POL 04.25.04
UNC Pembroke Emergency Health and Safety Policy

Authority: Chancellor

History:
- First issued: 2003
- Last revised: August 14, 2013

Additional References:
- The University of North Carolina Campus Safety Task Force Report to the President
- UNC Pembroke Refund Regulation
- UNC Pembroke Student Handbook
- UNC Pembroke Code of Conduct
- UNC Policy Manual 700.4.2 - Policy on Student Conduct
- UNC Pembroke Housing Regulations
- HAWK Alert Program
- CARE Incident Reporting Form

Contact Information: Associate Vice Chancellor for Campus Safety and Emergency Operations, (910) 775-4500

1. PURPOSE

1.1 The objective of this Emergency Health and Safety Policy was developed in an attempt to safeguard the welfare of the individual and the community.

2. ADDRESSING BEHAVIOR AND EMERGENCIES

2.1 Occasionally, a student’s health condition manifests itself in such a way that it must be addressed by the university. At times, emergency situations occur that require immediate response and important aftercare. UNC Pembroke’s services to support students may not be equipped to work with students in ongoing crises or who are in need of intensive monitoring for health or psychological reasons. The Emergency Health and Safety (EHS) Committee may meet to determine what role, if any, student support services may need to take to assure the health and safety of a student or the university community. In an appropriate procedural system, it may be necessary to make an initial determination without a committee hearing; as the risk of harm increases, so does the need for immediate action. Emergency situations may include:

2.1.a. acute change in physical health;

2.1.b. destructive, threatening, or other disruptive behavior;

2.1.c. drug and alcohol abuse;

2.1.d. eating disorders; and/or
2.1.e. any health problem that points to possible imminent or foreseeable danger to anyone in the university community.

2.2 In some cases, an emergency situation will result in a hospitalization or the student leaving campus for a period of time. To the extent allowed by law, any UNC Pembroke employee assisting the student with his/her medical emergency, that falls within this policy, shall contact the associate vice chancellor for Campus Safety and Emergency Operations or his/her designee. The vice chancellor for Student Affairs, associate vice chancellor for Campus Safety and Emergency Operations, or his/her designee will convene the EHS Committee to determine the student’s transition back into the university community. The EHS Committee is composed of the following members or their designees: associate vice chancellor for Campus Safety and Emergency Operations (chair); case manager; university general counsel; associate vice chancellor for Academic Affairs; associate vice chancellor for Student Affairs (vice chair); director of Counseling and Psychological Services; director of Student Health Services; director of Disability Support Services; director of Student Conduct; and the director of Housing and Residence Life. Depending on the emergency, the associate vice chancellor for Campus Safety and Emergency Operations may appoint other advisors to the committee. In these emergency situations, the university reserves the right to do any or all of the following:

2.2.a. consult with and/or refer the student to a healthcare facility or provider (the university’s Counseling and Psychological Services, Student Health Services, an area hospital, or a licensed mental health or healthcare professional) for a mental health or other medical evaluation. The cost for any off-campus referral will be at the expense of the student;

2.2.b. medically suspend the student from campus, including on-campus housing, until a full medical evaluation is completed and the documentation of the evaluation is forwarded to the designee assigned by the EHS Committee. The designee will then provide the recommendations from the treating professional to the EHS Committee for approval of the student’s return to campus. Absences for medical reasons are not excused automatically. Students are urged to submit documentation immediately;

2.2.c. require the student to sign appropriate release forms allowing designated staff at UNC Pembroke to consult the clinician(s) serving the student for the purpose of evaluating the student’s ability to function in the university community; and/or

2.2.d. refer the student to the university judicial process if the student’s behavior has violated any rules, policies, or procedures.

2.3 All requirements outlined, in writing, by the EHS Committee will be sent via certified mail to the student’s home/local address, hand delivered, and/or via secured electronic transmission.

3. CAMPUS ASSESSMENT, RESPONSE AND EVALUATION (CARE)

3.1 National trends have shown that mental health issues and alcohol and drug abuse are growing concerns that are better managed with preventive measures and early interventions. Recent high
profile instances of violence on college campuses have resulted in enhanced emergency response and intervention mechanisms intended to prevent the occurrence of such events. In light of these issues in higher education, UNCP’s Emergency Health and Safety Committee utilizes a CARE reporting tool to address concerns that arise with individual students.

3.1.1 Students may be identified for review by faculty, staff or other students at the university using the CARE Incident Reporting Form.

3.1.2 If someone believes there is an immediate threat of self-harm or harm to others, they should call campus police at 910-521-6235.

3.1.3. The Office of Student Affairs (specifically the case manager who is a Counseling and Psychological Services (CAPS) staff member) serves as the initial contact. When concerns arise about a student’s behavior or when a member of the community learns of a life change or incident that is affecting a student’s ability to function appropriately or productively in the university environment, either inside or outside the classroom, a CARE Incident Reporting Form is the appropriate next step.

3.1.4 The case manager will take the information provided and make a decision about whether the student should be assessed further and by whom.

3.1.5 If the case manager determines the student needs intervention, the student will be contacted to initiate conversations about how to assist the student and assess the level of threat noted.

3.1.6 The case manager will triage CARE reports and share appropriate reports with the EHS Committee if it is determined that a larger scale review or intervention is warranted.

3.1.7 All matters discussed with the case manager through CARE reporting are regarded as highly confidential.

3.1.8 The case manager can comment on specific student matters under specific emergency situations, but primarily serves as a resource in determining general intervention strategies and providing professional mental consultation.

3.1.9 The case manager will document all CARE reports, all intervention plans and assignments for follow up until it is determined by the EHS Committee or the case manager that the case is closed.

3.2 What to report to CARE.

3.2.1 Typical classroom issues which should be reported include: multiple class absences; pattern of lateness to class or with assignments; lack of responsiveness in class; disturbing personal disclosures in class assignments. These issues should be reported initially to the Center for Academic Excellence as part of their Hawk Alert Program using the Hawk Alert Form or by calling 910-521-6625.
3.2.2 Typical outside classroom issues which should be reported to CARE include: socially inappropriate behavior; suspicion of alcohol or drug abuse; significant health concerns that interfere with daily functioning; disclosure of significant family or relationship issues; signs of a lack of connection or integration in the university community; or sudden, alarming changes in behavior. These issues should be reported using the CARE Incident Reporting Form or contact the CARE case manager at 910-521-6202.

4. INVOLVING ESSENTIAL PARTIES

4.1 In some circumstances, UNC Pembroke may notify the parents or legal guardians of the student and appropriate university officials, including academic deans and faculty, due to the potentially serious nature of the situation.

5. RETURNING TO CAMPUS AFTER TREATMENT

5.1 A student who has been hospitalized or has left the campus due to a health emergency that falls within this policy may be allowed to return to the university (and/or campus housing) if he/she agrees to take steps that will satisfy the EHS Committee’s concern that a health emergency no longer exists and that a treatment plan for continuing good health is in place.

5.2 Prior to returning to campus, the student may be required to meet with the EHS Committee’s designated healthcare professional following release from a healthcare facility for a medical emergency. The student may be required to provide the designated healthcare professional with any results of medical assessments that were made or requested by the EHS Committee, and any other supporting documentation, which provides the current clinician’s assessment of the student’s ability to return to the university as a fully functional citizen.

5.3 The healthcare professional will assess information provided and make a recommendation to the EHS Committee. The EHS Committee reserves the right to make a determination as to whether or not the student will be permitted to return to campus. The EHS Committee will assess whether the student can be provided UNC Pembroke services as a means of support to permit his/her participation in classes, educational programs, and activities, without causing an undue hardship or presenting a direct threat to the health or safety of other members of the university community.

5.4 Where applicable, approval of the student’s return to campus includes on-campus housing. The student’s on-campus housing status may be revoked if the student’s behavior is found to be a severe disruption to the community, in violation of UNC Pembroke Student Housing regulations, or the University Code of Conduct.

5.5 The university reserves the right to require the student to comply with a university-monitored treatment plan, recommended by a licensed health care professional, as a condition of returning to the campus community. Review and/or follow-up on the student’s required treatment plan may be assigned to a university designee selected by the EHS Committee.
5.6 Upon submission and evaluation of requested documents by the EHS Committee, the student has the right to appear before and be heard by the EHS Committee in person. This is subject to any limitations that may be needed, as reflected in the treatment documents. If the student wishes to appear for a hearing before the EHS Committee, he/she would have forty-eight (48) hours from the date of written notification of EHS Committee involvement.

5.7 The EHS Committee can decide to medically withdraw a student. Any student who does not follow through with the assessment process, from the initial meeting through the recommendations given, may be administratively withdrawn from classes and be required to leave the campus immediately.

6. MEDICAL SUSPENSION

6.1 A medical suspension is a temporary time period that a student is suspended from attending all classes. A suspension may occur upon hospitalization or during a medical evaluation period. Students who are medically suspended for any health reasons may not participate in any university activities, attend classes, reside or visit on-campus student housing, and may not come on campus except to attend a meeting or hearing related to his/her case. The student must leave campus immediately at the end of the meeting or hearing. Persons who schedule a meeting with such a student shall notify the campus police, in advance, of the time and place of the meeting. If a student is in need of personal items from his/her residential room and cannot personally return to campus, the student’s designated person may assist in obtaining the items. Once medically suspended, a student must be reviewed by the EHS Committee to lift the suspension or proceed with a medical withdrawal.

7. MEDICAL WITHDRAWALS

7.1 Medical withdrawals may be given for students who are judged to be incapable of functioning adequately as a student (i.e., experiencing health problems of such severity that there is need for immediate treatment or care that is beyond the scope of what may be provided at the university). The student is subject to the university refund regulation as stated in the UNC Pembroke Refund Regulation. If a residential student is unable to officially checkout of student housing, the student’s designee must assist with the checkout procedure.

8. VOLUNTARY MEDICAL WITHDRAWAL

8.1 Any student considering a medical withdrawal should be given a copy of the written criteria. If the student accepts, he/she signs a statement acknowledging that he/she is required to:

8.1.a. remain out of school for a suggested period of time;

8.1.b. agree to receive treatment from a licensed professional who is a specialist (not related to the student) in the area of impairment and who is willing to address the concerns that necessitated the withdrawal;
8.1.c. provide written documentation, on letterhead from the licensed professional, of having undergone professional treatment along with prognosis and recommended treatment plan when requesting to return to UNC Pembroke;

8.1.d. meet with the EHS Committee designee prior to being allowed to return; and

8.1.e. sign the agreement, which will also be signed by the EHS designee and the vice chancellor for Student Affairs or his/her designee.

8.2 The student will receive a grade of “W” (withdrawn) for all current semester courses on his/her transcript without any record of having left for medical reasons. Once the statement is signed, the person is no longer considered a student and must immediately leave campus and/or officially checkout of on-campus student housing. The withdrawal form, indicating that the student has been approved for a medical withdrawal, is sent to the UNC Pembroke registrar.

9. INVOLUNTARY MEDICAL WITHDRAWAL

9.1 An involuntary medical withdrawal can be invoked when a student is a danger or exhibits behavior that is severe and disruptive to the community and refuses treatment. The student will be reported to the associate vice chancellor for Campus Safety and Emergency Operations, who will convene the EHS Committee. The committee will recommend assessment and/or treatment conditions needed to establish protocol for the student’s clearance to reapply to UNC Pembroke.

10. APPEAL PROCESS

10.1 If the EHS Committee mandates the student’s medical withdrawal or imposes conditions on his/her remaining enrolled at the university and the student believes that the outcome was unreasonable or that the procedures used were unfair, the student may appeal, in writing, to the vice chancellor for Student Affairs. Once notified of a change in status, the student has one business day to submit his/her appeal. The vice chancellor for Student Affairs (or his/her designee) will respond, in writing, to the student’s written appeal within one business day.

11. REAPPLICATION PROCESS

11.1 A former student who has been medically withdrawn under this policy and wishes to return must follow the university procedures for readmission. The student must adhere to all recommendations established by the Emergency Health and Safety Committee.

12. EHS COMMITTEE PROCEDURES FOR RETURNING TO UNC PEMBROKE

12.1 The EHS Committee’s procedures for returning to UNC Pembroke are as follows:

12.1.a. meet with the designated EHS Committee member to assist with a transition and treatment plan;

12.1.b. provide requested information established by the EHS Committee;
12.1.c. comply with the university’s monitored treatment plan (failure to comply may result in administrative withdrawal from the university); and

12.1.d. provide proof of on-going treatment, if required by the committee.

12.2 The EHS Committee designee will recommend when termination of close follow-up is appropriate and seek approval from the committee.