexual abuse. You can reduce the risk of dangerous situations and remove the opportunity for this crime to be committed.

Key things to always remember

- Be alert when you are alone
- Keep aware of possible unsafe situations
- Be discreet about your personal plans
- Avoid hitchhiking
- Trust your instincts; if a situation feels uncomfortable, get out of it

At home:

- Keep doors and windows locked
- Keep curtains closed at night
- Don't automatically open your door to a visitor; verify their identity
- Use caution when allowing salesmen, repairmen into your home
- If someone is seeking help, offer to call the police for them, not allowing them to come inside to use the phone

In your car:

- Always have your keys ready to unlock it without wasting time
- Park in well lighted areas
- Check the inside before entering
- Close windows and lock doors at all times
- Lean on the horn if someone tries to get in
- Choose a well lighted, well traveled route
- If followed, do not drive home but to a busy area or police station
- Don't stop to assist or pick up strangers; call the police for them
- If your car breaks down, turn on flashers, lock doors
- If someone stops and offers assistance, lower window slightly, ask the individual to call the police.
- Refuse all other help.
- Keep vehicles locked and valuables in the trunk

While walking:

- Whenever possible, avoid walking alone at night.
- Walk only on well lighted, busy streets.
- Keep alert; carry a whistle or repellent spray.
- Don't take shortcuts through deserted areas, alleys, parks, parking lots.
- Be prepared to run. If followed, head for the nearest lights and people.

FIRE ALARM GUIDELINES — DIAL 3911 ALERT

A fire alarm shall be initiated upon activation of the following:

- Smoke detector
- Heat riser

- Sprinkler system flow switch
- Pull station

A fire is reported by pulling the nearest fire pull station and by dialing 3911, stating the location of the fire.

The switchboard operator announces the Fire Alarm over the paging system. The alert consists of a signal tone and the words "FIRE ALARM" followed by the location of the fire; stated three times. Hallway firelights will flash red and white and emit a coded chime.

Follow the R.A.C.E. Procedure to Respond to a Fire Rescue:

Rescue:

Remove any person in immediate danger from fire or smoke.

Alarm:

Pull the nearest fire pull alarm. Dial 3911 and state the location to the operator. Sound the fire alarm regardless of the size of the fire.

Confine:

Confine the fire by closing doors and windows.

Extinguish:

All fire extinguishers here are the "ABC" types, and can be used on any kind of fire. Pull the pin on the side; pull the hose out of the cradle; stand back about 6-8 feet from the fire; squeeze the handle in short bursts and use a sweeping motion from side to side aiming at the bottom of the fire.

When a Fire Alarm is concluded, the switchboard operator will announce over the paging system, "Fire Alarm All Clear", repeated three times.

Elevator transport is suspended in the building affected by the Fire Alarm. The Fire Department and the Medical Center Fire Team are authorized to use elevators as needed.

Upon Notification of a Fire Alarm in your Work Area:

Patient Areas:

- Follow R.A.C.E. (Rescue, Alarm, Confine, Extinguish) instructions. Remain calm and do not shout.
- Close all doors and windows in the area. Turn on lights in rooms and corridors. Use wet linens around cracks or openings nearest fire.
- Keep patients, relatives, and visitors in rooms. Visitors in the lounges shall be relocated to a safe location. Keep patients, relatives and visitors calm and informed of the situation.
- Report to the nursing station to assist as directed by the nurse in charge. Nurses and employees away from the area will return to the work area via the stairs.
- Be alert for additional instructions regarding the Fire Alarm. DO NOT CALL THE OPERATOR OR THE AREA indicated as the scene of the alert to inquire about the situation. The Switchboard Operator will disseminate any information pertaining to the alert over the Medical Center paging system or by messenger as directed by the Official in Charge. (No routine phone calls shall be made until the alert is clear.) Prepare to relocate/evacuate all individuals. Prepare patients and clear corridors of carts, wheelchairs, etc. Relocation will be HORIZONTAL unless otherwise directed by the Fire Department or

the Medical Center Fire Marshall. Horizontal relocation involves moving the patients on the same floor, preferably through fire or smoke doors, or into a safe area from which vertical evacuation is possible.

- Priority of relocation:
 - Closest to danger
 - Ambulatory patients
 - Wheelchair patients
 - Bedridden patients
 - Employees
- Wrap all patients in blankets when necessary. All employees will walk at a brisk pace on the right side of the corridor to avoid congestion or injuries. The general evacuation alarm is a loud bell chime which is distinctive from the Fire Alarm coded chimes.
- If heat or smoke is present, walk bent or stooped to avoid breathing in heat or smoke. (Smoke is the greatest danger in fire-related deaths.) If smoke is extremely dense, crawling may be necessary.
- Avoid, if possible, moving patients past or near the fire.
- Move the patient's chart from the area with the patient. (It may be necessary to push the chart rack with charts to a safe location.)

Non-Patient Areas:

- Follow R.A.C.E. (Rescue, Alarm, Confine, Extinguish) instructions. Remain calm and do not shout. Employees are to direct fire team to the location of the fire.
- Close all doors and windows in the area. Turn on lights in rooms and corridors. Turn off all window air conditioning units.
- Everyone evacuates the building by using the stairs only. All employees will evacuate to their predetermined location.
- Check all rooms before leaving the area to make sure that all people have been evacuated.
- All employees outside their work area when a Fire Alarm is announced will report to their work area and remain until directed to areas needing assistance or the alert is announced all clear. Return via the stairs.

Upon Notification of a Fire Alarm or Drill in Classrooms, Offices, Lounges:

- Follow R.A.C.E. (Rescue, Alarm, Confine, Extinguish) instruction. Remain calm and do not shout.
- Close all doors and windows in the area. Turn on lights in rooms and corridors. Turn off all window air conditioning units.
- Directly evacuate the building by using the stairs only. Exit through the nearest exterior door, when possible. Individuals in classrooms should follow the exit route posted in each classroom. Do not go to lockers or other areas to obtain coats or belongings.
- Instructors will check all rooms before leaving the area to make sure that all people have been evacuated.

Fire Prevention

- Good housekeeping and alertness to potential fire hazards are the best guarantees in preventing fires. All areas should be kept as clean and orderly as possible, particularly in storage areas. Materials are to be stored only in locations designed for that specific item. Doors to hazard areas such as storage or utility rooms shall be kept closed when not in use. When possible they should be locked.
- One of the greatest causes of fires is smoking or the careless use of smoking materials. Smoking regulations shall be obeyed in the interest of preventing fires. Patients and visitors should be monitored to assure that they are knowledgeable of smoking regulations.

- Electricity is another major contributor of fires. Faulty or damaged electrical appliances and damaged outlets or plugs are to be reported to the Department Director immediately. Pressure activated heating appliances such as food or coffee warmers are to be unplugged when not in use. If you observe fire hazards, correct the situation or notify your Department Director or Security.
- All waste, particularly flammable or combustible materials are to be disposed of in appropriate containers. Waste should be emptied frequently to reduce the risk of fire.
- Corridors shall always be maintained free of obstacles in order to provide unobstructed passage in the event of a fire or other emergency. Keep path of smoke and fire partition doors clear. Their closing prevents the spread of smoke and toxic gases which are the greatest danger during a fire.
- Leave the lights on if the fire alarm system is activated or a fire occurs.

SEVERE THUNDERSTORM AND TORNADO WARNING PROCEDURES

General Information

Definitions:

- Severe Thunderstorm Warning: Is issued when trained storm spotters or a Doppler weather radar indicate that a thunderstorm is producing or will soon produce dangerously large hail or high winds, capable of causing significant damage.
- Tornado Watch: Existing conditions are favorable for adverse weather, which may include thunderstorms, hail, strong winds and/or tornadoes.
- Tornado Warning: A tornado has been sighted in or near Sioux City

Probable results if St. Luke's were to be struck by a tornado:

- Blown-in windows and loss of controlled environment.
- Broken water pipes, sprinkler heads discharging, and the fire alarm system activated.
- Possible loss of oxygen.
- Loss of electrical power.
- Loss of communications, including radio, telephones, paging, and vehicular transportation.

Specific Procedures upon Notification of a Severe Thunderstorm or Tornado Warning

Central Building Nursing Areas

- Remain calm and reassuring.
- Move patients to interior corridors closing doors when you leave room.
- When possible (subject to patient's condition), huddle patients on floor behind an interior wall. Supply linen to cover face and head if possible.
- Close all fire doors.
- Follow instructions of the official in charge or designee.
- If patient cannot be moved due to critical condition, close all drapes and cover the patient with layers of linen.

Emergency Outpatient Department and Admitting:

- Employees remain in the area. Have patients and visitors remain in the waiting area away from the ambulance entrance doors.
- Open ambulance garage doors and lock in the "up" position.
- Follow instructions of the official in charge or designee.

Dining Room:

- Employees close drapes and evacuate to central corridor.

College Building Occupants:

- Evacuate students, visitors, faculty and staff to lower level of the building.
- Follow instructions of the official in charge or designee.

Evacuation:

- If evacuation is required an alert will be announced indicating the evacuation, the location and the action required

Disaster:

- If a disaster has occurred a Mass Casualty will be announced with a descriptor and what action is required

General Rules

- Remain calm.
- Stay away from windows and glass doors.
- Do not touch any loose or dangling electrical wires.
- For protection from flying debris, evacuate to interior rooms, preferably under a heavy desk, or sit on the floor covered with a heavy blanket.

CODE BLUE AND EMERGENCY GUIDELINES

Purpose

The purpose of this guideline is to provide rapid, organized action by students to prevent sudden and unexpected death.

Definitions

- **CPR.** Cardiopulmonary resuscitation is a basic life saving technique for a sudden cardiac or respiratory arrest. This intervention involves a combination of mouth-to-mouth breathing, or other assisted ventilative technique, and chest compression.
- **Code Blue.** Refers to the initiation of CPR. Upon arrival of the Code Blue Team, further emergency treatment will be initiated following the Medical Center Guidelines.
- **Code Pink.** Refers to a pediatric patient 0-17 years
- **Do Not Resuscitate (DNR).** CPR is not initiated or carried out in the event of a cardiac or respiratory arrest (usually in the case of an expected death from an irreversible illness).
- **Modified Code Blue.** If, in the physician's judgment, a full code blue should not be initiated, the physician is to provide specific guidelines for emergency measures to be carried out. These are to include guidelines for CPR, ventilation, countershock and arrhythmia treatment. The code blue will be announced. Specific treatment guidelines will be written on the front of the chart.

Guidelines - "Do Not Resuscitate (DNR)"

- Any sudden change in vital signs of a "Do Not Resuscitate" patient should be immediately communicated to the RN in charge who will need to notify the physician.
- "Do Not Resuscitate" orders are written on the physician order form by the attending physician. Blue tape is placed on a patient's name band if they are designated as a "Do Not Resuscitate." This status information is also available via the computerized patient record and is on the front of the patient's chart.

Guidelines - Code Blue

Any person within the physical facilities of UnityPoint Health- St. Luke's will receive emergency treatment when indicated, as specified in the Code Blue protocol unless a written "Do Not Resuscitate" order is on the chart. (This includes students, employees, and any organizations with offices in the facility).

CPR is initiated and a Code Blue is called by the person who discovers the arrested person – including students. A Code Blue can only be discontinued by a physician's order.

When a student, or any person who is certified in CPR, comes upon an emergency situation, they are responsible for initiating the steps of CPR:

Airway: position and assess

Breathing: look, listen, feel

Get Help: stay with the patient

verbally call "HELP!"

pull call light - "This is an emergency! I need an RN right now!"

pull call light out of wall - (constant buzz)

pull BR call light - (constant buzz and flashing light)

Give Breaths

Assess Pulse

Start Code Blue tell helper to call 3911

call 3911 yourself if still alone

Continue CPR as indicated

When the switchboard operator answers the 3911 call, tell her "Code Blue, room No." unless it is in another building; and then remember to tell her which building and room number the emergency is in. An announcement is made over the PA system three times after the tone. The operator also beeps other members of the CPR team.

Personnel other than the Code Blue Team are not to use the emergency elevator during a Code Blue. Students and personnel should not use the telephone during a Code, so that lines will be available for communication with other physicians and the family.

Locate the CPR equipment, including the Crash Cart, during orientations to each new clinical area.

Follow universal precautions as much as possible by using disposable airway equipment for ventilation.

OBSCENE OR THREATENING CALLS AND BOMB THREATS

General Information

All obscene or threatening calls and bomb threats shall be considered real. Employees receiving such calls shall obtain as much information as possible to develop an information base and identify any distinguishing characteristics of the caller.

Obscene or Threatening Calls

Personnel or students receiving an obscene or threatening call:

- Keep the caller on the line.
- Gain the attention of another individual and have them notify Safety & Security.
- Record what was said and any distinguishing characteristics of the caller.
- Do not discuss: Information specific to the call shall remain confidential until released by the proper authorities and administrative representative.

Bomb Threats

Personnel or students receiving a bomb threat:

- Keep the caller on the line.
- Gain the attention of another individual and have them notify Safety and Security.
- Record the words and characteristics of the caller obtaining as much information as possible.
- Do not discuss - information specific to the call shall remain confidential until released by the proper authorities and Administrative representative.

Affected Area(s):

- If a bomb threat is received for a particular area, employees from the area will be asked to assist the Safety and Security Officer and police officials in searching for unusual objects.
- The charge person of the department being searched will call and maintain telephone contact with the official in charge until the department has been searched and the all clear given.

General Precautions.

- Be aware of items which seem suspicious or out of place.
- Never touch a suspicious item.
- Contact Safety and Security for assistance in removing suspicious items.
- Refer to Disaster Plan Manual for procedures and responsibilities should an explosion occur.

ABDUCTION

- Dial 3911 and notify operator of event and location.
- Secure Exits

COMBATIVE PATIENT/PERSON/ACTS OF VIOLENCE

- Dial 3911 and notify operator of event, number of people with you and location
- Dial 911 if off campus or unable to reach the operator
- If safe, exit the area and maintain a locked barrier between you and the individual if possible
- If unable to leave, turn off lights and silence cell phones.
- Wait for directions from local authorities
- Remain in this area until the Code Silver All Clear is announced overhead.

VIOLENCE PREVENTION AND INTERVENTION IN THE WORKPLACE

- Dial 3911 and notify operator of event and location
- Provide the response team any necessary information that will allow them to manage the behavior
- Follow any directions from the response team

MANDATORY REPORTER OF SUSPECTED CHILD ABUSE

St. Luke's College strives to protect the welfare of minors on its campus. This includes minors who are on campus or participating in off-campus college-sponsored programs. Any uncertainty about whether reporting is required should be resolved in favor of making a report.

In compliance with Iowa Code 260C.14, this policy requires all St. Luke's College employees who, in the scope of their employment responsibilities, examine, attend, counsel, or treat a child, to report suspected physical or sexual abuse.

In compliance with Iowa Code 232.69, Mandatory Reporters are required to make a report of all suspected incidents of child abuse.

Employees designated as Mandatory Reporters include, but are not limited to, administration, instructors, staff, and students and any employees who in the scope of their employment responsibilities, examine, attend, counsel, or treat a child and reasonably believe a child has suffered abuse.

Definitions

The definitions below are based on the Iowa Department of Human Services (DHS).

- **Examine:** To observe, test, or investigate (a body or any part of it), in order to evaluate general health or determine a medical condition.
- **Attend:** To care for; to look after; to take charge of; to watch over .
- **Counsel:** To advise or instruct.
- **Treat:** To deal with (a medical condition, patient, etc) in order to relieve or cure
- **Child/Minor:** Any person under the age of 18 years
- **Suspected:** To believe to be the case or to be likely or probable
- **Physical abuse:** Defined as any non-accidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child. Common indicators could include unusual or unexplained burns, bruises, or fractures. Behavioral indicators include behaviors such as, extreme aggression, withdrawal, seductive behaviors; being uncomfortable with physical contact or closeness.
- **Sexual abuse:** Defined as the commission of a sexual offense with or to a child as a result of the acts or omissions of the person responsible for the care of the child. The commission of a sexual offense includes any sexual offense with or to a person under the age of 18 years. Physical indicators of sexual abuse could include things such as bruised or bleeding

genitalia, venereal disease, or even pregnancy. Behavior indicators of sexual abuse could include things such as excessive knowledge of sexual matters beyond their normal developmental age or seductiveness also may be present.

Mandatory Reporters

Training

Effective January 1, 2010, all employees and students are considered mandatory reporters and must complete two (2) hours of training related to identification of child abuse within 90 days of initial employment and thereafter at least every five years in accordance with State laws for mandatory reporters. This training includes:

- Prevention, intervention, and detection
- Services provided through the Employee Assistance Program and Wellness Center
- The elements of abuse and neglect
- Procedure for reporting possible abuse to the DHS or IDIA
- Legally and ethically appropriate behavior as defined by St Luke's Regional Medical Center policies

Training records shall be maintained in NetLearning

Abuse to be reported

1. All employees who in the scope of their employment responsibilities, examine, attend, counsel or treat a child are required to report suspected physical or sexual abuse in accordance to Section C below.
2. Mandatory Reporters are required to report all forms of "child abuse" or "abuse" under the law to the Department of Human Services as described in Section C below
3. "Child abuse" or "abuse" is defined in Iowa Code 232.68(2) to mean:
 - Any non-accidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child
 - Any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional as defined in section 622.10
 - The commission of a sexual offense with or to a child pursuant to chapter 709, section 762.2, or section 728.12, subsection 1, as a result of the acts or omissions of the person responsible for the care of the child. Notwithstanding section 702.5, the commission of a sexual offense under this paragraph with or to a person under the age of eighteen years.
 - The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so.
 - The failure to provide for the adequate supervision of a child means the person failed to provide proper supervision of a child that a reasonable and prudent person would exercise under similar facts and circumstances and the failure resulted in direct harm or created a risk of harm to the child.

- A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child; however, this provision shall not preclude a court from ordering that medical service be provided to the child where the child's health requires it.
- The acts or omissions of a person responsible for the care of a child which allow, permit, or encourage the child to engage in acts prohibited pursuant to section 725.1. Notwithstanding section 702.5, acts or omissions under this paragraph include an act or omission referred to in this paragraph with or to a person under the age of eighteen years.
- An illegal drug is present in a child's body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child.
- The person responsible for the care of a child has, in the presence of the child, as defined in section 232.2, subsection 6, paragraph "p", or in the presence of the child possesses a product containing ephedrine, its salts, optical isomers, salts of optical isomers, or pseudoephedrine, with the intent to use the product as a precursor or an intermediary to a dangerous substance.
- The commission of bestiality in the presence of a minor under section 717C.1 by a person who resides in a home with a child, as a result of the acts or omissions of a person responsible for the care of the child.
- Knowingly allowing a person custody or control of, or unsupervised access to a child or minor, after knowing the person is required to register or is on the sex offender registry under chapter 692A for a violation of section 726.6.
- The person responsible for the care of the child has knowingly allowed the child access to obscene materials or exhibited to such material to the child.

Child abuse" or "abuse" shall not be construed to hold a victim responsible for failing to prevent a crime against the victim."

Procedures for Reporting

1. To the extent known, reporters are expected to provide truthfully and in good faith the following information
 - Name of person engaged in misconduct;
 - Name of alleged victims;
 - Time and date;
 - Location; and
 - Information and evidence supporting the allegation that misconduct has occurred.
2. All employees who in the scope of their employment responsibilities, examine, attend, counsel or treat a child must report physical or sexual child abuse as indicated in 3 below when they see, know about, or reasonably suspect the physical or sexual abuse of a child. Proof that abuse has occurred is not required in order to be obligated to report
3. Suspected abuse shall be reported to St. Luke's College administration within 24 hours. The suspected abuse shall also be reported to local law enforcement and campus security within 24 hours.
4. If there is a reason to believe that immediate protection for the child is advisable, an oral report shall be made immediately to the appropriate law enforcement agency
5. In compliance with Iowa Code 232.70, each report made by a Mandatory Reporter shall also be made as follows:

- An oral report shall be made within 24 hours by telephone to the Department of Human Services through the Child Abuse Hotline at 1-800-362-2178
- A written report shall be made to the Department of Human Services within 48 hours of submitting the oral report.

Retaliatory action against an employee for participation in making a good faith report of child abuse or aiding and assisting in an assessment of a child abuse report is prohibited. UnityPoint Health-St. Luke's will not penalize or take adverse action against a mandatory reporter because the person made a report of child abuse or other violation of this policy. Any Mandatory Reporter who believes he or she has been penalized or harassed for making a report of child abuse or was prevented from making such a report shall report such harassment or penalty to Chief Compliance Officer or Compliance Officer, who shall have the duty and responsibility to conduct a prompt investigation into the matter to determine whether discipline of the individual alleged to have penalized or harassed the Mandatory Reporter is warranted.

TOBACCO-FREE CAMPUS

It is the policy of UnityPoint Health- St. Luke's and St. Luke's College to provide and maintain a tobacco-free campus environment. Smoking and all forms of tobacco use is not allowed on St. Luke's College property. Smoking is considered to be the inhaling, exhaling, burning or carrying any lit cigar, cigarette, pipe, other tobacco product in any manner in any form, including chewing tobacco.

Any student, employee or visitor who violates this policy shall be subject to civil penalties outlined in the City of Sioux City 'City Code' 19.16.050.

If a person is smoking or using tobacco on campus, they will be asked to stop smoking or using tobacco immediately. If they continue to smoke or use tobacco they will be asked to leave campus. If they refuse to leave campus, campus security and/or the local law enforcement may be contacted. A citation or a civil fine from law enforcement may be issued. Additional discipline action may be taken by the college.

DRUG FREE CAMPUS

The College recognizes chemical dependency as an illness and a major health problem. It also recognizes substance abuse as a potential health, safety and security problem. Employees and students are expected to perform College responsibilities in a condition appropriate to the level of quality and attention required.

Employees and students needing assistance in dealing with their chemical dependency are required to utilize the appropriate resources within the Health System and community for diagnosis and treatment.

Employees must, as a condition of employment, abide by the terms of this policy and report any conviction under a criminal drug statute for violations occurring on or off Health System premises while conducting College business. A report of a conviction must be made within five days after the conviction. (This requirement is mandated by the Drug Free Workplace Act of 1988.)

The appropriate licensing board will be notified of violations of this policy as required.

Procedure

- St. Luke’s College assumes the responsibility of maintaining an environment, which promotes responsible behavior and respects individuals’ rights. In meeting this responsibility, the College will establish, publish and enforce regulations, which are essential to the implementation of its mission.
- The possession, use, and/or distribution of drugs or alcoholic beverages on College property, is prohibited. This includes unlawful possession, use and/or distribution of illegal drugs, other chemicals having potential for abuse and/or instruments to administer such drugs.
- The chemically impaired employee and student may be subject to disciplinary action which will include a report of the substance abuse to the appropriate board for review as required by licensing agencies.

Disciplinary action may also take the form of any of the following at the discretion of the authority involved:

- Reprimand
- Assessment of a fine
- Restitution for damages
- Suspension or termination of a particular privilege
- Referral for prosecution for violation of the law
- Probation
- Legal sanctions under federal, state, and local laws for unlawful possession, use, or distribution of illicit drugs and alcohol are as follows:

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| Federal | The maximum penalty for manufacturing, delivery or possessing with intent to deliver a controlled substance is no less than 10 years and no more than life imprisonment and a fine of no more than \$4,000,000 if committed by an individual or no more than \$20,000,000 if committed by an entity other than an individual. Additionally, since this is the maximum penalty, there are many fines and penalties less than this depending on the type of drug and the weight. 21 U.S.C. 841(b) |
| Iowa | The maximum penalty for manufacturing, and possessing controlled or counterfeit controlled substances but the actual penalty will depend on type and weight of drug. The maximum penalty, to wit, is a class “B” felony punishable by “confinement for no more than fifty years and a fine of not more than one million dollars.” Iowa Code § 124.401 (2008). |
| Sioux City | <p>For drug crimes, Sioux City outlaws the possession of drug paraphernalia. Sioux City Municipal Code § 8.20.050. A person found to have violated this provision will be fined no less than \$65 but not exceeding \$500 and/or by imprisonment not to exceed 30 days. A violation of this provision is considered a simple misdemeanor.</p> <p>For alcohol intoxication, Sioux City outlaws the use or consumption “of alcoholic liquor, wine or beer upon the public streets or highways, or alcoholic liquors in any public place, except premises covered by a liquor control license, or to possess or consume alcoholic liquors, wine or beer on any public school property or while attending any public or private school-related functions, and a person shall not be intoxicated nor simulate</p> |

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| | intoxication in a public place.” A violation of this provision is considered a simple misdemeanor and subject to no less than \$65 fine but not to exceed \$500 and/or by imprisonment not to exceed 30 days. |
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*subject to federal, state, and local changes

- The following physical and psychological risks are associated with the abuse of these substances:

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| <i>Alcohol</i> | |
| Physical Effects: | Depression of central nervous system, peripheral nerve damage, malnutrition, muscle wasting, muscle pain and weakness, Wernicke’s encephalopathy, stupor, Korsakoff’s psychosis, confusion, enlarged heart, edema, nonproductive cough, palpitations, esophagitis, pancreatitis, abdominal pain, weight loss, hepatitis, jaundice, ascities, cirrhosis, portal hypertension, esophageal varicies, leucopenia, thrombocytopenia, infertility, aggression, mood changes, slurred speech, incoordination, nystagmus. |
| Psychological Effects: | Loss of inhibitions and concentration, impaired judgment, blackouts, decreased social and occupational functioning. |
| <i>Central Nervous System Stimulants</i> | |
| Physical Effects: | Tremors, anorexia, hypertension, tachycardia, myocardial infarction, ventricular fibrillation, sudden death, pulmonary hemorrhage, bronchiolitis, pneumonia, rhinitis, constipation, difficulty urinating, elevated body temperature, dilated pupils, weight loss, weakness, respiratory depression, chest pain, seizure, coma. |
| Psychological Effects: | Insomnia, paranoia, hallucinations, aggression, hypervigilance, anxiety, impaired judgment, confusion. |
| <i>Hallucinogens</i> | |
| Physical Effects: | Tachycardia, hypertension, increased body temperature, trembling, sweating, respiratory depression, elevated blood sugar, dilated pupils, incoordination, nystagmus, numbness, muscle rigidity, seizure, coma. |
| Psychological Effects: | Insomnia, distorted vision, paranoia, terror, panic, flashbacks, acute psychosis, anxiety, depression, impaired judgment, belligerence, assaultive, impulsive, unpredictability. |
| <i>Cannabis</i> | |
| Physical Effects: | Tachycardia, hypotension, obstructive airway disorder, infertility, tremors, muscle rigidity, conjunctival redness, panic reaction, poor motor coordination. |
| Psychological Effects: | Disorientation, impaired judgment, decreased memory and learning, amotivational syndrome, anxiety. |
| <i>Opioids</i> | |
| Physical Effects: | Sedation, respiratory depression, pinpoint pupils, vomiting, hypotension, slurred speech. |
| Psychological Effects: | Mood changes, decreased sexual pleasure, apathy, impaired judgment, decreased memory. |
| <i>Sedative/Hypnotics</i> | |
| Physical Effects: | Rebound insomnia, respiratory depression, hypotension, decreased cardiac output, decreased cerebral blood flow, impaired cardiac contractility, jaundice, decreased body temperature, slurred speech, unsteady gait, nystagmus, |

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| | impaired memory, coma. |
| Psychological Effects: | Aggressiveness, impaired social functioning, mood changes, impaired judgment. |
| <i>Inhalants</i> | |
| Physical Effects: | Damage to nervous system, weakness, cerebral wasting, pulmonary hypertension, acute respiratory distress, sinus discharge, death, abdominal pain, renal failure, nystagmus, incoordination, slurred speech, lethargy, tremor, coma. |
| Psychological Effects: | Belligerence, assaultive, impaired judgment. |

Source: *Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice, 4th Ed.*, by Mary Townsend (2008), pages 262-303.

Family and social problems, as well as potential for infectious disease transmission, may be health risks also.

- Problems that impair an employee's ability to perform on the job, such as evidence of substance abuse, warrants immediate referral to the Employee Assistance Program (EAP) Counselor and/or the employee's personal or emergency services physician. Refusal to seek referral may result in discharge. The UnityPoint Health - St. Luke's Employee Health and Wellness must certify the employee's ability to return to work.

Employees and students must follow the recommendations for treatment. Evaluation and treatment services are offered at the following agencies:

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| Jackson Recovery Centers | (712) 234-2300 |
| The Center for Siouxland | (712) 252-1861 |
| Boys and Girls Home & Family Services | (712) 293-4700 |
| Mercy Medical Center | (712) 279-2940 |
| Siouxland Mental Health Center | (712) 252-3871 |

In cases of voluntary treatment for chemical dependency or substance abuse, employees and students must request a leave of absence prior to hospitalization.

Following completion of treatment and prior to returning to work, employees must schedule an appointment with the Chancellor and/or immediate supervisor.

Decision on continued employment will depend on the recommendations in the report, upon employee adherence to future treatment recommendations, and on the job performance.

MASS CASUALTY PLAN – EXTERNAL DISASTER

The College will provide assistance to the Medical Center during a disaster or mass casualty event. The Medical Center's Mass Casualty Plan will take precedence over this departmental document in the event of any discrepancy.

1. In the event of a Phase I Mass Casualty Situation (5 to 30 emergent cases), the College will continue normal operations unless otherwise directed by the Medical Center Administrator in Charge.
2. The Administrator in Charge or agent will notify the Chancellor of the College or designee in the event of a Phase II (30-60) or III (60 or more) disaster situation.
 - a. The College, if in session, will cease operations at the discretion of the Chancellor or designee. If the College ceases operation, then:
 - i. The Chancellor or designee will coordinate student, faculty and staff involvement from the College front office recording numbers of staff and students available for assignment.
 - ii. All available faculty and staff will report to the College front office for assignment by the Chancellor or designee.
 - iii. All students and faculty on the clinical area will remain in the area and be the responsibility of the Managers or their agents.
 - iv. All available students not on clinical assignment will report to the College building 3rd floor main lobby for assignment by the Chancellor or designee.
 - v. The Chancellor or designee will assign students, faculty and staff to areas where they are needed as notified by the Administrator in Charge or agent.
 - b. The College, if not in session, will respond as follows:
 - i. The Chancellor or designee will coordinate student, faculty and staff involvement from the College front office recording numbers of staff and students available for assignment.
 - ii. All available faculty and staff will report to College front office for assignment by the Chancellor or designee if on duty and if off duty will report if called in.
 - iii. All available students not on clinical assignment will report to the College building 3rd floor main lobby for assignment by the Chancellor or designee.
 - iv. The Chancellor or designee will assign faculty and students to areas where they are needed as notified by the Administrator in Charge or their agent.
 - c. In the event that the Mass Casualty Plan is implemented at Phase II or III, staff and students will be informed of the situation either via the public address system of the Medical Center or the appeal for assistance via radio or television.
 - d. If additional staff help is needed, the Chancellor or designee will assign members to begin calling in individuals.
 - e. All students, faculty and staff must wear their St. Luke's name badge and be ready for a call to action.
 - f. If a mass casualty occurs at the College, the Chancellor or designee will contact Security and implement the internal mass casualty policy.