## ACADEMY FOR NURSING AND HEALTH OCCUPATIONS

## Annual Security Report (ASR)

August 24, 2022

#### Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), and the Safe and Drug-Free Schools and Communities Act (DFSCA): Policies, Reporting, Warnings, Notifications, and Sanctions

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, more commonly known as the Clery Act, is contained (along with other security-related disclosure requirements) in section 485 of the Higher Education Act, codified at 20 U.S.C. § 1092. It requires all postsecondary education institutions to keep records and report annually on the nature, date, time, and place of crimes occurring on campus, including hate crimes. It also prescribes a number of security-related protocols for emergency response procedures, timely notifications for on-campus crimes, etc.

A copy of Academy for Nursing and Health Occupations' Annual Campus Safety and Security Report (also known as our ASR) is attached. This report is distributed in compliance with the Clery Act and is on available on https://www.anho.edu. Included within this report are ANHO's Drug and Alcohol Abuse Prevention Programs and ANHO's Violence Against Women Reauthorization Act (VAWA). The Drug and Alcohol Abuse Prevention Program as well as Violence Against Women Reauthorization Act are also available online at https://www.anho.edu/Download-Catalogue. Congress passed the Violence Against Women Reauthorization Act (VAWA), which included additional amendments to the Clery Act.

The Report also contains the following Attachments:

Attachment A: Incident Investigation / Reporting Policy and Incident Forms - Page 27

Attachment B: 2021 Campus Safety and Security Survey - Page 30

Attachment C: Alarm Procedure - Page 43

Attachment D: Lockdown Procedures - Page 44

Attachment E: Policy for Use of Telephone Paging System in Case of Emergency- Page 45

Attachment F: Disaster Plan / Disaster Evacuation - Page 46

Attachment G: Safety Procedure for Active Shooter Situation - Page 52

Academy for Nursing and Health Occupations' commitment to safety and security includes:

- Providing a secure and crime free environment for students, faculty and staff.
- Performing regular evaluation of security programs.
- Monitoring and following up on each crime/incident reported at Academy for Nursing and Health Occupations.

We believe student, faculty, and staff behaviors which promote security awareness is important in all aspects of our lives and we encourage all students, faculty and staff to accept responsibility for their own security as well as the security of other members of the Academy for Nursing and Health Occupations community.

As you read the following report, comments, questions or concerns may be addressed to:

Academy for Nursing and Health Occupations Attention: Director of Operations 5154 Okeechobee Blvd West Palm Beach, FL 33417

# I. STATEMENT OF CURRENT POLICIES REGARDING PROCEDURES FOR STUDENTS AND OTHERS TO REPORT CRIMINAL ACTIONS AND POLICES CONCERNING THE INSTITUTION'S RESPONSE TO SUCH REPORTS

Students, faculty or staff who wish to report criminal actions, should immediately contact the Director of Operations. The criminal action should then be immediately reported by students, faculty or staff to the local law enforcement authorities for assistance and/or investigation. In an emergency, dial 911. The Academy for Nursing and Health Occupations' Accident/Incident Report Form is completed with the assistance of the person reporting the criminal action. The report should be filed as soon as possible with the Assistant Director who will follow up on the report personally or assign responsibility to another appropriate administrator to follow up and report on the outcome as well as any preventative or other actions taken to ensure the safety and security of all staff, faculty, and students.

#### Campus Security Authority Contact: Director of Operations, Office #304 561-683-1400 Ext 109

Additional copies of the Academy for Nursing and Health Occupations Accident/Incident Report Form may be requested from the Director of Operations' Office. (Please see Attachment A)

#### **Crime Reporting**

Efforts are made to inform the campus community on a timely basis about campus crime and crimerelated issues. These efforts include the following:

• Crime Alerts – Crime Alerts are published when a crime occurs on or near campus that potentially threatens the campus community.

#### How to Report Crimes on Campus

Students and employees are cautioned never to attempt to apprehend or pursue a suspected criminal. Crimes or suspected criminals should be reported to the Director of Operations or other manager, and then to local law enforcement at **the non-emergency number**, **561-688-3400**. In **an emergency, dial 911**.

Immediately report any crimes or suspicious activity on campus by:

- Calling (561) 683-1400 Ext 109. [This should be the number on campus to which students and staff should report a crime.]
- Completing the Academy for Nursing and Health Occupations' Accident/Incident Report form and submitting to the Assistant Director

If you have any doubts about whether to report something that has occurred, report it. Victims of, or witnesses to, crimes may disclose them on a voluntary, confidential basis to the Director of Operations, which can then determine whether the event constitutes a crime that has to be collected and statistically reported. Your cooperation in timely reporting assists the College in issuing equally timely warnings to the campus community. All crimes must be reported immediately.

Always use your eyes, ears, and telephone to keep campus officials advised of what you see and hear. Call the Director of Operations' Office when you see:

- Strangers loitering in office areas, hallways, classrooms, or lounge areas, etc.
- Unsecured doors or windows in campus buildings that are supposed to be locked
- Anyone tampering with a motor vehicle or loitering in a parking lot
- Persons publicly displaying a weapon
- Persons loitering in dark or secluded areas
- Suspicious persons carrying articles, equipment, luggage, or other packages out of campus buildings

## II. STATEMENT OF CURRENT POLICIES CONCERNING SECURITY AND ACCESS TO CAMPUS FACILITIES

The security of the educational and work environment is a high priority at the Academy for Nursing and Health Occupations. As an effort to demonstrate this, the school utilizes security cameras in public areas, both inside and outside the buildings. Access to the buildings is secured between the hours of 11:00 pm and 7:15 am so that unauthorized individuals are not able to lawfully enter the building. During normal business hours and hours in which the building is accessible, visitors (including vendors, etc.) are required to sign in at the main campus entrance (the main lobby). Additionally, during the course of time on campus, students and staff wear appropriate school-authorized IDs.

#### REPORTABLE OFFENSES UNDER THE CLERY ACT

The Clery Act requires reporting on the following offenses:

- murder;
- rape, fondling, incest, statutory rape
- robbery;
- aggravated assault;
- burglary;
- motor vehicle theft;
- arson;
- liquor law violations;
- drug abuse violations;
- domestic violence
- dating violence
- sexual assault
- stalking
- weapons possession, carrying, etc., law violations

• hate crimes, [which for Clery Act purposes include any crime listed in the preceding points and, crimes of larceny-theft; simple assault; intimidation; and destruction, damage, or vandalism of property in which the victim is intentionally selected because of his or her actual or perceived race, gender, religion, sexual orientation, ethnicity, national origin, or disability.]

Academy for Nursing and Health Occupations is a non-residential School, and does not have a campus police force.

Voluntary confidential reporting: As Academy for Nursing and Health Occupations is a non-residential school, and does not have a campus police force; crimes must be reported to local authorities. Local law enforcement will allow a victim or witness to report crime on a voluntary and confidential basis. Victims are encouraged to report all crimes to the appropriate campus Director of Operations and local law enforcement. In the event the victim is unable to make such a report, the campus Director of Operations or third-party witness is expected to report the crime promptly.

Academy for Nursing and Health Occupations will report to the Department and disclose in the annual security report statistics the number of crime reports that were "unfounded" and subsequently withheld from its crime statistics during each of the three most recent calendar years.

The Executive Director of ANHO is an ordained minister and may be called upon for pastoral counseling for those who would confidentially wish for those services.

Academy for Nursing and Health Occupation Campus is in the jurisdiction of the Palm Beach County Sheriffs Department. Non-Emergency Number is 561-688-3400. It is not necessary to have a written memorandum of understanding with this Department.

Crime is a serious problem with no easy solutions. Therefore, all members of the school campus community are encouraged to assist one another by taking responsibility for personal safety and assisting with the

security needs of others. While school staff and security measures may offer assistance regarding safety and security concerns, ultimately the primary responsibility for personal safety rests with each individual.

#### Safety Tips

- Stay alert of your surroundings, wherever you are.
- If you feel uncomfortable in a place, leave right away.
- Keep eyes and ears open, hands free.
- Choose busy streets and avoid going through deserted areas.
- At night, walk in well-lit areas whenever possible.
- Try not to walk or jog alone. Take a friend or walk in group.
- Avoid carrying large sums of cash.
- · When in public spaces, keep valuable items including jewelry, mobile phones and wallets out of sight.
- Carry a pepper or mace spray as a precautionary measure.
- Avoid returning to campus after dark, or walk in groups to and from buildings.
- Communicate suspicious behavior immediately to a staff or faculty.

#### SAFETY/SECURITY POLICIES & PROCEDURES

#### Policy:

The Academy for Nursing and Health Occupations will make every effort to offer students a safe secure environment in which to study and learn.

#### Procedures:

- Students are not allowed on the School premises prior to 7:15 AM nor after 11:00 PM Monday through Thursday unless there is an Instructor present and permission is granted. This includes student organizations and activities. Under <u>no</u> circumstances will there be a school sanctioned activity on or off premises <u>without</u> an Instructor present to be in charge of safety and security.
- 2. If it is dark when students are entering or exiting the School or clinical facilities, students will travel in groups. If a student is late and alone, contact an Instructor who will arrange an escort to cars and buses.
- 3. At clinical facilities and on field trips, Instructors will always be the first to arrive and the last to leave in order to assure that everyone is safe and accounted for. Attendance sheets will be used at all times.
- 4. Instructors will insure that first aid equipment and phone availability will always be arranged for.
- 5. Instructors will incorporate the location and use of fire extinguishers, equipment and disaster/evacuation procedures into orientation for the School and clinical facilities.
- 6. Students should not bring valuables to school or clinical facilities; however, in the event of lost or stolen items, students will complete an incident report with the assistance of an Instructor.
- 7. In the event of any emergency or criminal action, the student will report to an Instructor immediately. The Instructor will complete a report for the President's immediate knowledge.
- 8. The Palm Beach County Sheriff's Department will be contacted to investigate any and all criminal activity and the School will prosecute, if indicated.
- 9. Students will be informed of all emergencies and criminal actions so that plans for their safety can be made.
- 10. Students have the responsibility to immediately report any unusual event to their Instructor who will take immediate action and then will utilize the chain of command immediately.
- 11. A thorough investigation and then disciplinary action, and termination if warranted, will ensue when a student is involved in any wrong doing.
- 12. When class is in session, classroom doors are kept locked.
- 13. Faculty/Students should be aware of the emergency telephones in each classroom to call 911 if needed.

#### Safety /Prevention Programs

Materials and information will be made available to students via the Media Center and Instructor/Counselors on these topics:

- 1. Sexual Assault awareness, reporting, and prevention
- 2. Domestic Violence and assistance
- 3. Preservation of Evidence
- 4. Crime Prevention programs

- 6. Drug and Alcohol programs
- 7. Harassment and Stalking
- 8. Witness Protection
- 9. Legal Aid

5. Victims options

Each student is assigned an Instructor/Counselor who will be available to assist with any of the above. Telephone requests for student phone numbers or whereabouts will not be honored for their protection. Name and numbers will be taken and then the student may call back if they wish. Visitors must give their name and wait in the lobby. If a student does not wish to see the visitor, they will be asked to leave and forcibly removed by police if necessary.

#### Campus Crime and Security

There has never been a crime at the Academy for Nursing and Health Occupations, where there is evidence of prejudice based on race, religion, sexual orientation, or ethnicity. There has never been a crime at the Academy for Nursing and Health Occupations involving a weapons violation, arrest for drug abuse, liquor laws, murder, forcible or non-forcible sex offenses, or aggravated assault. The Annual Security Report is available in the College's Main Office and will be distributed to each student and employee by October 1<sup>st</sup> of each year. To obtain information about registered sex offenders in the local area, the following website may be utilized: www.fdle.state.fl.us/sexual\_predators.

#### SECURITY INFORMATION

This information is required under Public Law 102-26. The following data will provide you with campus security policies and statistics concerning the occurrence of criminal offenses on campus and non-campus building/public property related to the school.

Should you witness a crime in progress or are a victim of a crime, Academy for Nursing and Health Occupations requests that you follow this procedure:

- During school hours, notify the Director of Operations or Manager <u>and</u> the Palm Beach County Sheriff's Department immediately, Academy for Nursing and Health Occupations -561-683-1400, and Palm Beach County Sheriff's Department – 911 or for non-emergency calls – 688-3400.
- 2. If a crime occurs during non-school hours and no faculty or staff member is available, notify the Palm Beach County Sheriff's Department immediately and the School's President as soon as possible.
- 3. Remember: Preserving evidence for proof of a criminal offense is very important. The Academy for Nursing and Health Occupations does not recognize any off campus student organizations. The purpose and authority of faculty and staff is limited to securing the premises and protecting the facility. The enforcement authority of faculty and staff is limited to the enforcement of campus rules and regulations. Incidents that go beyond the scope of faculty and staff are referred to and investigated by the local law enforcement agency (if applicable).

All crimes that are reported will be posted in the Media Center within a day of the reporting.

To ensure accurate and prompt reporting of all crimes, authorized administrative personnel will take a full written statement from involved parties and witnesses at all reported emergency or criminal incidents. The written statements are included as part of a written report, and such statements may be used by local/state law enforcement authorities for the purpose of criminal apprehension and/or crime prevention. Criminal incidents may also be reviewed by the institution's administrative staff for the purpose of disciplinary action.

All students are informed about campus security procedures and practices on the first day during orientation. Everyone should remember that personal safety begins with you. The following should be considered:

- 1. When walking on campus, be aware of who and what is around you. Try not to walk alone and avoid streets and secluded pathways or alleyways.
- 2. Do not carry large amounts of cash or valuables.
  - a. Keep your motor vehicle in good running condition. Always lock your car and remove all packages and any valuables. Try to park in a well-lighted area.
  - b. Do not leave books or personal property unattended in the classroom, lobby, media center, or restroom.

Sexual assault prevention programs are available at Sexual Assault Program:

Belle Glade 561-996-4871	Southern Palm Beach County 561- 274-1500
Northern Palm Beach County 561-355-2418 Opt. 3	Central Palm Beach County 561-355-2418 Opt. 3

Counseling for sex offense victims is available at: Rape/Victim Hotline

561-833-7273

If applicable and reasonably available, Academy for Nursing and Health Occupations will change the academic situation of a student after an alleged sex offense. If any disciplinary proceedings are held in cases of an alleged sex offense, both the accuser and the accused have the opportunity to have others present. Both the accuser and accused will be informed of the institution's final determination of any institution disciplinary proceeding and any sanction imposed against the accused. Immediate termination may be imposed regarding rape, acquaintance rape, or other forcible or non-forcible sex offenses.

The following definitions are essential in properly reporting crime statistics:

- 1. "Campus" any building or property owned or controlled by the institution that is within a "reasonably contiguous geographic area" of the institution and is used by the institution in direct support (or in a manner related to) the institution's educational purposes. Additionally, property, within a "reasonably contiguous geographic area" of the institution that is owned by the institution but controlled by others must be included in crime statistics if it is used by students and supports institutional purposes (e.g., food or other retail vendor.)
- 2. "Non-campus building or property" any building or property owned or controlled by a student organization recognized by the institution. Additionally, a building or property owned or controlled by an institution that is used by students in direct support of/or in relation to the institution's educational purpose and is not within a reasonably contiguous geographic area of the institution.
- 3. "Public property" all public property that is within the "reasonably contiguous geographic area" of the institution such as the sidewalk, street or a parking facility and that is adjacent to a facility owned or controlled by the institution if the facility is used in direct support of or in a manner related to the institution's educational purposes.

#### PREPARING THE ANNUAL DISCLOSURE

The Director of Operations for the school, has the responsibility of gathering the data used to prepare the annual campus crime statistics report (known as the Annual Security Report – ASR). Campus crime data is gathered the same day that it is reported. Crimes are counted in the disclosure based upon the crime having been reported, not whether there was a conviction. Data is obtained annually from local law enforcement and compared with the data gathered at the school. The resulting data is used to prepare the annual crime statistics report (Please see Attachment B-2021 Campus Safety and Security Survey).

The ASR is published and distributed by October 1 of each year to current students and employees. A notice of the ASR's availability is also provided to prospective students and employees, with a notice that a paper copy is available upon request

#### POLICY FOR PROHIBITION OF SEXUAL MISCONDUCT

Academy for Nursing and Health Occupations is committed to maintaining a work and learning environment free of unlawful discrimination and harassment, and will not tolerate sexual misconduct by employees, students, teachers, administrators, supervisors, co-workers, vendors, clients, or customers.

Sexual misconduct consists of any unwelcome conduct, whether verbal, physical or visual, that is based upon a person's gender. Such conduct is unlawful and prohibited whenever it affects tangible job benefits, unreasonably interferes with an individual's work or educational performance or creates an intimidating, hostile or offensive working or educational environment.

Sexual misconduct undermines the integrity of the mission of the college. Employees and students have the right to work and learn in an environment free from unsolicited and unwelcome sexual overtures. Academy for Nursing and Health Occupations will not tolerate any form of gender-based or sex-based discrimination including any kind of sexual misconduct against any employee, applicant for employment or student. Such discrimination violates federal and state law and the Academy for Nursing and Health Occupations policy.

#### **DEFINITION OF SEXUAL MISCONDUCT**

Sexual misconduct consists of unwelcome sexual advances, requests for sexual favors and other verbal, visual and physical conduct of a sexual nature whenever:

- 1. Submission to the conduct is made either an explicit or implicit condition of employment or educational objectives;
- 2. Submission to or rejection of the conduct is used as the basis for an employment or education related decision affecting the employee or student; or
- 3. The conduct unreasonably interferes with an employee or student's work or educational performance or creates an intimidating, hostile or offensive working or educational environment.

#### EXAMPLES OF CONDUCT CONSTITUTING SEXUAL MISCONDUCT

Sexual misconduct can involve an almost infinite variety of conduct. Some examples include:

- 1. Unwelcome physical contact with sexual overtones, such as touching, patting, pinching, repeatedly " brushing" against someone or impeding the movement of another person.
- 2. Sexually offensive comments such as slurs, jokes, epithets and innuendos.
- 3. Sexually oriented "kidding" or "teasing" or sexually oriented "practical jokes".
- 4. Suggestive or obscene written comments in notes, letters, invitations or e-mail.
- 5. Inappropriate, repeated or unwelcome sexual flirtations, advances or propositions.
- 6. Offensive visual contact such as staring, leering, gestures or displaying obscene objects, pictures or cartoons.
- 7. Inappropriate or suggestive comments about another person's physical appearance or dress.
- 8. Exchanging or offering to exchange any kind of employment or educational benefit for a sexual concession, e.g. promising a promotion or raise, or a particular grade in exchange for sexual favors.
- 9. Withdrawing or threatening the withdrawal of any kind of employment or educational benefit for refusing to grant sexual favor, e.g. suggesting that an individual will receive a poor performance review or lower grade or be denied a raise unless she/he goes out on a date with the supervisor or teacher.

#### APPLICABILITY OF POLICY

The prohibition against sexual misconduct applies to everyone-teachers, students, administrators, faculty, managers, supervisors, salaried and hourly workers, temporary employees, contractors, customers, suppliers and guests. Academy for Nursing and Health Occupations will not tolerate sexual misconduct of any kind by anyone.

Academy for Nursing and Health Occupations will not retaliate against anyone for reporting or complaining about sexual harassment and will not tolerate retaliation by teachers, administrators, students, supervisors, managers or co-workers.

Discipline for Engaging in Sexual Misconduct

-Depending on the nature and seriousness of the offense, Academy for Nursing and Health Occupations will impose all appropriate discipline, up to and including termination or dismissal, against any teacher, administrator, student, manager, supervisor or employee found to have engaged in sexual misconduct.

-When a student, customer, guest or other person not employed or enrolled in Academy for Nursing and Health Occupations is found to have engaged in sexual misconduct against an Academy for Nursing and Health Occupations employee, teacher or student, Academy for Nursing and Health Occupations will advise the person and his/her employer of Academy for Nursing and Health Occupations policy against such misconduct and will take such other action as is appropriate under

the circumstances.

#### SEXUAL MISCONDUCT COMPLAINT PROCEDURE

The preponderance of evidence will be the evidentiary standard used at Academy for Nursing and Health Occupations.

Complaints must be made only to the Academic Dean or the Executive Director of the school

With or without filing a formal complaint, complainants and respondents will be equally advised of the availability of supportive measures, will have their wishes considered regarding supportive services and will be advised of the process for filing a formal complaint.

Both the complainant and the respondent will be entitled to prompt responses as to the receipt of knowledge of the complaint.

Both will be treated equally in explaining the processes, collecting evidence, having their evidence objectively evaluated for accuracy and relevancy, and be entitled to a reasonable time frame for resolution.

Neither the complainant nor the respondent will be presumed to be responsible for the alleged conduct.

Both will be given time to prepare for meetings and have an advisor of their choice. The advisor may or may not be an attorney. The advisor may inspect and review evidence.

No legally privileged information will be used unless the individual waives the privilege.

Both will have an opportunity to have conflicts of interest considered.

Both will be able to discuss and gather relevant evidence and have witnesses attend a hearing in the event of a formal complaint. If the witness does not attend the hearing, their testimony cannot be used even if it is written and signed.

If parties agree, informal resolutions are permissible.

Records will be kept for seven years.

Both parties are entitled to no retaliation.

Complaints may be dismissed if:

- Alleged incident did not occur on school grounds, common areas related to the school or affiliating sites.
- Alleged incident did not involve education or services provided at the school.
- Evidence is unavailable or unable to be collected or if the alleged incident does not constitute misconduct under Title IX regulations.
- If the respondent is no longer attending or employed at the school at any time during the process or if the complainant notifies in writing, that they wish to withdraw the formal complaint.

If the complainant wishes to file a formal complaint of sexual discrimination or sexual misconduct, it must be filed in writing, signed and turned in to the Executive Director, Dr. Lois Richards, Title IX Coordinator, as listed on the school's website and in the school catalog. This signed, written complaint indicates that the complainant agrees to the school starting a formal investigation of the alleged sexual complaint. The attached form is to be completed. A live, real time hearing will be conducted for both parties to cross examine each other and/or witnesses. Each party may have an advisor. Questions must be approved by the chair before asked in a cross examination and questions must be relevant to the situation being investigated.

Investigators, complainants, respondents, witnesses and advisors will acknowledge that they have read and understand the training materials on the school's website. Executive Director, Dr. Lois Richards, Title IX Coordinator, will assist with explanations or questions about the training.

If the school believes safety is at risk at any time, it may execute an emergency removal of individual(s) from education or activities. This will be invoked if the school determines an immediate threat to the physical health or safety to any individual. Upon being informed of a notice of removal, an immediate challenge may be filed.

The school may place an individual on administrative leave during and pending the result of the investigative process.

The committee investigating will provide an objective evaluation of relevant evidence.

The Title IX Coordinator, chair, investigator, or decision makers in facilitating an informal resolution, dismissal or conducting a hearing or appeal will be free from conflict of interest or bias and will have received training.

Disciplinary actions may range from a notice of warning through separation.

Determination of responsibility for sexual misconduct will be made at the conclusion of the investigation and until that time, the respondent is presumed not responsible.

Neither party may make false, dishonest statements as noted in the rules of decorum that expect honesty and integrity.

Written notice of the date, time, location, participants, purpose of the hearing, investigative interviews or other meetings will be provided to participants with time to prepare to participate. Proceedings will be recorded.

An investigative summary will be provided to participants at least 10 days prior to a hearing so that written responses and written questions to be asked at the hearing will be presented to the Title IX Coordinator, three days prior to the hearing.

Written determination will be provided to the complainant and respondent simultaneously.

The school will keep confidential the identity of the complainant, the respondent and any witnesses.

- Conditions for Appeal:
- Either the complainant or the respondent may appeal a decision made by the school, however, an appeal is **<u>not</u>** a new hearing of the matter.
- An appeal is **only** permissible if there is a procedural irregularity, a policy was not followed, new evidence is discovered or a conflict of evidence is discovered.
- If the appeal is permissible, a new committee will be appointed as noted in the catalog and website, to investigate the basis of the appeal and to make decisions to uphold or to change the original decision.

#### FORMAL COMPLAINT/GRIEVANCE OF SEXUAL MISCONDUCT

I understand that my filing of this formal complaint authorizes Academy for Nursing and Health Occupations to begin an investigation of an alleged sexual complaint.

I understand the information listed in the catalog and on the website concerning sexual misconduct. My complaint is regarding:

Name

The time, circumstances and details are as follows:

Signature	Print Name	Date
Address	City, State, Zip	
Phone Number	Email Address	

\*Submit to the ANHO Title IX Coordinator, Dr. Lois Richards, as noted in the catalog and website.

The investigative process involves interviewing the parties involved and any witnesses while gathering documentary or other evidence. In cases involving alleged criminal conduct, the complainant may file a criminal complaint with the local sheriff department. A complainant need not pursue a criminal complaint in order to seek, or to hold the respondent responsible through the Institution's Student Code of Conduct. As soon as possible, the complainant will be offered appropriate assistance.

Based on the outcome of the investigation, the assigned Title IX Officer or their designee will determine if there is sufficient cause to proceed with the complaint. If so, the Title IX Officer or the designee will arrange for an informal resolution conference with the respondent. (There is a separate Title IX policy statement.) Complainants do not attend informal resolution meetings but are apprised of the meeting's outcome. If the respondent does not accept responsibility for the allegations and/or the proposed sanction, the Title IX Officer or their designee will determine if the evidence warrants a formal hearing before the Grievance Committee. The exact nature of the responsive action depends on the circumstances, but may include discipline up to and including suspension or dismissal from the School for a student, staff or faculty who is found to have violated Institutional policies.

The School will take appropriate action i.e., an investigation, adjudication and disciplinary and remedial/corrective steps in response to a complaint made pursuant to the complaint policies/procedures listed above. The School will make every effort to handle complaints and investigations with sensitivity to both the rights of the person who complains, and the rights of the respondent.

The School handles complaints discreetly and attempts to maintain privacy throughout the investigative process, to the extent practicable and appropriate under the circumstances. However, in order to conduct an investigation, it is generally necessary to discuss the allegations with the respondent and other potential witnesses. Additionally, the School may have legal obligations to disclose information to law enforcement or in the context of legal proceedings.

Complaints may be made anonymously. While the School endeavors to investigate all complaints, including anonymous complaints, the nature of anonymous complaints makes investigation, determination, and remediation more difficult and, at times, impossible. Further, while the School attempts to protect the identity of complainants who do not wish to be identified, this may not always be possible.

In appropriate cases as determined by the School, conflict resolution may be possible. This is permitted only where both the complainant and respondent voluntarily agree to participate, and either party may terminate informal resolution attempts and commence formal Grievance procedures at any time prior to reaching a mutually acceptable resolution. Depending on the circumstances, a mediated resolution may not necessarily involve face-to-face discussions between the complainant and the respondent. Certain cases are not appropriate for conflict resolution, such as complaints of particularly egregious sexual harassment or cases involving sexual assault or violence.

Occasionally, an individual makes a complaint and later wishes to revoke or discontinue the investigation or adjudication process. Similarly, it may occur that someone other than the victim reports an incident, and the victim declines to participate in the investigation or adjudication process. In other instances, complaints may be received anonymously and/or the victim may not wish to be personally identified. The School endeavors to respect the wishes of a victim to either not be identified and/or not participate in the process. In these situations, the School attempts to investigate and address complaints in accordance with the victim's wishes.

If a victim wishes to talk about an incident with the assurance that the discussion will be confidential and will not result in an investigation or follow up action, the School will also proceed in this regard.

In determining whether sex discrimination, sexual harassment or sexual misconduct occurred, the School does not apply the criminal standard of "beyond a reasonable doubt," nor do formal court rules of evidence apply. Instead, the School uses a "preponderance of the evidence" standard, and the Institution may consider any

evidence it deems relevant. A "preponderance of the evidence" means the evidence which is of greater weight, or is more convincing than opposing evidence such that it is "more likely than not" that an act occurred.

If the applicable investigative or adjudication process allows for parties to offer witnesses and evidence, the complainant and the respondent will have an equal opportunity to do so. The complainant and the respondent will be informed in writing of the outcome of the complaint, to the extent permitted by law. A respondent that is a student may appeal the outcome to an impartial decision maker. An employee who is deemed guilty shall have whatever rights the law grants. The particular method and grounds for appeal are explained in the student policies listed above.

The School endeavors to resolve complaints promptly. Ordinarily, the investigative stage will take no longer than 60 calendar days from the time the complaint is received. In exceptional circumstances (including but not limited to especially complex cases, or when the School is not in session), it may be necessary to extend these timelines. If that occurs, the parties will be informed of the expected timeline for completion.

The School prohibits retaliation against any individual who in good faith makes a complaint of sxx discrimination, sexual harassment, or sexual misconduct or participates as a witness in a proceeding under this or any other Institution policy. Retaliation is also unlawful pursuant to Title IX and other laws.

The School engages in educational programming to prevent domestic violence, dating violence, sexual assault and stalking. Educational programming consists of primary prevention and awareness programs for all incoming students and new employees and ongoing awareness and prevention campaigns for students and faculty that:

- 1. Identifies domestic violence, dating violence, sexual assault and stalking as prohibited conduct;
- 2. Defines what behavior constitutes domestic violence, dating violence, sexual assault, and stalking;
- 3. Defines what behavior and actions constitute consent to sexual activity in the State of Florida
- 4. Provides safe and positive options for bystander intervention that may be carried out by an individual to prevent harm or intervene when there is a risk of domestic violence, dating violence, sexual assault, or stalking against a person other than the bystander;
- 5. Provides information on risk reduction so that students and employees may recognize warning signs of abusive behavior and how to avoid potential attacks.
- 6. Provides an overview of information contained in the Annual Security Report in compliance with the Clery Act.

This educational campaign will consist of but not be limited to the distribution of educational materials to new students, participating in and presenting information and materials during student/employee orientation and through newsletters among other means of distribution through the year. The President also has a directory of services that are available to victims within the community to assist those who have suffered from a criminal act.

#### **Risk Reduction/Warning Signs of Abusive Behavior**

No victim is ever to blame for being assaulted or abused. Unfortunately, a person who is the victim of sexual or dating violence is more likely to be re-victimized. Below are some tips to help reduce your risk, to recognize warnings signs of abusive behavior and how to avoid potential attacks.

#### Warning Signs of Abusive Behavior

Domestic and dating abuse often escalates from threats and verbal abuse to violence. And, while physical injury may be the most obvious danger, the emotional and psychological consequences of domestic and dating violence are also severe. Warning signs of dating and domestic violence include:

- 1. Being afraid of your partner.
- 2. Constantly watching what you say to avoid a "blow up."
- 3. Feelings of low self-worth and helplessness about your relationship.
- 4. Feeling isolated from family or friends because of your relationship.
- 5. Hiding bruises or other injuries from family or friends.
- 6. Being prevented from working, studying, going home, and/or using technology (including your cell phone.)
- 7. Being monitored by your partner at home, work, or school.
- 8. Being forced to do things you don't want to do.

#### Help Reduce Your Risk and Avoid Potential Attacks

If you are being abused or suspect that someone you know is being abused, speak up or intervene.

- 1. Learn how to look for "red flags" in relationships so you can learn to avoid some of those characteristics in future partners.
- 2. Consider making a report with the Executive Director and ask for a "no contact" directive from the College to prevent future contact.
- 3. Consider getting a protective order or stay away order.
- 4. Learn more about what behaviors constitute dating and domestic violence, understand it is not your fault, and talk with friends and family members about ways you can be supported.
- 5. Trust your instincts—if something doesn't feel right in a relationship, speak up or end it.

#### Sexual Assault Prevention (From Rape, Abuse and Incest National Network - RAINN)

- > Try not to leave your drink unattended.
- > Only drink from un-opened containers, or from drinks you have watched being made and poured.
- Cover your drink. It is easy to slip in a small pill even while you are holding your drink. Hold a cup with your hand over the top, or choose drinks that are contained in a bottle and keep your thumb over the nozzle.
- If you feel extremely tired or drunk for no apparent reason, you may have been drugged. Find your friends and ask them to leave with you as soon as possible.
- > If you suspect you have been drugged, go to a hospital and ask to be tested.
- Keep track of how many drinks you have had.
- > Try to come and leave with a group of people you trust.
- Avoid giving out your personal information (phone number, where you live, etc.). If someone asks for your number, take his/her number instead of giving out yours.

#### Traveling around campus

- > Make sure your cell phone is easily accessible and fully charged.
- > Take major, public paths rather than less populated shortcuts.
- > Avoid dimly lit places and talk to campus services if lights need to be installed in an area.
- Avoid putting music headphones in both ears so that you can be more aware of your surroundings, especially if you are walking alone.
- > Carry a noisemaker on your keychain
- Carry a small flashlight on your keychain.

The Academy for Nursing and Health Occupations has a sexual assault prevention program that includes, but is not limited to the following:

- > If an assault occurs, notify the Campus President immediately
- > Do not disturb the crime scene
- Notify local law enforcement officials
- Secure counseling for the victim
- > Change the academic schedule and/or living situation (on campus housing) if victim requests

> Disciplinary actions include dismissal from the School

The nature of sexual assault, particularly when perpetrated by an acquaintance, makes it difficult for many survivors to report their experience. For this reason, the local community shelters and services are primary places where individuals may seek assistance in complete confidentiality.

#### Additional Important Palm Beach Phone Numbers:

-Florida Sexual Violence Rape Crisis Hotline – (888)956-7273
-Palm Beach County Victim Services & Certified Rape Crisis Center (561)625-2568
-NotAlone.gov (800)656-4673
- Y.W.C.A. (Services for victims of rape & domestic violence services) (561)640-0050
-National Domestic Violence Hotline (800)799-7233
-SAFE Helpline – Sexual Assault Support for the Military Community (877)995-5247

### EMERGENCY RESPONSE AND EVACUATION PROCEDURES

Academy for Nursing and Health Occupations has in place a campus response protocol. In an emergency or a dangerous situation, upon confirmation with the Executive Director, or designee, of the need for mass notification, the Executive Director or designee will, without delay, taking into account the safety of the community, determine the content of the notification and initiate the notification system, unless issuing a notification will, in the professional judgment of the responsible authorities, compromise efforts to assist a victim or to contain, respond to, or otherwise mitigate the emergency. Emergency or dangerous situations may include, but are not limited to, gas leaks, tornadoes, contagious viruses, etc. (Please see the attached documents: Attachment C-Alarm Procedure, Attachment D- Lockdown Procedures, Attachment E- Telephone Intercom Paging Policy, and Attachment F- Disaster Plan / Disaster Evacuation Plan.

Department of Homeland Security:

#### "Active shooter awareness- options for consideration"

http://www.dhs.gov/video/options-consideration-active-shooter-training-video

#### **Student Emergency Responses**

There is potential for students to be involved in a variety of emergency situations for which appropriate actions must be taken. These possible situations include incidences that may require emergency evacuation, emergency lockdown, external lockdown, or to shelter in place. Safety (Please see Attachment G-Procedure for "Active Shooter" Situation)

#### II. A STATEMENT OF POLICY REGARDING THE POSSESSION, USE, AND SALE OF ALCOHOLIC BEVERAGES AND ENFORCEMENT OF STATE UNDERAGE DRINKING LAWS, AND POSSESSION, USE, AND SALE OF ILLEGAL DRUGS AND ENFORCEMENT OF FEDERAL AND STATE DRUG LAWS

#### A DESCRIPTION OF DRUG AND ALCOHOL ABUSE PREVENTION PROGRAMS

Academy for Nursing and Health Occupations publishes and distributes annually to all current students and employees a copy of the Drug and Alcohol Abuse Prevention Program. This is included in all published catalogs. If new students enroll or new employees are hired after the initial distribution for the year, these new individuals will also receive the materials. Below are the details related to this topic.

#### **Drug and Alcohol Abuse Prevention**

Drug abuse affects all aspects of American life. It threatens the workplace, our homes, our schools and our community. The U.S. Department of Education requires institutions of higher education to implement a drug prevention and awareness program for their students and employees through the **Safe and Drug-Free Schools and Communities Act**. All students are expected to conduct themselves as mature adults and as members of an academic community. The consumption of alcohol or drugs while attending class is prohibited and may be subject to disciplinary action.

#### **Standards of Conduct**

The College community must adhere to a code of conduct that recognizes that the unlawful manufacture, sale, delivery, unauthorized possession or use of any illicit drug is prohibited on property controlled by Academy for Nursing and Health Occupations. If an individual associated with the College is apprehended for violating any drug- or alcohol-related law when on College property, or participating in a College activity, the College will fully cooperate with all law enforcement agencies. Possession or consumption of alcoholic beverages is not permitted on property controlled by the College and the state laws will be enforced. Intentionally or knowingly selling, or intentionally or knowingly furnishing alcoholic beverages to persons under the age of 21, or to persons obviously inebriated, is not permitted on property controlled by the College

#### DRUG FREE POLICY/PROCEDURE AND PROGRAM

The purpose of the Alcohol and other Drug Policy and Program at Academy for Nursing and Health Occupations is to prevent the unlawful possession use or distribution of illicit drugs and alcohol by students and employees.

The institution is in compliance with the Drug Free Schools and Communities Act of 1989 (Public Law 101-226). All students and employees should refer to the "Drug and Alcohol Prevention Program" for information concerning policies and individual responsibilities required under this Act.

#### POLICY:

All students, staff, and faculty agree to comply with the "Drug Free School" Policy which informs them of the School's policies and procedures and commits them to complying with its provisions. It should be understood by all that substance abuse checks can be required in any setting where the well being of a patient may be jeopardized. This may include student activities, employment provisions, and on-the-job requirements.

It should also be known that even after Graduation, State Certification and Licensure will be jeopardized in the event of arrest and conviction of substance abused and illegal drug crimes.

Distribution of information about Alcohol and Other Drug Programs at Academy for Nursing and Health Occupations is accomplished in the following ways.

- 1. New students receive a copy to sign.
- 2. New employees receive a copy to sign.
- 3. The policy is included annually in the school catalogue for student's use.
- 4. The policy is included annually in the Policy and Procedure book for staff use.
- 5. The Policy and Procedures are included on the School's web site.

The annual goals of this program are as follows:

- 1. No impaired students.
- 2. No impaired staff.
- 3. No impaired faculty.
- 4. In the event that a student, staff member, or faculty exhibit impaired behavior immediate, compassionate yet safe action will be taken to protect students and patients.

#### DRUG AND ALCOHOL PREVENTION PROGRAM NOTICE TO STUDENTS AND EMPLOYEES

The Academy for Nursing and Health Occupations has established a Drug and Alcohol Free Awareness Program which encompasses the following four phases:

PHASE 1. Warning of the Dangers of Drug and Alcohol Abuse

Drug and alcohol use impairs memory, alertness and achievement. It erodes the capacity to perform, think, and act responsibly. It may be grounds for termination of your enrollment with the institution or other legal action. SCHEDULE A specifically details the uses and effects as it relates to alcohol.

PHASE 2. Policy of Maintaining a Drug and Alcohol Free Learning Environment

All students and employees are hereby notified that the unlawful manufacture, distribution, dispensing, possession or use of illicit drugs and alcohol is prohibited in the institution's learning environment. Any student or employee must notify the institution of any criminal drug and alcohol statute conviction for a violation occurring in the learning environment no later than five days after such conviction. In compliance with the Drug-Free Workplace Act of 1988, the institution's "workplace" consists of the following locations: Academy for Nursing and Health Occupations, 5154 Okeechobee Boulevard, Suite 201, West Palm Beach, Florida 33417, or, any teaching site, or any "off-site" location (i.e., field trips, clinical experiences, job placement, luncheons, meetings, etc.) where the activities are in any way related to the institution.

- PHASE 3. Listing of the Available Local Drug Counseling, Rehabilitation and Assistance Programs Please refer to SCHEDULE B.
- PHASE 4. Non-compliance with the Terms of this Institution's Drug-free Workplace Statement Non-compliance will result in the following action being taken by this institution:
  - a. The student or employee would be required to actively participate in a drug or alcohol abuse assistance or rehabilitation program approved by Federal, State, or local health, law enforcement or other appropriate agency. Attached SCHEDULE C contains a description of the applicable legal sanctions under local, State, and Federal law for unlawful possession, use, or distribution of illicit drugs and alcohol.
  - b. Community service with one of the above state agencies.
  - c. Termination of enrollment/employment.

#### SCHEDULE A - ALCOHOL USES AND EFFECTS

Alcohol consumption causes a number of marked changes in behavior. Even low consumption significantly impairs the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increases the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high dose of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described. Repeated use of alcohol can lead to dependence. Sudden cessation

of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk of becoming alcoholics.

#### SCHEDULE B - DRUG COUNSELING, REHABILITATION, AND ASSISTANCE PROGRAMS

- 1. Comprehensive Alcoholism Rehabilitation Programs, Inc. (CARP), 5400 East Avenue, P.O. Box 2507, West Palm Beach, Florida 33402, 561-844-6400.
- 2. Growing Together, Inc., 1000 Lake Avenue, Lake Worth, Florida 33460, 561-585-0892.
- 3. Alcoholics Anonymous, Southern Palm Beach County 561-276-4581, HOTLINE: 1-800-407-5299.
- 4. Narcotics Anonymous, Southern Palm Beach County 561-393-0303, HELPLINE: 561-848-6262.
- 5. Drug Abuse Treatment Association, (DATA), Outpatient Services, 1720 East Tiffany Drive, Suite 102, West Palm Beach, Florida 33407, 561-844-3556.\
- 6. Crisis Line 530-1234
- 7. Teen Hotline 930-8336
- 8. Elder Helpline 930-5040

SCHEDULE C - FEDERAL PENALTIES AND SANCTIONS FOR ILLEGAL POSSESSION OF A CONTROLLED SUBSTANCE 21 <u>U.S.C. 844(a)</u>

- 1. 1<sup>st</sup> conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both.
- 2. After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both.
- 3. After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000
- 4. Special sentencing provisions for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, if:
  - a. 1<sup>st</sup> conviction and the amount of crack possessed exceed 5 grams.
  - b. 2<sup>nd</sup> crack conviction and the amount of crack possessed exceeds 3 grams.
  - c. 3<sup>rd</sup> or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

#### 21 U.S.C. 853 (A)(2) and 881(A)(7).

Forfeiture of personal and real property used to possess or facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. (See Special Sentencing Provisions regarding crack.)

#### 21 U.S.C. 861(A)(4).

Forfeiture of vehicles, boats, aircraft or any other conveyance used to transport or conceal a controlled substance.

#### 21 U.S.C. 844a.

Civil fine up to \$10,000 (pending adoption of final regulations.

#### 21 U.S.C. 853a.

Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for the first offense, up to 5 years for second and subsequent offenses.

#### 18 U.S.C. 922(g).

Ineligible to receive or purchase a firearm.

#### MISCELLANEOUS.

Revocation of certain Federal licenses and benefits, e.g. pilot's licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies. NOTE: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply.

#### STUDENT NOTIFICATION - POLICY FOR A DRUG FREE SCHOOL

I understand that as a student at the Academy for Nursing and Health Occupations, am aware of the dangers of drug abuse in school and that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, any other substance considered a drug, is prohibited in association with the school, and that termination will result for anyone violating such prohibition.

I, furthermore, understand that I must agree to notify my school of any criminal drug statute conviction for a violation occurring no later than five (5) days after such a conviction and, I hereby am aware that in such instance, action will include my termination from the Academy for Nursing and Health Occupations.

I also realize that in order to be reconsidered for acceptance at the Academy for Nursing and Health Occupations, subsequent to such a conviction, I must prove to have satisfactory participated in a drug abuse assistance or rehabilitation program approved for such a purpose by the Intervention Project for Nurses.

#### ADDITIONAL SOURCES OF INFORMATION

- The National Institute on Drug Abuse Hotline. Information and referral line that directs callers to treatment centers in the local community. (1-800-662-HELP)
- The National Institute on Drug Abuse Workplace Helpline. A line that provides information only to private entities about workplace programs and drug testing. Proprietary and private non-profit but not public Post-Secondary Schools may use this line (1-800-843-4971)
- The Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse Information and referral line that distributes Department of Education publications about drug and alcohol prevention programs as well as material from other Federal agencies.
- The Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse
   Established in 1987 as a joint effort of the Department and higher education community to develop a response to alcohol and other drug problems on campus, including a set of standards for education programs, assessment techniques, and enforcement procedures. Information can also be provided about training and conferencing activities, and regional members of the network. (1-202-219-2265)
- Department of Education Regional Centers Drug-Free Schools and Communities Assist schools and other entities in developing prevention programs by providing training and technical assistance. (Northeast Region, 516-589-7022; Southeast Region, 502-588-0052;

Midwest Region, 708-571-4714; Southwest Region, 405-325-1454; Western Region, 503-275-9480)

More information about federal penalties and sanctions for unlawful possession, use, sale, and/or distribution of controlled substances is located at http://www.deadiversion.usdoj.gov/21cfr/21usc/index.html

#### Legal Consequences of Substance Abuse in the State of FLORIDA

#### Penalty Details

#### Possession

Possession of 20 grams or less of cannabis is a misdemeanor punishable by a maximum sentence of 1 year imprisonment and a maximum fine of \$1,000.

Possession of more than 20 grams of cannabis is a felony punishable by a maximum sentence of 5 years imprisonment and a maximum fine of \$5,000.

Any person who is knowingly in active or constructive possession of 25 pounds or less of cannabis is a felony punishable by a maximum sentence of 5 years imprisonment and a maximum fine of \$5,000.

Any person who is knowingly in active or constructive possession of more than 25 pounds – 2,000 pounds of cannabis (or 300-2,000 plants) is a felony punishable by a mandatory minimum sentence of 3 years imprisonment and a maximum sentence of 15 years imprisonment and a maximum fine of \$25,000.

Any person who is knowingly in active or constructive possession of 2,000 pounds – less than 10,000 pounds of cannabis (or 2,000-10,000 plants) is a felony punishable by a mandatory minimum sentence of 7 years and a maximum sentence of 30 years imprisonment as well as a maximum fine of \$50,000.

Any person who is knowingly in active or constructive possession of 10,000 pounds of cannabis or more is a felony punishable by a mandatory minimum sentence of 15 years imprisonment and a maximum sentence of 30 years imprisonment as well as a maximum fine of \$200,000.

Sale or delivery within 1,000 feet of a school, college, park, or other specified areas is a felony punishable by a maximum sentence of 15 years imprisonment and a maximum fine of \$10,000.

- Florida Criminal Code § 893.13(h)(3) Web Search
- Florida Criminal Code § 893.03)(1)(c)(7) Web Search
- Florida Criminal Code § 893.135 Web Search
- Florida Criminal Code § 775.082(a) Web Search

#### Sale/Delivery

The delivery of 20 grams or less without remuneration is a misdemeanor punishable by a maximum sentence of 1-year imprisonment and a maximum fine of \$1,000.

The sale of 25 pounds or less of cannabis is a felony punishable by a maximum sentence of 5 years imprisonment and a maximum fine of \$5,000.

The sale of more than 25 pounds- less than 2,000 pounds of cannabis (or 300-2,000 plants) is a felony punishable by a mandatory minimum sentence of 3 years imprisonment and a maximum sentence of 15 years imprisonment and a maximum fine of \$25,000.

The sale of 2,000 pounds – less than 10,000 pounds of cannabis (or 2,000-10,000 plants) is a felony punishable by a mandatory minimum sentence of 7 years and a maximum sentence of 30 years imprisonment as well as a maximum fine of \$50,000.

The sale of 10,000 pounds or more of cannabis is a felony punishable by a mandatory minimum sentence of 15 years imprisonment and a maximum sentence of 30 years imprisonment as well as a maximum fine of \$200,000.

Sale or delivery of cannabis within 1,000 feet of a school, college, park, or other specified areas is a felony punishable by a maximum sentence of 15 years imprisonment and a maximum fine of \$10,000.

- Florida Criminal Code § 893.13 Web Search
- Florida Criminal Code § 893.03(c)(35) Web Search
- Florida Criminal Code § 893.13 Web Search
- Florida Criminal Code § 893.135 Web Search
- Florida Criminal Code § 775.082(a) Web Search
- Florida Criminal Code § 775.083(1) Web Search

#### Hash & Concentrates

Hashish or concentrates are considered schedule I narcotics in Florida.

• Florida Criminal Code § 893.03(1)(c) Web Search

Possession of hashish or concentrates is a felony in the third degree. A felony of the third degree is punishable by a term of imprisonment no greater than 5 years and a fine no greater than \$5,000.

- Florida Criminal Code § 893.13(6)(b) Web Search
- Florida Criminal Code § 775.083(1)(c), (d) Web Search
- Florida Criminal Code § 775.082(3)(d) Web Search
- Florida Criminal Code § 775.082(4)(a) Web Search

Possessing more than 3 grams of hash, selling, manufacturing, delivering, or possessing with intent to sell, manufacture or deliver, hashish or concentrates is a felony of the third degree. A felony of the third degree is punishable by a term of imprisonment no greater than 5 years and a fine no greater than \$5,000.

The offense is charged as a felony of the second degree if the offense occurred:

- Within 1,000 feet of a child care facility between 6 A.M. and 12 midnight;
- Within 1,000 feet of a park or community center;
- Within 1,000 feet of a college, university or other postsecondary educational institute;
- Within 1,000 feet of any church or place of worship that conducts religious activities;
- Within 1,000 feet of any convenience business;
- Within 1,000 feet of public housing;
- Within 1,000 feet or an assisted living facility.

A felony of the second degree is punishable by a term of imprisonment no greater than 15 years and a fine no greater than \$10,000.

- Florida Criminal Code § 893.13(1)(a)(2) Web Search
- Florida Criminal Code § 893.13 Web Search
- Florida Criminal Code § 775.083(1)(b), (c) Web Search
- Florida Criminal Code § 775.082(3)(c), (d) Web Search
- Rutherford v. State, 386 So.2d 881 (Fla. 1980). Web Search

Florida defines any product, equipment, or device used to make hashish or concentrates as drug paraphernalia.

• Florida Criminal Code § 893.145 Web Search

#### Paraphernalia

Possession of drug paraphernalia is a misdemeanor in the first degree, punishable by a maximum sentence of one 1-year imprisonment and a maximum fine of \$1,000.

- Florida Criminal Code § 775.083 Web Search
- Florida Criminal Code § 893.145 Web Search
- Florida Criminal Code § 893.145 Web Search
- Florida Criminal Code § 893.147 Web Search

#### Miscellaneous

Conviction causes a driver's license suspension for a period of 1 year.

- Florida Criminal Code § 322.055 Web Search
- Florida Criminal Code § 322.056 Web Search

#### More Information DRUGGED DRIVING

Every state criminalizes driving under the influence of a controlled substance. Some jurisdictions also impose additional per se laws. In their strictest form, these laws forbid drivers from operating a motor vehicle if they have a detectable level of an illicit drug or drug metabolite (i.e., compounds produced from chemical changes of a drug in the body, but not necessarily psychoactive themselves) present in their bodily fluids above a specific, state-imposed threshold. Read further information about cannabinoids and their impact on psychomotor performance. Additional information regarding cannabinoids and proposed per se limits is available online.

#### LOCAL DECRIMINALIZATION

This state has local jurisdictions that have enacted municipal laws or resolutions either fully or partially decriminalizing minor cannabis possession offenses.

#### MANDATORY MINIMUM SENTENCE

When someone is convicted of an offense punishable by a mandatory minimum sentence, the judge must sentence the defendant to the mandatory minimum sentence or to a higher sentence. The judge has no power to sentence the defendant to less time than the mandatory minimum. A prisoner serving an MMS for a federal offense and for most state offenses will not be eligible for parole. Even peaceful marijuana smokers sentenced to "life MMS" must serve a life sentence with no chance of parole.

#### MEDICAL CBD

This state has passed a medical CBD law allowing for the use of cannabis extracts that are high in CBD and low in THC in instances where a physician has recommended such treatment to a patient with a state-qualifying condition.

#### MEDICAL MARIJUANA

This state has medical marijuana laws enacted. Modern research suggests that cannabis is a valuable aid in the treatment of a wide range of clinical applications. These include pain relief, nausea, spasticity, glaucoma, and movement disorders. Marijuana is also a powerful appetite stimulant and emerging research suggests that marijuana's medicinal properties may protect the body against some types of malignant tumors, and are neuroprotective

Even harsher punishments for drug trafficking are imposed at the federal level.

1. Possession of less than 2.5 grams of cannabis is a Class C misdemeanor for the first offense, with a fine up to \$500 and/or imprisonment for up to 30 days. Subsequent offenses or possession of higher amounts can raise the charge as high as a Class 1 felony, with a fine of up to \$25,000 and imprisonment for 4-15 years.

2. Manufacture or delivery of less than 2.5 grams of cannabis can constitute a Class B misdemeanor punishable by a fine of \$1,500 and imprisonment of up to 6 months. Subsequent offenses or offenses involving greater amounts of cannabis can raise the charge to a Class X felony punishable by a fine of up to \$200,000 and imprisonment for 6-30 years.

**3.** Possession of a controlled substance starts as a Class 4 felony with a fine of not more than \$25,000 and a sentence of not less than 1 year or more than 3 years. Depending on the amount of substance involved, the individual can be charged with a Class 1 felony and fined not more than \$200,000 and imprisoned for not less than 10 years or more than 50 years.

4. Those involved in the manufacture or delivery of a controlled substance can be found guilty of a Class 3 felony with a fine of not more than \$75,000 and a sentence of not less than 2 years or more than 5 years. Depending on the amount of the controlled substance, the charge can go as high as a Class X felony with a fine of not more than \$500,000 and a sentence of not less than 6 years or more than 30 years.

5. Illegal possession of alcohol by someone under 21 years of age is a Class A misdemeanor punishable by a fine up to \$2,500 and a sentence up to 6 months in jail.

6. Those found guilty of distributing alcohol to anyone under 21 years of age are guilty of a Class A misdemeanor with a fine up to \$2,500 and a sentence up to 1 year in jail.

7. Those individuals who are charged with driving under the influence of alcohol where the blood alcohol content is greater than 0.08 can be found guilty of a Class A misdemeanor with a fine up to \$1,000, a sentence up to 1 year in jail, and a 1 year suspension of their driver's license. Additional offenses can increase the crime to a Class 4 felony with a fine up to \$25,000 and a sentence up to 10 years. It can also result in a more permanent loss of an individual's driver's license. Drivers under 21 years of age who are found guilty of driving under the influence of alcohol will find consequences in excess of those listed above.

#### FLORIDA State Alcohol Laws

#### Influenced Driving

Each year in Florida, hundreds of people die needlessly as the result of drinking or drugged driving. Hundreds more are seriously injured or permanently disabled, and millions of dollars of property damage occur. Here are some things you should know about the consequences of drinking and driving in Florida;

#### Florida DUI Information

DUI is an offense under Florida law. The offense is proved by impairment of "normal faculties" or unlawful blood alcohol or breath alcohol level of .08 or above. The following information applies to those with their first conviction.

**Fines**: If this is your first conviction, your fine will be between \$500–\$2,000. If your blood alcohol level is .15 or higher, or you have a minor in the vehicle, the fine will be between \$2,000–\$4,000.

**Community Service**: If this is your first conviction, you will need to serve a mandatory 50 hrs of community service or an additional fine of \$10 for each hour of required community service.

**Probation**: For first convictions, the total period of probation and incarceration will not be greater than 1 year.

**Imprisonment**: Imprisonment is at the court's discretion. Sentencing terms may be served at a residential alcoholism or drug abuse treatment program, credited toward the term of imprisonment. For the first conviction, you will receive not more than 6 months. If your blood alcohol level is .15 or higher or there was a minor in the vehicle, you will receive not more than 9 months.

For 2nd, 3rd and 4th convictions, visit http://www.flhsmv.gov/ddl/duilaws.html

#### 1st DUI (Driving under the influence) Conviction and License Reinstatement

If you are looking to reinstate your license and this is your first DUI Conviction, and you have 180 to 1 year revocation effective from the conviction date, you can apply for a hardship license in your county before the expiration of this revocation period,

DUI school completion and treatment may be referred and is required. After completion, you can apply for a hardship license in the Administrative reviews office where you live. Please use the follow site to locate your local administrative office: <u>http://www.flhsmv.gov/offices/</u>

If you wait to reinstate your license until your revocation period ends, you may need to have proof of enrollment or completion of a DUI school and treatment. If you fail to complete this course within 90 days after reinstatement, it will result in cancellation of your driver's license until the course is completed. Again, failure to complete treatment may result in cancellation of your driver's license.

At the time of reinstatement for hardship or full license privileges, you must take a required examination and pay \$115 as an administrative fee, along with a \$60 reinstatement fee. Any DUI conviction after October 1, 2007 must have proof of bodily injury liability insurance in the amount of \$100,000 per person, \$300,000 per occurrence and \$50,000 for property damage liability on the arrest date or proof of liability coverage and a reinstatement fee of \$150 up to \$500 for subsequent violations will be required.

#### 2nd, 3rd, 4th and other DUI (Driving under the influence) Conviction:

For all other DUI conviction information, please visit: <u>http://www.flhsmv.gov/ddl/dlfaqson2a.html#12</u>

#### Institutional Sanctions for Alcohol and Drug Violations

Any member of the School community found consuming or selling drugs on School property shall be subject to discipline on a case-by-case basis.

- Discipline will be based on the seriousness of the situation.
- A case may result in dismissal from the School.
- In all cases, the School will abide by local, state and federal sanctions regarding unlawful possession
  - of drugs and the consumption of alcohol.
- Additional state penalties and sanctions may also apply.
- The School has adopted a zero-tolerance policy regarding underage drinking.
- Successful completion of an appropriate rehabilitation program by an individual confirmed to
- have

been in violation of alcohol or drug policies and/or laws who has since sought admission or readmission to the school will be considered on a case-by-case basis.

#### **Review of the Annual Security Report**

ANHO conducts an annual review of this Annual Security Report data. This review includes a determination of the number of drug and alcohol-related violations and fatalities that occur on the institution's campus or as part of the institution's activities and the number and type of sanctions imposed by the institution as a result of drug and alcohol-related violations and fatalities that occur on the institution's campus or as part of the institution's activities.

The annual review is conducted as part of the annual evaluative report to determine whether or not the program is being effective or must be modified. The school keeps the biennial review on file in case of a possible audit. ANHO is not required to send the review to the U.S. Department of Education unless requested to do so. If upon evaluation we find that the program is not effective, a Corrective Action Plan will be developed and utilized to increase effectiveness. The Annual Security Report will be retained for three years after the fiscal year in which the report was created and will be available upon request. Dissemination of ASR:

- 1. Tab on website will contain entire ASR Report.
- 2. ASR will be completed annually by Oct 1st and will be distributed to all staff, faculty and students. Staff and Faculty signature forms will be filed in personnel file. Student signature forms will be kept in the financial aid file.

#### Attachment A

## Academy for Nursing and Health Occupations

#### **INCIDENT INVESTIGATION/ REPORTING POLICY**

A report is required for all accidents/incidents that occur at or on school property, at or on clinical training site property, and when on route between school and authorized training site, observational sites, or other authorized assigned locations.

This policy applies to all students, staff, faculty and patients.

An accident or incident is defined as any unusual event posing harm, the threat of, or risk of harm, to anyone involved.

#### Procedure:

- 1. Immediately following an incident, a factual objective report will be compiled with information from those involved and those witnessing the incident.
- 2. A full investigation including preventative measures for future use will be completed by the Academic Dean or Designee as applicable.
- 3. The report will be immediately shared with the Executive Director, i.e., before the close of the work day.
- 4. Insurance company will be notified as warranted.
- 5. A follow-up management plan will be developed and conducted until the situation is resolved.
- 6. Incidents will be evaluated and improvements made as part of the annual system of evaluating and improving vital school functions and services to students.

#### **Incident Reporting**

In the event that an incident occurs, immediately prior to, during or immediately after the school day, or pertaining to school business, an incident report must be filed immediately.

The incident report will be completed by an Instructor if it involves an Instructor, a student or a patient. Incident report will be completed by staff member if the incident involves the staff members.

All incident reports will be completed and submitted to the Academic Dean within 24 hours of the incident. The Academic Dean will recommend appropriate follow-up and will report to any other appropriate agencies as necessary.

#### Evaluation:

The Safety Committee reviews all incident reports quarterly to determine that whether or not there was a relation or continued correlation between incidents. The committee offers feedback for the prevention of continued incidents or accidents. The irector e at n evaluates all data on an annual basis and presents findings to all instructional personnel and administrative staff at an annual staff meeting via the incident/accident summary.

### INCIDENT/ACCIDENT REPORT

Description       Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	PERSON	(Last name)									
Disc directed/score       Ave:       Event Mattern of Architer Accident       Ave:       Family       Bathroom       Cherry       Cherry       Cherry	"""UCVCU			ime)	() fiddle	initiati				_	
Note of increased particle     Incre					(MIROOR	= 0 ((Lad)	_				
Implication       Implication       Implication       Other       Second         Implication       Implication       Description       Second       The       Implication         Implication       Implication       Description       Second       The       Description         Implication       New Description       Description       Second       The       Description         Implication       New Description       Description       Description       Description       Description         Implication       New Description       Description       Description       Description       Description       Description         Implication       Theme address       Description       Description       Description       Description       Description         Implication       Theme address       Description       Description       Description       Description       Description         Implication       Description       Description       Description       Description       Description       Description       Description         Implication       Description       Description <td>Date of incident</td> <td>I/accident Time of</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Child 🗌</td> <td>Male 🗌</td> <td>) Female [</td> <td>٦ <u>٨</u></td>	Date of incident	I/accident Time of						Child 🗌	Male 🗌	) Female [	٦ <u>٨</u>
PRESENT       Present's concert before Account of Market Accounts       Decisite       Decis		incident/accider									Age.
Image: set in the set in	DESIDENT D		Resident'	s room []{No.	J	Hallway [	] Bathro	om 🗋	Other 🗋 Sr	ecily	
Contrast is     Contrast     Contrast is     Contrast is     Contrast is     Contrast is											
West Bit Name options       West Bit Participations       West Bit Parit Partipating Participations       West Bit P	contributed lo			] Sedated [		Do	<b>5</b> 0	T:		_	
West a retrievel nueta type:       Net       / Up       Deven       Yest       No       If Yest       Deven         EXPLOYEE       Desprimer       Job Inter       Secoly       Iso Inter       Iso Inter       Iso Inter         VISTOR       Internation       Type       Chemical InterTaint       Use Internation       Iso Inter         VISTOR       Internation       Internation       Iso Inter       Iso Inter       Iso Inter         VISTOR       Internation       Describe       Internation       Iso Inter       Iso Inter         Others       Describe       Internation       Internation       Internation       Iso Inter         Describe exactly what nationed       Describe       Internation       Internation       Internation         Describe exactly what nationed       Internation       Internation       Internation       Internation         Indicate on diagram location of interry       Temp       Person       Respiration       Internation         Indicate on diagram location of interry       Temp       Person       Respiration       Internation         Indicate on diagram location of interry       Exerction consciousness       Internation       Internation       Internation         Internatinter       Temp       Respi	accentraccoent.	vere bed rails ordered?				00			) _		ly
Physical restrant     Trop       EMPLOYEE     Department       Secondry     Length at line       VISTOR     Home address       OTHER     Department       VISTOR     Home address       OTHER     Department       Department     Mail Department       Department     Mail Department       Enconnect     Department       Provest restrant     Mail Department       Department     Department       Provest restrant     Mail Department       Department     Department						own 🗋	Yes		ustable?		
EMPLOYEE     Department     Job site     Seely       VETOR     informe address     Prome store       OTHER     Occupation     Reson for presence at this boliky       Excorptent moded     Descripe       Descripe     Reson for presence at this boliky       Descripe exactly undered     Descripe       Descripe exactly undered     Descripe       Descripe exactly undered     Descripe       Descripe exactly undered     Descripe       Reson for presence at this boliky       Reson for presence at this boliky       Descripe exactly undered     Descripe       Reson for presence at this boliky       Descripe exactly undered     Descripe       Reson for presence at this boliky       Reson for presence       Reson for presence at this bolik	i		· ·· · ·····				<u> </u>				Down 🗌
Low EVERE     Low Inter     Low I			уре			Chemica	Constanting [				
VISITIOR       Informe address       Points         VISITIOR       Informe address       Points proved         OTHER       Occupation       Presson for presence at this tacking         Encommon indexed       Describe       attraction for presence at this tacking         Property indexed       Describe       attraction for presence at the tacking were if an intervy, state part of body number if property or equinomit damped, describe dimaged, describe dimaged         Indecase on diagram location of mysry:       Temps       Points       Ress         Indecase on diagram location of mysry:       Temps       Points       Ress         Indecase on diagram location of mysry:       Temps       Points       Ress         I. Lackration       I. Lackration       I. Lackration       I. Lackration         J. Advaced       Time of mysry:       Ress       Image: Consciousness         Name of physician notified       Time of media       Adv./P.M.       Image: Consciousness         Name of physician notified       Time of media       Adv./P.M.       Image: Consciousness         Name of physician notified       Time of media       Adv./P.M.       Image: Consciousness         Name of physician notified       Time of media       Adv./P.M.       Image: Consciousness         Name of physician notified	EMPLOYEE	Department						Specify			
VISTOR       Implementation       Implementation         OTHER       Decoupyion       Preason for presence at this lacitly         Economerit movieted       Describe       Implementation         Order vision and independent while Nacional Advisoriation and Nacional Advisores Advisore Advisoriation and Nacional Advisoriation							JOD THE			Len	oth of time
OTHER       Decoupyion       Reason for preserve at the lackty         Equipment involved       Describe       In Wat person administed to be reacting that because were. If an invory, state part of body mures if property or equipment damaged, describe camped         Describe exactly what happened; why if happened; what the causes were. If an invory, state part of body mures if property or equipment damaged, describe camped         Addeste on diagram focation of invery.       B.P.       Pulse       Resp.         Understand       B.P.       Pulse       Resp.       In View of the cause		Home address							_	pos	ition
Declarging:       Reason for presence at this facility         Property modeled       Describe         Interpretation of inverse exactly what happened; what the causes were, if an injury, state part of body mures if property or ecuprent damaged, describe causes         Indicate on diagram bication of injury:       Temp.         Property model       Br.         Indicate on diagram bication of injury:       Temp.         Property model       Br.         Indicate on diagram bication of injury:       Temp.         Property model       Br.         Indicate on diagram bication of injury:       Temp.         Property modeled       Br.         Indicate on diagram bication of injury:       Temp.         Property modeled       Br.         Internationa       Br.         Seewing       Br.         Internationa       Br.         Seewing       Br.         EEVEL OF Consciousness       Br.         Name of physician rollfied       Time of model and Mr./PM.         Name and relationship of family member/readers/readers/representative notified       Time of model and Mr./PM.         Name and relationship of family member/readers/representative notified       Time of model and member/readers/representative notified         Name of physican rollinovide deen by 3 physican?       No<	OTHER									Home phone	
Pleasen for presence at this tacking         Enummer involved       Describe         Property model       Describe         Property market at the tacking         Vest prevent tacking	-										
Economent involved							Reason for	presence a	this facility		
Property modes	<b></b>										
Describe easely what happened; what the causes were, if an injury, state part of body moved if property or ecounted damaged, describe dama				•.							
Indexise on diagram location of inpury:       Temp.       Puise       Resp.         Indexise on diagram location of inpury:       B.P.       Resp.       Image: Resp.         Indexise on diagram location of inpury:       B.P.       Resp.       Image: Resp.         Indexise on diagram location of inpury:       B.P.       Resp.       Image: Resp.         Indexise on diagram location of inpury:       B.P.       Resp.       Image: Resp.         Indexise on diagram location of inpury:       B.P.       Image: Resp.       Image: Resp.         Indexise on diagram location of inpury:       B.P.       Image: Resp.       Image: Resp.         Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.         Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.         Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.         Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.         Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.         Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.       Image: Resp.         Image: Resp.       Image: Resp.	Property involved	d 🗍 Describe							at loca	is person authorition of incutant	rized to be
Indicate on diagram location of injury:       Image: Type of Injury:       B.P.       B.P.       B.P.       Image: Type of Injury:       Image: Type of Type of Injury:       Image: Type of Typ	Describe exactly	what happened; why it ha	ppened; what the cau	SAS WERE II an in						Yes	No
Indicate on diagram location of injury:       Image:				ees were a ann	nory, state p	art of body	r injured II p	roperty or e	quipment di	amaged, descri	be damage.
Temp.       Pulse       Resp.         B.P.       B.P.       TYPE OF INJURY         1.Lecration       B.P.       Difference         3.Abrasion       B.A.       Difference         A.Burn       Difference       Difference         A.Burn       Difference       Difference         A.Burn       Difference       Difference         A.Burn       Difference       Difference         Name of physician nonlifed       Time of nonliference       AM./PM.         Name and relationship of family member/rescient representative notified       Time of nonliference       AM./PM.         Was person involved seen by a physician? Yes       No       Where       Date       Time         Was person involved seen by a physician?       Yes       No       By whom       Date       Time       AM./PM.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time       AM./D         Was person involved taken to a hospital?       Yes       No											-
Temp.       Pulse       Resp.         B.P.       TYPE OF INJURY       I.Lecration         I.Lecration       I.Lecration       I.Lecration         J. Abrasion       I.Lecration       I.Lecration         J. Abrasion       I.Lecration       I.Lecration         J. More and I.Lecration       I.Lecration       I.Lecration         J. Abrasion       I.Lecration       I.Lecration         A.Burn       I.Lecration       I.Lecration         Swelling       I.Lecration       I.Lecration         A.M./PM.       Time of non-receive below:       I.Lecration         Name of physician notified       Time of notification       A.M./P.M. responded         Name and relationship of Iamity member/resolent representative notified       Time of notification       A.M./P.M. responded         Was person involved seen by a physician? Yes I.No       No       Where       Date       Time A.M./I         Was person involved seen by a physician?       Yes I.No       By whom       Date       Time A.M./I         Was person involved staten to a hospital?       Yes I.No       By whom       Date       Time A.M./I         Was person involved staten to a hospital?       Yes I.No       By whom       Date       Time A.M./I         Was person involved staten to a h	indicate on diaora										
TYPE OF INJURY       I.Lecration         1.Hemationa       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         5.Swelling       IIII         7.Other (seedify below)       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	<b> </b>		Temp	Puise		_ Resp		•			
TYPE OF INJURY       I.Lecration         1.Hemationa       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         3.Abrasion       I.Lecration         5.Swelling       IIII         7.Other (seedify below)       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		(nel)		Re					~	$\overline{}$	
1. Laceration		<b>J</b> きん		B.P		· · · ·			(	2	
1. Laceration				TYPE OF					J	এ	
2. Hematoma         3. Abrasion         4. Burn         5. Swelling         6. None apparent         7. Other (specify below)         LEVEL OF CONSCIOUSNESS         Name of physician rotified         Name and relationship of family member/resident representative rotified         Time of involved seen by a physician? Yes         No         Was person involved seen by a physician? Yes         No         Where         Date         Time         AM./P.M.         Was person involved seen by a physician? Yes         No         Where         Date         Time         AM./P.M.         Was person involved taken to a hospial? Yes         No         Was person involved taken to a hospial? Yes         No         Was person involved taken to a hospial? Yes         No         Was person involved taken to a hospial? Yes         Name         Additional comments and/or steps taken to prevent recurrence:         Additional comments and/or steps taken to prevent recurrence:         Additional comments and/or steps taken to prevent recurrence:         Additional comments and/or steps taken to prevent recurrence: <tr< td=""><td></td><td><math>\left\{ \frac{1}{2} + \frac{1}{2} \right\}</math></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>. ~</td><td></td></tr<>		$\left\{ \frac{1}{2} + \frac{1}{2} \right\}$				-				. ~	
3. Abrasion         4. Burn         5. Swelling         6. None apparent         7. Other (specify below)         LEVEL OF CONSCIOUSNESS         Name of physician notified         Name and relationship of lamity member/readent representative notified         Time of notification         Name and relationship of lamity member/readent representative notified         Was person involved seen by a physician? Yes         No         Where         Date         Time of care         provided and by whom         Was person involved taken to a hospital? Yes         No         Was person involved taken to a hospital? Yes         No         Was person involved taken to a hospital? Yes         No         Was person involved taken to a hospital? Yes         No         Was person involved taken to a hospital? Yes         No         Was person involved taken to a hospital? Yes         No         Was person involved taken to a hospital? Yes         No         Was person involved taken to a hospital? Yes         No         Mediational comments and/or steps taken to prevent recurrence:         No         Mediational comments and/or s		$(\lambda < \sqrt{\lambda})$				_			14	1	
4. Burn		$\left\{ \left\{ \left\{ 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, $			a	D		•	ίλ	$  \Lambda \rangle$	
S. Swelling       Image: S. Swelling         S. None apparent       Image: S. Swelling         T. Other (specify below)       Image: S. Swelling         LEVEL OF CONSCIOUSNESS       Image: State of the specific specifi		1/1 11		3. Abrasion					$(\langle \rangle)$	• [] {	
Name and relationship of family member /resdent representative notified       Time of notification       A.M./P.M.       Time of notification         Name and relationship of family member /resdent representative notified       Time of notification       A.M./P.M.       Time of notification         Was person involved seen by a physician?       Yes_       No       Time of notification       A.M./P.M.       Time A.M./P.M.         Was first aid administered?       Yes_       No       Where       Date       Time A.M.         Was first aid administered?       Yes_       No       By whom       Date       Time A.M.         Was first aid administered?       Yes_       No       By whom       Date       Time A.M.         Vas. first aid administered?       Yes_       No       By whom       Date       Time A.M.         Vas. first aid administered?       Yes_       No       By whom       Date       Time A.M.         Vas. first aid administered?       Yes_       No       By whom       Date       Time A.M.         vas. first aid administered?       Yes_       No       By whom       Date       Time A.M.         vas.net, title (if applicable), address & phone no, of winessites)       Additional comments and/or steps taken to prevent recurrence:       SIGNANDREATINE/DATE         yn preparing r	6			4. Burn		Π			$\Lambda H$ .		
Name of physician notified       Time of notification       A.M./P.M.       Time of notification         Name of physician notified       Time of notification       A.M./P.M.       Time of administred         Was person involved seen by a physician?       Yes       No       Time of notification       A.M./P.M.         Was person involved seen by a physician?       Yes       No       Where       Date       Time A.M./P.M.         Mass lints and administered?       Yes       No       Where       Date       Time A.M./P.M.         Mass lints and administered?       Yes       No       By whom       Date       Time A.M./P.M.         Vas person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M./P.M.         Vas rest ad administered?       Yes       No       By whom       Date       Time A.M./P.M.         Vas rest ad administered?       Yes       No       By whom       Date       Time A.M./P.M.         Vas rest ad administered?       Yes       No       By whom       Date       Time A.M./P.M.         vas rest ad administered?       Yes       No       By whom       Date       Time A.M./P.M.         vas rest ad administered?       Yes       No       By whom       Date       Time A.M./P.M.	74			E C		-			)(/ )		
7. Other (specify below)         Image: constraint of physician notified         Name of physician notified         Name and relationship of family member/readent representative notified         Time of notification         Mage person involved seen by a physician? Yes         No         Where         Date         Time of administered?         Yes, joe of care         physical sname         Was person involved taken to a hospital? Yes         No         Where         Date         Time A.M.(PM.)         Was person involved taken to a hospital? Yes         Name, title (if applicable), address & phone no. of witness(es)         Additional comments and/or steps taken to prevent recurrence:         preparing report         Medical Director         Market title?         Additional comments and/or steps taken to prevent recurrence:         Impreparing report         Medical Director         Administrator         Stick1/2         O 1982 Press Cegererum, but Heeps to \$2000 at 8000 at 8				o. owening		- T			111.1	11 2	
LEVEL OF CONSCIOUSNESS         Name of physician notified         Name of physician notified         Name and relationship of family member/resident representative notified         Time of notification         Mas person involved seen by a physician? Yes         No         Was person involved seen by a physician? Yes         No         Where         Date         Time of resident representative notified         Time of representative notified         Time of resident representative notified         Name, lifle (if applicable), address & phone no. of witness(es)         Additional comments and/or steps taken to prevent recurrence:         In preparing report         Medical Director         Administrator         Administrator				-	arent					- 16,2	
Name of physician notified       Time of notification       A.M./P.M.       Time sounded       A.M./P.M.         Name and relationship of family member/resident representative notified       Time of notification       A.M./P.M.       Time sounded       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time A.M.         Was first aid doministered?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Name, title (if applicable), address & phone no, of witnessies)       Additional comments and/or steps taken to prevent recurrence:       Additional comments and/or steps taken to prevent recurrence:         In preparing report       Medical Director       Additional comments and/or steps taken to prevent recurrence:       Stell/Additional comments and/or steps taken to prevent recurrence:         In preparing report       Administrator       Administra				6. None appa							
Name of physician notified       Time of notification       A.M./P.M.       Time sounded       A.M./P.M.         Name and relationship of family member/resident representative notified       Time of notification       A.M./P.M.       Time sounded       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time A.M.         Was first aid doministered?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Name, title (if applicable), address & phone no, of witnessies)       Additional comments and/or steps taken to prevent recurrence:       Additional comments and/or steps taken to prevent recurrence:         In preparing report       Medical Director       Additional comments and/or steps taken to prevent recurrence:       Stell/Additional comments and/or steps taken to prevent recurrence:         In preparing report       Administrator       Administra				6. None appa							
Time of notification       A.M./P.M.       Time ersonded       A.M./P.M.         Was person involved seen by a physician? Yes       No       Time of notification       A.M./P.M.       Time ersonded       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time A.M.         Was first aid administered?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Name, title (if applicable), address & phone no, of witness(es)       Addihonal comments and/or steps taken to prevent recurrence:				6. None appa 7. Other (spe	cily below)						
Time of notification       A.M./P.M.       Time ersonded       A.M./P.M.         Was person involved seen by a physician? Yes       No       Time of notification       A.M./P.M.       Time ersonded       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time A.M.         Was first aid administered?       Yes       No       Where       Date       Time A.M.         Was first aid administered?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.         Name, title (if applicable), address & phone no, of witness(es)       Additional comments and/or steps taken to prevent recurrence:				6. None appa 7. Other (spe	cily below)						
Time of notification       A.M./P.M.       Time end resolutionship of family member/resident representative notified         Was person involved seen by a physician? Yes       No       Time of notification       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time A.M./P.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M./P.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M./P.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M./P.M.         Vas person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M./P.M.         Vas person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M./P.M.         Vares       Additional comments and/or steps taken to prevent recurrence:				6. None appa 7. Other (spe	cily below)						
Time of notification       A.M./P.M.       Time end resolution involved seen by a physician? Yes       No         Was person involved seen by a physician? Yes       No       Molecularity       Time of notification       A.M./P.M.         Was person involved seen by a physician? Yes       No       Molecularity       Time of notification       A.M./P.M.         Was person involved seen by a physician? Yes       No       Molecularity       Molecularity       Time of notification       A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time A.M.(P.M.         Was person involved taken to a hospital?       Yes       No       Where       Date       Time A.M.(P.M.         Vas person involved taken to a hospital?       Yes       No       Where       Date       Time A.M.(P.M.         Vas person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.(P.M.         Vas person involved taken to a hospital?       Yes       No       By whom       Date       Time A.M.(P.M.         vas person involved taken to a hospital?       Yes       No       Addihonal comments and/or steps taken to prevent recurrence:				6. None appa 7. Other (spe	cily below)						
Name and relationship of family member/resident representative notified       Imme of notification       A.M./P.M.       responded       A.M./P.M.         Was person involved seen by a physician? Yes       No       No       Imme of notification       A.M./P.M.       Imme of responded       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time       A.M./P.M.         Was person involved seen by a physician? Yes       No       Where       Date       Time       A.M./P.M.         Was person involved taken to a hospital? Yes       No       By whom       Date       Time       A.M./P.M.         Was person involved taken to a hospital? Yes       No       By whom       Date       Time       A.M./P.M.         Vare, title (if applicable), address & phone no. of witness(es)       Additional comments and/or steps taken to prevent recurrence:       Imme and/or steps taken to prevent recurrence:         In preparing report       Medical Director       Medical Director       SIGNATURE/TITLE/DATE       Administrator         Statizz       0 1992 Preps Copera				6. None appa 7. Other (spe	cily below)						
Name and relationship of family member/resident representative notified       Time of	Name of physician no	and the second s		6. None appa 7. Other (spe	cily below)						
Was person involved seen by a physician? Yes       No       Mathematication       A.M./P.M.       Time       A.M./P.M.         Where       Date       Time       A.M./P.M.       Mathematication       A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time       A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time       A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time       A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time       A.M./P.M.         Was first aid administered?       Yes       No       Where       Date       Time       A.M./P.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time       A.M.         Vare, title (if applicable), address & phone no. of witness(es)       Additional comments and/or steps taken to prevent recurrence:       P.M.         In preparing report       Medical Director       Medical Director       Administrator         SIGNATURE/INTER/DATE       Administrator       Administrator       Sign 201241/2010				6. None appa 7. Other (spe	CONSCIOUS			, Time			
Was person involved seen by a physician? Yes       No       INNUCATION       A.M./P.M. [responded       A.M./P.M.         Where       Date       Time       A.M.       P.M.       Interview       Date       Time       A.M.       P.M.       Interview       Interview       P.M.       Interview       P.M.       Interview			ni representative notifie	6. None appa 7. Other (spe	CONSCIOUS		A.M.	/P.M. Time	anded		А.М./Р.М.
introduction's name       Date       Time       A.M.         Was first aid administered?       Yes       No       Where       Date       Time       A.M.         P.M.       If Yes, type of care       Date       Time       A.M.       P.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time       A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time       A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time       A.M.         Vame, title (if applicable), address & phone no. of witness(es)       Additional comments and/or steps taken to prevent recurrence:         un preparing report	Name and relationship	o of family member/residen		6. None appa 7. Other (spe LEVEL OF C	CONSCIOUS			/P.M. resp	onded		А.М./Р.М.
Was first aid administered?       Yes       No       P.M.         If Yes, type of care       Date       Time       A.M.         provided and by whom       Date       Time       A.M.         Was person involved taken to a hospital?       Yes       No       By whom       Date       Time       A.M.         waspital name       Date       Time       A.M.       P.M.       It Yes, to spital name       Date       Time       A.M.         Vame, title (if applicable), address & phone no. of witness(es)       Additional comments and/or steps taken to prevent recurrence:       P.M.         un preparing report       Medical Director       Medical Director         rector of Nursing       Administrator       Administrator	Name and relationship Was person involved s	o of family member/residen		6. None appa 7. Other (spe	Time of notification			/P.M. resp	onded		
If Yes, type of care       Tes       No       Where       Date       Time       A.M.         Where       Date       Time       A.M.       P.M.       P	Name and relationship Was person involved s	o of family member/residen		6. None appa 7. Other (spe	Time of notification			/P.M. resp	onded	· · · · · · · · · · · · · · · · · · ·	А.М./Р.М.
A.M.       P.M.         Was person involved taken to a hospital? Yes       No         In Sopital name       Date         Visite (if applicable), address & phone no. of witness(es)       Additional comments and/or steps taken to prevent recurrence:         Vame, title (if applicable), address & phone no. of witness(es)       Additional comments and/or steps taken to prevent recurrence:         In preparing report       Medical Director         rector of Nursing       Administrator	Name and relationship Was person involved s If Yes, physician's name Was lirst aid administe	o of lamily member/residen		6. None appa 7. Other (spe LEVEL OF C	Time of notification			/P.M. resp	onded	· · · · · · · · · · · · · · · · · · ·	а.м./р.м. а.м. 🗌
Date     Time     A.M.       Date     Time     A.M.       Name, title (if applicable), address & phone no. of witness(es)     Additional comments and/or steps taken to prevent recurrence:       In preparing report     SIGNATURE/TITLE/DATE       In preparing report     Medical Director       Administrator     Signature to steps taken to prevent recurrence:	Name and relationship Was person involved s If Yes, physician's name Was lipst aid administer If Yes, type of care	o of lamily member/residen seen by a physician? Yes ( red? Yes (		6. None appa 7. Other (spe LEVEL OF C	Time of notification			/P.M. resp	onded onded Date	Time	A.M./P.M. A.M. [] P.M. []
Date       Time       A.M.         Vame, title (if applicable), address & phone no. of witness(es)       Additional comments and/or steps taken to prevent recurrence:         In preparing report       SIGNATURE/TITLE/DATE         In preparing report       Medical Director         rector of Nursing       Administrator         5 6-18/2       0 1992 Preps Corporation, Dis Monte, M 5000 (6001241/2012)	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom	o of lamily member/residen seen by a physician? Yes ( ered? Yes [		6. None appa 7. Other (spe LEVEL OF C	Time of notification			/P.M. resp	onded onded Date	Time	A.M./P.M. A.M. [] P.M. [] A.M. []
SIGNATURE/ITTLE/DATE In preparing report  SIGNATURE/ITTLE/DATE Administrator  SIGNATURE/ITTLE/DATE Administrator  SIGNATURE/ITTLE/DATE	Name and relationship Was person involved s Physician's name Was lifst aid administer if Yes, type of care provided and by whom Was person involved ta t Yes.	o of family member/residen seen by a physician? Yes ( sred? Yes (		6. None appa 7. Other (spe LEVEL OF C	Time of notification			/P.M. resp /P.M. resp	onded Date Date	Time	A.M./P.M. A.M. [] P.M. [] A.M. []
SIGNATURE/ITTLE/DATE In preparing report Incetor of Nursing Administrator SIGNATURE/ITTLE/DATE Administrator	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom Was person involved ta I Yes,	o of lamily member/residen seen by a physician? Yes ( ered? Yes [ ken to a hospital? Yes [	□ No □ □ No □	6. None appa 7. Other (spe LEVEL OF C	Time of notification			/P.M. resp /P.M. resp	onded Date Date	Time	A.M./P.M. A.M. P.M. A.M. P.M.
In preparing report Medical Director rector of Nursing Administrator	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom Was person involved ta I Yes,	o of lamily member/residen seen by a physician? Yes ( ered? Yes [ ken to a hospital? Yes [	□ No □ □ No □	6. None appa 7. Other (spe LEVEL OF C	Time of notification	SNESS	A.M.	/P.M. resp /P.M. Time resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
In preparing report Medical Director rector of Nursing Administrator	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom Was person involved ta I Yes,	o of lamily member/residen seen by a physician? Yes ( ered? Yes [ ken to a hospital? Yes [	□ No □ □ No □	6. None appa 7. Other (spe LEVEL OF C	Time of notification	SNESS	A.M.	/P.M. resp /P.M. Time resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
In preparing report Medical Director rector of Nursing Administrator	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom Was person involved ta I Yes,	o of lamily member/residen seen by a physician? Yes ( ered? Yes [ ken to a hospital? Yes [	□ No □ □ No □	6. None appa 7. Other (spe LEVEL OF C	Time of notification	SNESS	A.M.	/P.M. resp /P.M. Time resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
In preparing report Medical Director rector of Nursing Administrator	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom Was person involved ta I Yes,	o of lamily member/residen seen by a physician? Yes ( ered? Yes [ ken to a hospital? Yes [	□ No □ □ No □	6. None appa 7. Other (spe LEVEL OF C	Time of notification	SNESS	A.M.	/P.M. resp /P.M. Time resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
In preparing report Medical Director rector of Nursing Administrator S 6-18/2 O 1992 Props Corporation, Dis Mores II 5000 (600) 241-7321	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom Was person involved ta I Yes,	o of lamily member/residen seen by a physician? Yes ( ered? Yes [ ken to a hospital? Yes [	□ No □ □ No □	6. None appa 7. Other (spe LEVEL OF C	Time of notification	SNESS	A.M.	/P.M. resp /P.M. Time resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
rector of Nursing Administrator	Name and relationship Was person involved s If Yes, Dhysician's name Was first aid administe If Yes, type of care provided and by whom Was person involved ta I Yes,	o of lamily member/residen seen by a physician? Yes ( red? Yes ( sken to a hospital? Yes ( e), address & phone no. of	No     No     No     No     wr(ness(es)	6. None appa 7. Other (spe LEVEL OF C	Time of notification	SNESS	A.M.	/P.M. resp /P.M. Time resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
Administrator	Name and relationship Was person involved s if Yes, physician's name Was lifst aid administer frovided and by whom Was person involved ta 1 Yes, two provided and by whom Was person involved ta 1 Yes, pospital name Jame, title (if applicable	o of lamily member/residen seen by a physician? Yes ( red? Yes ( sken to a hospital? Yes ( e), address & phone no. of	No     No     No     No     wr(ness(es)	6. None appa 7. Other (spe LEVEL OF C	Time of notification	ments and	/or steps ta	/P.M. (esp /P.M. Time /P.M. resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
Administrator	Name and relationship Was person involved s if Yes, physician's name Was lifst aid administer frovided and by whom Was person involved ta 1 Yes, two provided and by whom Was person involved ta 1 Yes, pospital name Jame, title (if applicable	o of lamily member/residen seen by a physician? Yes ( red? Yes ( sken to a hospital? Yes ( e), address & phone no. of	No     No     No     No     wr(ness(es)	6. None appa 7. Other (spe LEVEL OF C	Time of notification	Iments and	/or steps ta	/P.M. (esp /P.M. Time /P.M. resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name and relationship Was person involved s if Yes, Was lirst aid administer f Yes, type of care provided and by whom Was person involved ta f Yes, was patal name Jame, title (if applicable ame, title (if applicable	o of lamily member/residen seen by a physician? Yes ( red? Yes ( sken to a hospital? Yes ( e), address & phone no. of	No     No     No     No     wr(ness(es)	6. None appa 7. Other (spe LEVEL OF C	Time of notification	Iments and	/or steps ta	/P.M. (esp /P.M. Time /P.M. resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name and relationship Was person involved s if Yes, Was lirst aid administer f Yes, type of care provided and by whom Was person involved ta f Yes, was patal name Jame, title (if applicable ame, title (if applicable	o of lamily member/residen seen by a physician? Yes ( red? Yes ( sken to a hospital? Yes ( e), address & phone no. of	No ☐ No ☐ No ☐ No ☐ wi(ness(es)) DATE	6. None appa 7. Other (spe LEVEL OF C	CONSCIOUS	Iments and	/or steps ta	/P.M. (esp /P.M. Time /P.M. resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []
	Name and relationship Was person involved s if Yes, Dhysician's name Was first aid administer frovided and by whom Was person involved ta 1 Yes, pospial name Jame, title (if applicable un preparing report in preparing report	o of lamily member/residen seen by a physician? Yes [ seen to a hospital? Yes [ sken to a hospital? Yes [ e), address & phone no. of SIGMANIATINES	No     No     No     No     No     No     wr(ness(es)	6. None appa 7. Other (spe LEVEL OF C	CONSCIOUS	Iments and	/or steps ta	/P.M. (esp /P.M. Time /P.M. resp	onded Date Date Date	Time Time Time	A.M./P.M. A.M. [] P.M. [] A.M. [] A.M. []

		· · · · · · · · · · · · · · · · · · ·		
FLORIDA DEPT. OF LABOR & EMPLOYMENT SECURITY	RECEIVED BY CARRIER		T TO DIVISION	
DIVISION OF WORKERS' COMPENSATION	RECEIVED BT CARRIER	551		DIVISION REC'D DATE
2728 Centerview Drive, 202 Forrest Building Tailahassee, Florida 32399-0685				
			· . · · · · · · · · · · · · · · · · · ·	
FIRST REPORT OF INJURY OR ILLNESS				
For assistance call 1-800-342-1741	· · ·			
or contact your local EAO Office			·	
Report all deaths within 24 hours 800-219-8953				· .
LEASE PRINT OR TYPE NAME (First, Middle, Last)	EMPLOYEE INFORMATION Social Security Number	Date of Accide	nt (Month/Day/Year)	Time of Accident
NAME (FIIS, MIUDIE, EAST)	Social Secondy Number	Date of Accide	n (Monin Day rear)	
······				
HOME ADDRESS	EMPLOYEE'S DESCRIPTION OF ACCI	DENT (Include Ca	ause of Injury)	
Street/Apt. #:	1			
City: State: Zip:				
	-		· .	
TELEPHONE Area Code Number				
OCCUPATION	INJURY/ILLNESS THAT OCCURRED		PART OF BODY AFFE	CTED
			•	
DATE OF BIRTH SEX				
// MF			<u> </u>	
	EMPLOYER INFORMATION FEDERAL I.D. NUMBER (FEIN)		DATE FIRST REPORT	ED (Month/Dav/Year)
COMPANY NAME:	,			(
D.B.A.:		•	DOLLOW PENDED UNI	
Street:	NATURE OF BUSINESS		POLICY/MEMBER NUI	MBER
			[	
Cily: State: Zip:				
TELEPHONE Area Code Number	DATE EMPLOYED		PAID FOR DATE OF IN	
EMPLOYER'S LOCATION ADDRESS (If different)	LAST DATE EMPLOYEE WORKED			UE TO PAY WAGES INSTEAD OF
EMPLOTER'S LOCATION ADDRESS (in different)	LAST DATE EMPLOTEE WORKED		WORKER'S COMP?	YES
	1 1			
(				
· · · ·			LAST DAY WAGES WI OF WORKERS' COMP	
City State: Zip:	RETURNED TO WORK I YES INC IF YES, GIVE DATE	0	RATE OF PAY	
_OCATION # (If applicable)	IF YES, GIVE DATE			
PLACE OF ACCIDENT (Street, City, State, Zip)	1//	-	\$	PER 🗋 DAY 📋 MO
	DATE OF DEATH (If applicable)		Number of hours per da	av -
Street:	//	-	Number of hours per w	eek
Dily: State: Zip:	AGREE WITH DESCRIPTION OF ACCIE	DENT?	Number of days per we	eek
· · · · · · · · · · · · · · · · · · ·	YES NO		NAME, ADDRESS AND	TELEPHONE
COUNTY OF ACCIDENT:			OF PHYSICIAN OR HO	
nsured program, files a statement of claim containing any false or misleadi				Jarmal
have reviewed, understand and acknowledge the above statement.				
			· · · ·	
EMPLOYEE SIGNATURE (If available to sign)	DATE			
EMPLOYER SIGNATURE	DATE		AUTHORIZED BY EMP	PLOYER I YES NO
1. Case DeniedDWC-12, Notice of Denial Attached	2. Medical Only w	hich became L	ost Time Case (Comp	blete all info in #3)
3. Lost Time Case 1st day of disability	Salary continued in lieu of cor	mn? 🗆 YES	Salary End Date	/ /
Date First Payment Mailed/ AW	W Comp Rate	e		
🛄 T.T. 📋 T.T80% 🔲 T.P. 🗌 I.B. 🗌 P.T.	Death			
REMARKS:				
	CARRIER N	AME, ADDRESS	& TELEPHONE	
· · · · · · · · · · · · · · · · · · ·				
CODE # EMPLOYEE'S RISK CLASS CODE EMPLOYER'	S SIC CODE			
SERVICE CO/TPA CODE # CARRIER FILE #				
	is employer	self-insured?	T YES	NO NO

Attachment B 2022 Campus Crime Safety Survey

## Campus Safety and Security Survey Completion Certificate

The Campus Safety and Security data for Academy for Nursing and Health Occupations (412173) were completed and locked on August 18, 2022.

Thank you for your participation in the data collection. This certificate was prepared on August 18, 2022

## 2022 Campus Safety and Security Survey

User ID: C4121731

Institution: (412173001)

### **Screening Questions**

Please answer these questions carefully. The answers you provide will determine which screens you will be asked to complete for this data collection.

1. Does your institution provide On-campus Student Housing Facilities?
No.
O Yes. (If Yes is selected, you must enter the number of student housing facilities below and enter Fire Statistics for each facility.)
Number of On-campus Student Housing Facilities:
2. Does your institution have any noncampus buildings or properties?
○ Yes
No
3. Have you combined statistics that you received from the local or state police with your institution statistics for this report? If you answer No to this question, you will be asked to provide the data you received from the local and state police separately.
Yes. Local and/or state law enforcement agencies provided us with statistics that we are combining with statistics collected by our campus security authorities.
No. We are not combining the statistics because we cannot determine whether the statistics we obtained from local and/or state law enforcement agencies are for on-campus incidents or public property incidents.
O Not available. We cannot determine if the statistics we obtained from local and/or state law enforcement agencies are for our Clery geography.
O Not available. We made a good-faith effort to obtain statistics from local and/or state law enforcement agencies, but the agencies did not comply with our request.

## Criminal Offenses - On campus

For each of the following criminal offenses, enter the number reported to have occurred On Campus.

Criminal offense	Total occurrences On campus						
	2019	2020	2021				
a. <u>Murder/Non-negligent manslaughter</u>	0	0	0				
b. <u>Manslaughter by Negligence</u>	0	0	0				
c. <u>Rape</u>	0	0	0				
d. <u>Fondling</u>	32 0	0	0				

e. <u>Incest</u>	0	0	0
f. <u>Statutory rape</u>	0	0	0
g. <u>Robbery</u>	0	0	0
h. <u>Aggravated assault</u>	0	0	0
i. <u>Burglary</u>	0	0	0
j. <u>Motor vehicle theft</u> (Do not include theft <i>from</i> a motor vehicle)	0	0	0
k. <u>Arson</u>	0	0	0

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

## **Criminal Offenses - Public Property**

For each of the following criminal offenses, enter the number reported to have occurred on Public Property.

Criminal offense	Total occurrences on Public Property							
	2019	2020	2021					
a. <u>Murder/Non-negligent manslaughter</u>	0	0	0					
b. <u>Manslaughter by Negligence</u>	0	0	0					
c. <u>Rape</u>	0	0	0					
d. <u>Fondling</u>	0	0	0					
e. <u>Incest</u>	0	0	0					
f. Statutory rape	0	0	0					
g. <u>Robbery</u>	0	0	0					
h. <u>Aggravated assault</u>	33 0	0	0					

i. <u>Burglary</u>	0	0	0
j. <u>Motor vehicle theft</u> (Do not include theft <i>from</i> a motor vehicle)	0	0	0
k. <u>Arson</u>	0	0	0

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

## Hate Crimes - On campus

For the criminal offenses listed below, first enter the total number of <u>Hate Crimes</u> that were reported to have occurred <u>On campus</u>. Then break down each total by category of bias (e.g., race, religion).

#### YEAR 2021

Criminal offense	Total	Total Occurrences of Hate crimes (Category of Bias for crimes)							
		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
a. <u>Murder/ Non-negligent manslaughter</u>	0	0	0	0	0	0	0	0	0
c. <u>Rape</u>	0	0	0	0	0	0	0	0	0
d. <u>Fondling</u>	0	0	0	0	0	0	0	0	0
e. <u>Incest</u>	0	0	0	0	0	0	0	0	0
f. <u>Statutory rape</u>	0	0	0	0	0	0	0	0	0
g. <u>Robbery</u>	0	0	0	0	0	0	0	0	0
h. <u>Aggravated assault</u>	0	0	0	0	0	0	0	0	0
i. <u>Burglary</u>	0	0	0	0	0	0	0	0	0
j. <u>Motor vehicle theft</u> (Do not include theft <i>from</i> a motor vehicle)	0	0	0	0	0	0	0	0	0
k. <u>Arson</u>	0	0	0	0	0	0	0	0	0
I. <u>Simple assault</u>	0	0	o) (	0	0	) (0	0	0	0

						·			
m. <u>Larceny-theft</u>	0	0	0	0	0	0	0	0	0
n. Intimidation	0	0	0	0	0	0	0	0	0
o. <u>Destruction/damage/</u> <u>vandalism of property</u>	0	0	0	0	0	0	0	0	0
YEAR 2020									
Criminal offense	Total		(	Occurrences of	f Hate crimes (	Category of E	Bias for crimes	)	
		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
a. <u>Murder/ Non-negligent manslaughter</u>	0	0	0	0	0	0	0	0	0
c. <u>Rape</u>	0	0	0	0	0	0	0	0	0
d. <u>Fondling</u>	0	0	0	0	0	0	0	0	0
e. <u>Incest</u>	0	0	0	0	0	0	0	0	0
f. <u>Statutory rape</u>	0	0	0	0	0	0	0	0	g
g. <u>Robbery</u>	0	0	0	0	0	0	0	0	0
h. Aggravated assault	0	0	0	0	0	0	0	0	0
i. <u>Burglary</u>	0	0	0	0	0	0	0	0	0
j. <u>Motor vehicle theft</u> (Do not include theft <i>from</i> a motor vehicle)	0	0	0	0	0	0	0	0	0
k. <u>Arson</u>	0	0	0	0	0	0	0	0	0
I. <u>Simple assault</u>	0	0	0	0	0	0	0	0	0
m. <u>Larceny-theft</u>	0	0	0	0	0	0	0	0	0
n. Intimidation	0	0	0	0	0	0	0	0	0
o. <u>Destruction/damage/</u> <u>vandalism of property</u>	0	0	0	0	0	0	0	0	0
YEAR 2019									

		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
a. <u>Murder/ Non-negligent manslaughter</u>	0	0	0	0	0	0	0	0	0
с. <u>Rape</u>	0	0	0	0	0	0	0	0	0
d. <u>Fondling</u>	0	0	0	0	0	0	0	0	0
e. <u>Incest</u>	0	0	0	0	0	0	0	0	0
f. <u>Statutory rape</u>	0	0	0	0	0	0	0	0	0
g. <u>Robbery</u>	0	0	0	0	0	0	0	0	0
h. <u>Aggravated assault</u>	0	0	0	0	0	0	0	0	0
i. <u>Burglary</u>	0	0	0	0	0	0	0	0	0
j. <u>Motor vehicle theft</u>	0	0	0	0	0	0	0	0	0
k. <u>Arson</u>	0	0	0	0	0	0	0	0	0
I. <u>Simple assault</u>	0	0	0	0	0	0	0	0	0
m. <u>Larceny-theft</u>	0	0	0	0	0	0	0	0	0
n. Intimidation	0	0	0	0	0	0	0	0	0
o. <u>Destruction/damage/</u>	0	0	0	0	0	0	0	0	0

vandalism of property

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

### Hate Crimes - Public Property

For the criminal offenses listed below, first enter the total number of <u>Hate Crimes</u> that were reported to have occurred on <u>Public Property</u>. Then break down each total by category of bias (e.g., race, religion).

YEAR 2021

Criminal offense

		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
a. <u>Murder/ Non-negligent manslaughter</u>	0	0	0	0	0	0	0	0	0
с. <u>Rape</u>	0	0	0	0	0	0	0	0	0
d. <u>Fondling</u>	0	0	0	0	0	0	0	0	0
e. <u>Incest</u>	0	0	0	0	0	0	0	0	0
f. <u>Statutory rape</u>	0	0	0	0	0	0	0	0	0
g. <u>Robbery</u>	0	0	0	0	0	0	0	0	0
h. <u>Aggravated assault</u>	0	0	0	0	0	0	0	0	0
i. <u>Burglary</u>	0	0	0	0	0	0	0	0	0
j. <u>Motor vehicle theft</u> (Do not include theft <i>from</i> a motor vehicle)	0	0	0	0	0	0	0	0	0
k. <u>Arson</u>	0	0	0	0	0	0	0	0	0
I. <u>Simple assault</u>	0	0	0	0	0	0	0	0	0
m. <u>Larceny-theft</u>	0	0	0	0	0	0	0	0	0
n. Intimidation	0	0	0	0	0	0	0	0	0
o. <u>Destruction/damage/</u> <u>vandalism of property</u>	0	0	0	0	0	0	0	0	0

#### YEAR 2020

Criminal offense	Total	1			f Hate crimes (	1577 1379	Bias for crimes	)	
		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
a. <u>Murder/ Non-negligent manslaughter</u>	0	0	0	0	0	0	0	0	0
с. <u>Rape</u>	0	0	0	0	0	0	0	0	0
d. <u>Fondling</u>	0	0	0	0	0	0	0	0	0
e. <u>Incest</u>	0	0	0	370	0	0	0	0	0

f. <u>Statutory rape</u>	0	0	0	0	0	) []	0	0	0
g. <u>Robbery</u>	0	0	0	0	0	) 🚺 0	0	0	0
h. <u>Aggravated assault</u>	0	0	0	0	0	0	0	0	0
i. <u>Burglary</u>	0	0	0	0	0	0	0	0	0
j. <u>Motor vehicle theft</u> (Do not include theft <i>from</i> a motor vehicle)	0	0	0	0	0	0	0	0	0
k. <u>Arson</u>	0	0	0	0	0	0	0	0	0
I. <u>Simple assault</u>	0	0	0	0	0	0	0	0	0
m. <u>Larceny-theft</u>	0	0	0	0	0	0	0	0	0
n. Intimidation	0	0	0	0	0	0	0	0	0
o. <u>Destruction/damage/</u> <u>vandalism of property</u>	0	0	0	0	0	0	0	0	0
YEAR 2019									
Criminal offense	Total			Occurrences o	f Hate crimes	(Category of B	lias for crimes	). 	11) - 111 (1), 117 (117) - 11 (117) (1
		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
a. <u>Murder/ Non-negligent manslaughter</u>	0	0	0	0	0	0	0	0	0
c. <u>Rape</u>	0	0	0	0	0	0	0	0	0
d. <u>Fondling</u>	0	0	0	0	0	0	0	0	0
e. <u>Incest</u>	0	0	0	0	0	0	0	0	0
f. <u>Statutory rape</u>	0	0	0	0	0	0	0	0	0
g. <u>Robbery</u>	0	0	0	0	0	0	0	0	0

h. <u>Aggravated assault</u>

×.

n

nſ

nſ

nſ

n

nſ

n

n

i. <u>Burglary</u>

j. Motor vehicle theft

k. <u>Arson</u>

	<u> </u>								
l. <u>Simple assault</u>	0	0	0	0	0	0	0	0	0
m. <u>Larceny-theft</u>	0	0	0	0	0	0	0	0	0
n. Intimidation	0	0	0	0	0	0	0	0	0
o. <u>Destruction/damage/</u> <u>vandalism of property</u>	0	0	0	0	0	0	0	0	0

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

# VAWA Offenses - On Campus

For each of the following crimes, enter the number reported to have occurred On Campus.

Crime	Total occurences On Campus				
	2019	2020	2021		
a. <u>Domestic violence</u>	0	0	0		
b. <u>Dating violence</u>	0	0	0		
c. <u>Stalking</u>	0	0	0		

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

# VAWA Offenses - Public Property

For each of the following crimes, enter the number reported to have occurred on Public Property.

Crime

Total occurences on Public Property

2019

39

a. <u>Domestic violence</u>	0	0	0
b. <u>Dating violence</u>	0	0	0
c. <u>Stalking</u>	0	0	0

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

### Arrests - On campus

Enter the number of Arrests for each of the following crimes that occurred On Campus.

Crime	Number of Arrests					
	2019	2020	2021			
a. <u>Weapons: carrying, possessing, etc.</u>	0	0	0			
b. <u>Drug abuse violations</u>	. 0	0	0			
c. <u>Liquor law violations</u>	0	0	0			

Please Note: Do NOT include drunkenness or driving under the influence in liquor law violations.

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

## Arrests - Public Property

Enter the number of Arrests for each of the following crimes that occurred on Public Property.

Chime			Num	ber of Arrests		
		NAME OF THE OWNER				
		20 <sup>-</sup> 40	19	2020	2021	
		40				
a. Weapons: carrying, possessing, etc.	4	[	0	0	0	

			·
b. <u>Drug abuse violations</u>	0	0	0
c. <u>Liquor law violations</u>	0	0	0
		and a second	

Please Note: Do NOT include drunkenness or driving under the influence in liquor law violations.

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

# **Disciplinary Actions - On Campus**

Enter the number of persons referred for disciplinary action for crimes that occurred On Campus for each of the following categories. Do not include disciplinary actions that were strictly for school policy violations.

If the disciplinary action is the result of an arrest, please do not count it here; count the violation as 1 arrest.

Crime	Number of persons referred for Disciplinary Action				
	2019	2020	2021		
a. <u>Weapons: carrying, possessing, etc.</u>	0	0	0		
b. <u>Drug abuse violations</u>	0	0	0		
c. <u>Liquor law violations</u>	0	0	0		
Please Note: Do NOT include drunkenness or driving under the influence	in liquor law violations				

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON).'

# **Disciplinary Actions - Public Property**

Enter the number of persons referred for disciplinary action for crimes that occurred on Public Property for each of the following categories.

Do not include disciplinary actions that were strictly for school policy violations.

If the disciplinary action is the result of an arrest, please do not count it here; count the violation as 1 arrest.

**Disciplinary Action** 

0	0	0
0	0	0
0	0	0)

Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

# **Unfounded Crimes**

Of those crimes that occurred <u>On Campus</u>, in <u>On-campus Student Housing Facilities</u>, on or in <u>Noncampus</u> property or buildings, and on <u>Public Property</u>, enter the number of crimes that were unfounded.

The total number of unfounded crimes should include all criminal offenses, hate crimes, domestic violence, dating violence, or stalking incidents that have been unfounded. Arrests and disciplinary actions cannot be unfounded.

		Number	
	2019	2020	2021
a. <u>Total unfounded crimes</u>	0	0	0

Please Note: If a reported crime is investigated by law enforcement authorities and found to be false or baseless, the crime is "unfounded." Only sworn or commissioned law enforcement personnel may unfound a crime.

Count unfounded crimes in the year in which they were originally reported.

#### Caveat:

If you have changed prior years' data, you must add a caveat explaining the change. Use the following format: "For (YEAR), Line (X) was changed from (A) to (B) because (REASON)."

#### Attachment C

#### Academy for Nursing and Health Occupations ALARM PROCEDURE

#### Policy for fire emergencies:

The Academy for Nursing and Health Occupations has a policy that requires a report for all fires and fire drills. The following policy applies to all staff and faculty. Please see attached Fire Drill Report. After the emergency or drill is complete a corrective action analysis of the fire drill report will take place in order to improve for the future.

#### I. The individual discovering the fire-smoke/disaster will:

- Remove anyone who may be in immediate danger
- Announce the disaster over the intercom
- Activate the fire alarm (located on the second (2<sup>nd</sup>) floor south-west atrium (nearest classroom #2)
- Call "911"
- Close doors
- Control fire, if possible (if small/contained area)
- Evacuate to East side of building, if necessary (Refer to accompanying "Evacuation Policy for Disaster Preparedness)
- II. The Academic Dean/Assistant Academic Dean available will assume coordinating role and:
  - Activate the alarm, announce on intercom, call "911" if not already done and activate procedure for Evacuation
  - Circulate, oversee, assign as necessary
    - 1. Triage assign charge person
    - 2. Establish PR/media person
    - 3. Identify availability of cell phone for emergency notifications
    - 4. Ensure proper procedures are being followed by students and staff
    - 5. Assign student or faculty member to front of parking lot to direct fire department personnel when they arrive
    - 6. Check to ensure building is empty (as is feasible and in coordination with fire department)
  - Ensure all faculty, students and staff are responding to the alarm, and Emergency First Aid box and AED are taken to evacuation site
  - Obtain attendance report from all classes and from office manager or designee after attendance has been taken

#### III. Individual instructors will:

- Take their daily attendance record
- Direct orderly evacuation of class out of building, (with the instructor being the last to leave the classroom) toward the furthermost east end of the parking lot. Class is to remain together in a group.
- Instructor is last to leave classroom and ensure room is empty and door is closed
- Attendance is to be checked to account for all students
- Attendance report is to be given to associate academic dean in charge
- In the event that a fire or fire drill occurs during off hours and no management staff are present, a faculty member of most seniority will take administrative duties including checking and evacuating all classrooms, offices, and bathrooms. This will include using the red stickers to indicate that all areas have been evacuated. If the designated faculty member is in charge of a classroom at the time, they will need to assign another person to take charge of their class and keep track of their student attendance.

#### **IV.** Director of Operations

- Ensure safe evacuation of office personnel and visitors
- Ensure all back-up tapes, CDs, etc are in fire safe file cabinets that are closed (take keys)
- Assign office staff to assist as needed
- Account for all office staff
- Notify building management of situation
- Take petty cash for emergency purchases
- V. Records Department will:
  - Close and lock fire-safe file cabinets and take keys
  - Evacuate to East side of building

### Attachment D

# Academy for Nursing and Health Occupations

#### POLICY:

"Lockdown" Status

- Lockdown status occurs when there is a threat or potential threat (to personnel, students, and others who are in the school building) which requires immediate intervention to guard the safety of personnel, students and others, for example: Police action in neighborhood; Extreme weather conditions; Student disturbance or violence; Telephone threat to personnel or students, missing person, abduction, etc. Lockdown status will only be announced when local authorities call for "lockdown". At that time they will secure the perimeter of the school.
- 2. The first ANHO employee to become aware of the potential threat immediately notifies the administrative person on site of the (potential) threat. If the potential threat is <u>within</u> the school or parking lot, 911 is to be called immediately.
- 3. The administrative person on site is notified of the local authority declaring "lockdown" and utilizes the paging system to notify all classes and offices and will designate a Control Central Triage Area.
- 4. The administrative person in charge assigns one faculty member to the first floor and one faculty member to the second floor to insure all students and personnel are behind locked doors (classrooms and offices) and that there are no students or others in the atrium. The atrium is to be kept clear of all people.
- 5. All classrooms, offices and front and back gates are closed and locked. No one is to enter or leave the building. Everyone will be available to the Sherriff's Department for questioning.
- 6. All students and personnel are behind locked doors and away from windows. No one is to leave the safety of the room they are in until the "all clear" is announced. No one is to trespass a designated crime scene area.
- 7. Should there be an incident of any kind involving a student, faculty member or staff resulting in injury, no matter how minor, an incident report is completed and treatment and follow-up is documented.
- 8. The administrative person on site will be in contact with the Palm Beach County Sheriff's Department to determine the status of the situation and will inform all those in the building via the paging system of the continued status of the lock down.
- 9. When the "all clear" is given by the Sheriff's Department and it is known that the threat is over, the administrator on site will page that the "lockdown" is terminated.
- 10. Depending on the time of day of the incident and the status of the lock down, the oncoming shift (employees and students) will be notified should it be deemed unsafe for them to come to the building.
- 11. A record of the entire event will be documented.

### Attachment E

Academy for Nursing and Health Occupations

### Policy for Use of Telephone Paging System in Case of Emergency

Purpose: To effectively notify students, faculty and staff of emergency situations by utilizing ANHO's telephone paging system.

Policy: In case of emergency situations, the safety of students, faculty and staff will be enhanced by using the telephone paging system.

Procedure:

1. Telephones have been installed in each office and classroom/media center/lab throughout the school with paging capability.

# 2. In the event of a dire emergency, you or a student should dial 911 directly from any phone without using a code.

3. The "Page/Intercom" button is for emergency/safety use ONLY. All classrooms, SIM Lab, Media Center, & Computer Lab phones are programmed with a code for staff and faculty use only. This code should be kept in confidence. It is **not** to be given out to students. The code is **550.** It allows paging throughout the building's intercom.

### 4. To use page/intercom throughout the school:

Press: 550 quickly before dial tone and press "Page/Intercom" button and speak clearly

5. Examples of emergency paging -

Press 550 and press "Page/Intercom" button and say:

- a) Disruption Help Room # \_\_\_\_\_
- b) Fire Room #\_\_\_\_
- c) Medical Help Room # \_\_\_\_\_

6. Neither staff nor faculty can use the intercom/paging for anything other than an emergency as this will be very disruptive to school services.

To contact a specific office, leave handset on phone and push the extension.

#### Attachment F

#### Academy for Nursing and Health Occupations

#### **Disaster Plan**

#### I. Survival Strategies:

- A. What would happen if the Academy for Nursing and Health Occupations had to be closed for:
  - **One Day**: No interventions would be necessary
  - **One Week**: Safety of building and contents would be prepared; all those able to return to work would be invited to prepare building for re-opening; students would be contacted to inform that classes would resume on "x" date and time.
  - **One Month**: A business strategy would be developed to insure the financial viability of the school as well as planning for use of other facilities for classes or arrange for temporary distance learning. In addition, there would be communication with regulatory agencies, ie: Department of Education, Board of Nursing and Council on Occupational Education re: nature of the disaster and plan for continued operation both academically and financially.

#### B. What if employees could not get to work?

- A plan would be developed to accommodate car pooling including the use of company vehicles. The faculty list of addresses and phone contacts would be used to establish this plan. Online learning will be considered on a temporary basis.
- C. What would happen if the school could open but the students couldn't get to school?
  - A plan would be developed and communicated to car pool including the use of company vehicles. The student roster listing addresses and phone contacts would be used to establish this plan. Online learning will be considered on a temporary basis.
- D. What would happen if the school could open but vendors and suppliers couldn't meet the needs?
  - Contact Palm Beach County Emergency Management Department (561-712-6400) for possible assistance. Also members of the College's Advisory Committee for assistance.

#### E. What if the company does not have the resources/funds to recover?

• An emergency fund is set-up with the Department of Education specifically for funding student "training-out" situations. Other options: establish a line of credit with local bank, obtain a low-interest, small business loan, etc.

#### II. Protecting the business and physical assets:

#### A. Building:

• The Academy for Nursing and Health Occupations rents space at 5154 Okeechobee Blvd., West Palm Beach, FL 33417. The protection of the building is the responsibility of the owner of the building:

JB Industries	
Property Manager: Elvira	
Property Owner: John Biggie, Jr.	
3740 NW 126 <sup>th</sup> Avenue	(954) 786-0266
Coral Springs, FL 33065	(954) 786-8936
(FAX)	

#### B. Physical Assets:

- See inventory list (Appendix A)
  - Inventoried items are secure will hurricane windows & doors

0

#### C. Office Files/Equipment:

• All employee files are backed up daily on College's server as well as in Cloud for safety and continuity

Make duplicates of Staff/Faculty Roster and Faculty to take home student listing for each of their classes.

- Remove any and all stored items from floor
- All financial and student records are to be in fire proof cabinets.

#### D. Information Management (Safety):

• All files (Student, Employee, Financial, Academic, Business Operations) are backed-up on server as well as in Cloud for continuity.

#### E. Personnel & Student Assets:

- Training and Education of all personnel and students related to roles and responsibilities in preparing for a disaster
- Implementation of the plan in a timely fashion insofar as is possible prior to the onset of a disaster
- Evacuation of all personnel and students insofar as is possible prior to the onset of a disaster
- All personnel and students are educated to the maintenance of a safe environment both prior to and following a disaster
- All personnel and students insure management has up to date information re: current addresses, telephone numbers (both home and cell) and other specifics that will assist the school in maintaining contact. (See Appendix B).

#### III. Insurance:

- Agent and contact person for all insurance companies listed below: Brown & Brown of Florida, Inc.
  - 1661 Worthington Road, Suite 175
  - West Palm Beach, FL 33409

Phone: 561-688-5074 / FAX: 561-686-2313/Email: alexander.webb@bbrown.com

• Insurances for: General Liability, Automobile, Workers' Comp, Property, Bond

#### IV. Plan Review and Update:

- Items to consider during annual review and update of disaster plan:
  - a. Has the business changed since last year?
  - b. Are there new employees who need information about disaster planning?
  - c. Is the contact/communication list been updated
  - d. Have there been any changes made within the facility?
  - e. Has new equipment been added?
  - f. Have there been additions/deletions to vital records?

#### V. Emergency Supplies:

• See Appendix C for inventory list of Emergency Supplies.

### VI. Weather Monitoring/Storm Tracking:

- Weather monitoring will take place via radio, television and/or internet
- The management team will take responsibility for monitoring the weather
- The management team will communicate disaster related information to the employees and students at specific intervals to be determined by the nature of the disaster

### VII. Timeline for Decisions/Action (when advanced notice is practicable):

• See Appendix D for Timeline specific information

#### VIII. Business Shutdown Strategy/Procedure

- The timing of business shutdown will differ and occur in accordance with disaster type and onset, for example, airplane crash within one mile of facility or local terrorist attack vs. approaching hurricane. Each type and timing of disaster will dictate response parameters. Biological situations will be dictated by Health Department authorities.
- Shutdown decisions will be made by the Director, or in her absence, the management team in consultation with the Director.
- Prior to shutdown, the emergency preparedness plan will be implemented by all available staff, keeping as priority the safety of students and employees

#### IX. Employee/Student Release/Recall Procedures

- Release and recall procedures will vary according to the type of disaster, however, safety for all employees and students will guide these decisions.
- It is imperative that current telephone numbers and email addresses of all students and employees be on file with the school.
- All employees will inform their immediate supervisor of any changes in contact information
- All instructors will distribute the current available student roster to classes and have students update email addresses and telephone numbers
- Recall procedures will be instituted when safety has been established. Communication/call lists will be implemented for employees, by management team and for students, by instructors.

#### X. Post Disaster Priorities:

- Assess the condition of facility. Ensure it is habitable and safe (Director or designee)
- Determine reentry status and requirements (Director or designee)
- Communicate with employees to determine status, condition and availability and when to report to work (Management Team)
- Contact Insurance Company as necessary
- Assess the status of essential functions necessary to operate the business
- Communicate with vendors and suppliers regarding operational status and needs

- Photograph or videotape your facility to document damage and losses to facilitate insurance claims processing
- Maintain a daily log of all actions taken
- Make essential repairs to facilitate operations
- Protect salvageable assets and prevent further damage from rain, rust, corrosion, mildew, mold, etc.
- Advise all employees and students of assistance programs as you learn of them.
- If a graduation ceremony is planned, upon return from a disaster, contact guest speaker and graduation site to insure plans remain viable. If not, other arrangements for graduation ceremony will need to be made.

#### XI. Reentry/Access

- All management team members will keep a copy of this plan with him/her at all times. Attached to this plan is a copy of the Business Occupational License as proof of association with the business (see **Appendix E**).
- Telephone numbers to contact re: reentry/access:
  - Palm Beach County Sheriff: (561) 688-3000 Palm Beach County Emergency Management: (561) 712-6400

### Х.

### XI. Damage Assessment:

• See Appendix F for Damage Assessment Format

#### XII. Protection of Salvageable Assets:

- If possible, cover broken windows and openings in roof
- Water soaked documents should be separated and air dried as soon as possible
- To prevent corrosion, dry any metal objects thoroughly and rub or spray with oil or other corrosion preventative product
- Do not dispose of anything until it has been examined by an insurance adjuster

#### XIII. Service Interruptions:

- Potential estimated time for service interruptions:
- Major Roads passable: 4 days 3 weeks
- > Food and Water available at relief centers: 4-7 days
- Water/sewer Service restored: 3 days 2 weeks
- $\succ \quad \text{Cell Phone Service:} \qquad 1-5 \text{ days}$
- Regular phone service: 2 days 5 weeks
- Power restored: 2 days 5 weeks
  - Insurance claims adjuster arrival: 3 days 4 weeks

### ACADEMY FOR NURSING AND HEALTH OCCUAPTIONS EVACUATION POLICY FOR DISASTER PREPAREDNESS

In the event that it becomes necessary to evacuate the Academy for Nursing and Health Occupations premises due to a disastrous situation involving flood, electrical problem, bomb threat, wind damage, fire, terrorist attack or other major problem, this policy will immediately be in effect and will apply to all persons on the Academy for Nursing and Health Occupations property.

### Authority to Evacuate

Authority to order an evacuation shall rest with the following people in the order as listed:

- 1. Fire/Emergency Chief (supercedes everyone if present, if not proceed)
- 2. Executive Director of School or Designee
- 3. Academic Dean
- 4. Dean of Student Services
- 5. Office Staff
- 6. If dictated by the needs of the incident, the person in authority will coordinate response efforts emphasizing five basic priorities:
  - 1. Life safety
  - 2. Incident stabilization
  - 3. Property conservation
  - 4. Environmental protection
  - 5. Evidence preservation

#### Horizontal Evacuation

Horizontal evacuation will be defined as moving from one end of the building to another, away from danger and toward exits and emergency help.

#### Vertical Evacuation

Vertical evacuation is evacuation from the second floor to the ground floor. DO NOT USE ELEVATORS

#### Evacuation Team:

An evacuation team will be appointed to serve the following functions:

-Person in authority to direct

-Triage person to prioritize

- 1. Immediate
- 2. OK to wait for help
- 3. Dead or near dead

-Equipment and supplies person to procure what's needed -First aid personnel to tend to those in need -Messenger to seek help as needed. Communicator (Executive Director of School or Academic Dean) – to relay information

- 1. To faculty /staff who in turn will contact all their students
- Commission for Independent Education, 325 W. Gaines Street, Suite 1414, Tallahassee, FL 32399-0400, Phone # (850) 245-3200 or 1-888-224-6684, E-Mail Address: <u>Kathryn.Lillard@fldoe.org</u>
- Commission of the Council on Occupational Education, 7840 Roswell Rd, Bldg 300, Suite 325, Atlanta, GA 30350, Phone: 770-396-3898 or 800-917-2081, E-Mail Address: <u>Gary.Puckett@council.org</u>.
- 4. Florida Board of Nursing, 4052 Bald Cypress Way, BINCO2, Tallahassee, FL 32399, Phone #: 850-245-4125, E-Mail Address: <u>MQANursing@DOH.State.FL.US</u>
- Accreditation Commission for Education in Nursing, Inc., 3343 Peachtree Road NE, Suite 850 Atlanta, Georgia 30326 P. (404) 975-5000 | F. (404) 975-5020 E-Mail Address: <u>nard@acenursing.org</u>
- 6. Media as needed by School Executive Director only.

-Communicator is to keep a record of who they have contacted. Information needs to be given prior to, during, and after disaster when "all clear" is determined and business has returned to normal.

-Recorder to record events and times

-Valuables - to secure important records and school property

-Movers and Carriers to move handicapped and/or injured to safety.

Reminders for Authority Person

Remain calm, send for help Close all doors for smoke containment Set up a command center in a safety area Head count, prior to and at end of move Designate First Aid area in parking lot far away from danger Hold hands for chain Use sheets, blankets for 2-4 man stair carry or drag Use wheelchairs and carts and dolly to transport first people then valuables Use sheet and blankets for log rolling Always use nearest exit away from danger area taking extinguishers along Assign tagging handicapped and injured with name and nature of compromise If safe, conduct last check of danger area to see that all are out If time allows, assign unplugging electrical equipment and shutting lights

#### Attachment G

Academy for Nursing and Health Occupations

Safety Procedure for "Active Shooter" Situation

#### Policy:

The following guidelines have been developed for "active shooter" situations in accordance with the best practices established by law enforcement experts. First and foremost, never permit anyone you do not know to follow you (or "tailgate" you) into a building. If you observe any suspicious activity, immediately call 911.

#### Procedure:

If it is possible to do so safely, exit the building immediately when you become aware of an "active shooter" incident, moving away from the immediate path of danger, and take the following steps:

- 1. Notify anyone you may encounter to exit the building immediately
- 2. Evacuate to a safe indoor far area away from the danger and take protective cover in case of explosion.
- 3. Call 911, providing the dispatcher with the following information:
  - a. Your name
  - b. Location of the incident (be as specific as possible)
  - c. Number of shooters (if known)
  - d. Identification or description of shooter(s)
  - e. Number of persons who may be involved
  - f. Your exact location
  - g. Injuries to anyone, if known

4. Individuals not immediately impacted by the situation are to take protective cover within their shelter-in-place location, staying away from windows and doors until

notified otherwise by the authorities.

5. Remember to act in the following order (This order is considered the safest response as the situation enfolds):

- 1. Flee if it is safe
- 2. Hide if it is not safe to flee
- 3. Fight to save lives

If you are directly involved in an incident and exiting the building is not possible, the following actions are recommended for safe hiding:

- 1. Go to the nearest safe space
- 2. Close and lock the door
- 3. Notify 911 including the following information:
  - a. Your name
  - b. Your location (be as specific as possible)
  - c. Number of shooters (if known)
  - d. Identification or description of shooter
  - e. Number of persons who may be involved
  - f. Injuries if known
- 4. Turn off the lights
- 5. Seek protective cover
- 6. Keep totally quiet and act as if no one is in the room silence all cell phones
- 7. Do **NOT** answer the door

8. Wait for Police Department or Palm Beach County Sherriff's Department to assist you out of the building.

The Police are trained and equipped to respond to an incident of this nature. Before they arrive, remember flee if safe to do so, hide if it is not safe to flee, or fight if confronted by the attacker. Once the Police respond to ANHO, they will be responsible for all tactical operations.

Senseless incidents such as this are hard to predict, understand or explain.

Please note: Taking certain precautions and actions may help prevent and reduce the risk of this type of incident occurring at ANHO. We encourage all members of the community to take an active role.

- Immediately report suspicious persons or activities to ANHO Admin
- Keep ANHO Administrators aware of any personal or relationship problem that has the potential to lead to violence
- If there is someone in the ANHO community that you know who is in emotional distress, please notify ANHO Administration immediately. They can assist with identifying confidential counseling or other assistance that can be obtained for the person.
- If you know of an off campus situation involving a member of the ANHO community that could affect the school, please inform ANHO Administration.
- Any threats of violence or indications of volatile behavior, regardless of how insignificant it may appear, need to be reported.
- Know how to get immediate help in an incident. If possible, carry a cell phone and program 911 into it for instant calling.

If you wish to report information while remaining anonymous, you can contact the Executive Director or any Dean and your request will be honored.