2017

Campus Safety and Security Report

Conemaugh Memorial Medical Center

School of Nursing and Allied Health Education Programs

1086 Franklin Street
Johnstown, PA 15905
Message from the Director

Greetings!

Welcome to the Conemaugh Memorial Medical Center School of Nursing and Education Programs! We are a community of students, faculty and staff who all contribute to the hospital’s vision—

**Making Communities Healthier**

Here at Conemaugh, we are committed to the safety of our students and the community.

The 2017 Campus Safety and Security Report includes information to help you become familiar with the services we provide and the resources available to our campus community.

I encourage you to share ideas with the faculty, staff and others as you consider your important role in maintaining a safe, secure environment for all.

Best regards,

**Dr. Lisa Devineni**

Dr. Lisa Devineni PhD, APRN, FNP-C

*Director of Conemaugh School of Nursing and Education Programs*
Quick Reference Resources:

**Emergency**: 9-1-1 or 2-2-2 if inside Hospital

**Non-Emergency, Conemaugh Security Department**: 814-534-9730

**Johnstown Police Department**: 814-533-2074

**Johnstown Fire Department**: 814-533-2060

**Director of Conemaugh School of Nursing and Education Programs, Dr. Lisa Devineni**: 814-534-9477

**Associate Director of Conemaugh School of Nursing and Education Programs, James Ahacic**: 814-534-9480

**Title IX Coordinator and Student Health Nurse, Patti Huber-Smith**: 814-534-9485

**Conemaugh School of Nursing and Education Programs, Main Office**: 814-534-5844

**Hospital Support Center Ethics Line**: 1-877-508-5433

**Conemaugh Human Resources**: 814-534-9114
Introduction

This Conemaugh Memorial Medical Center School of Nursing and Allied Health Education Programs (herein referred to as “School”, “Conemaugh” or “Institution”). 2017 Campus Safety and Security Report (CSSR) is published in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (“Clery Act”) and the State of Pennsylvania Campus Security Enhancement Act. The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, as amended by the Violence Against Women Act (VAWA), (collectively referred to as the “Clery Act”), requires colleges and universities to disclose certain timely and annual information about campus crime, and security and safety policies.

All members of the School community are encouraged to read the CSSR. We hope that you will use the information to help foster a safe environment for yourself and others. It is important to stress that safety is a shared responsibility. The School relies on every community member to contribute to safety and security on campus by reporting crime and suspicious activities in a timely manner, and by using common sense when going about daily activities.

This report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Conemaugh Memorial Medical Center; and on public property within or immediately adjacent to and accessible from school property. The report also includes institutional policies on Conemaugh security concerning alcohol and drug use, crime prevention and the reporting of crimes. The report also includes institutional policies concerning sexual assault and other matters. The statistics are gathered from reported crimes to campus security and the Johnstown Police Department. The statistics are prepared by the Conemaugh Security Manager.

Each year, notification is sent to all enrolled students, faculty and staff. The notification provides information on how to access the Annual Security Report online. Copies of this report may also be obtained from the Associate Director of the School at 1086 Franklin Street, Building F, Room 110, Johnstown, PA 15905.

We encourage members of the Conemaugh community to use this report as a guide for safe practices on and off campus. The full text of this report is also available online at www.conemaugh.org.

Conemaugh Security Department

Located in the main hospital, next to the Emergency Department, Security operates 24 hours a day, 365 days a year. The telephone number for non-emergency calls is extension 9730 on campus, or call 814-534-9730 from off campus. Please dial 222 for Emergency calls when on campus or dial 911.

STATEMENT OF POLICY:

It is the policy of the Conemaugh Security that all students enrolled in the Education Programs of Conemaugh will receive campus security protection 24 hours a day.

REQUIREMENTS:

Provisions for campus security including off-campus parking areas are:

1) 24-Hour Security Base Dispatcher on duty
2) 24-Hour Security Officer foot and vehicle patrols
3) 24-Hour alarm/CCTV monitoring
Upon the need for assistance, the Security Base Dispatcher may be contacted via telephone extension 9730. For emergency conditions utilize the Hospital Emergency Extension 222 and an officer will be dispatched immediately to assist the student and/or conduct a complete investigation of the incident.

Conemaugh policy requires that each security officer is well versed and trained in the Laws of Pennsylvania. All Security Officers hired (after July 1981) are certified as a municipal police office under PA Act 120.

All criminal activities under the categories of: Murder, Rape, Robbery, Aggravated Assault, Burglary, Motor Vehicle Thefts and Arson will be reported on an annual basis to the student population as a whole. If an incident in the above categories occurs, the students will be notified immediately. This alert is to reinforce utilization of safe practices to enhance personal safety.

Access to Campus Facilities

Conemaugh Memorial Medical Center is considered a 24-hour health care facility operation. Public access to a majority of the hospital areas occurs from 5am to 8pm Monday through Friday. The main entrances to the hospital are accessible from 5am to 8pm. Entrance to the hospital after 8pm is via the Department of Emergency Medicine. The School of Nursing entrances remain open from 5am to 5pm.

To monitor safety of the entrances and exits to the School of Nursing a CCTV surveillance system is applied for 24-hour observation of buildings F and G. Access to secured areas of the School of Nursing building must be made through Conemaugh Security Department. Only currently enrolled students of the educational programs are provided building access to the campus areas. Security has the right to challenge anyone entering or leaving any campus area. All trespassers who cannot be appropriately identified on their need to be present will be detained for the local police. The Security Department issues keys and padlocks for all areas of Conemaugh. The Security Department handles repairs to all lock hardware.

Apprehension and Investigation

The Conemaugh Security Department and Campus Security Authorities (outlined on page 8) work closely with the Johnstown Police Department and all criminal activities will be reported to them promptly. When a subject is apprehended, only enough force, which is necessary to make the apprehension, is permitted. The apprehended person is detained and the local police department is notified.

Students are to report all criminal activities to the Security Department. Each incident is fully documented and the Security Department Investigation Section conducts a follow-up investigation.

Orientation to Hospital Security

An orientation to all educational programs of Conemaugh Memorial Medical Center is conducted yearly. The following information is included in this program:

1) Function of the Conemaugh Security Department.
2) Security Office location and hours of operation.
3) Available services to students.
5) Vehicle Safety.
6) Escort Service.
7) Emergency responses, telephone numbers to call and etc.
8) Parking of campus, shuttle program and etc.
9) Prevention of rape and other sexual offenses.

Conemaugh Geography

The School must disclose statistics for reported Clery Act crimes that occur (1) on-campus, (2) on public property within or immediately adjacent to the campus, and (3) in or on non-campus buildings or property that Conemaugh Health Systems owns or controls.

On-campus

The School has determined the following as “On Campus” areas:

MMC main campus buildings:
- 1086 Franklin Street
- 1111 Franklin Street
- 1017 Franklin Street
- E Building
- M Building
- P Building
- Clinical Pavilion
- Good Samaritan
- Wessel Building
- F Building
- G Building

Parking:
- North Garage
- South Garage
- Menoher Lot
- Surf ‘n Turf Lot
- BiLo Lot
- Masonic Temple Lot
- Warehouse Lot
- Habits Lot
- Emergency Lot

Public Property

The institution has identified the public property associated with each of these campus buildings, generally: sidewalk, street, sidewalk. Public property does not include anything beyond the second sidewalk. (If there isn’t a second sidewalk, it doesn’t include anything beyond the street.)

Non-campus Buildings or Property

The Clery Act definition of non-campus buildings or property is:
Any building or property owned or controlled by a student organization that is officially recognized by the institution; or any building or property owned or controlled by an institution that is used in direct support of, or in relation to, the institution’s educational purposes, is frequently used by students, and is not within the same reasonably contiguous geographic area of the institution.
The School has determined the following non-campus buildings/property:

- East Hills Diagnostic
- Ebensburg Care Center
- John P. Murtha Cancer Center
- Lee Campus
- Miners Medical Center
- Nason Hospital
- Richland Care Center

## Campus Security Authorities (CSAs)

While the institution encourages all campus community members to promptly report all crimes and other emergencies directly to the Conemaugh Security Department at 814-534-9730 or to 911, we also recognize that some may prefer to report to other officials. The Clery Act recognizes certain school officials as Campus Security Authorities (CSAs). The Act defines these individuals as “an official of an institution who has significant responsibility for student and campus activities, including but not limited to student discipline and campus judicial proceedings. An official is defined as a person who has the authority and the duty to take action or respond to particular issues on behalf of the institution.”

- Conemaugh Security Department
- Title IV Coordinator
- Corporate Compliance
- School of Nursing Director
- School of Nursing Associate Director
- Allied Health Education Program Directors
- Allied Health Clinical Coordinators/Staff
- Faculty
- Employee Health Office
- Emergency Department
- Clinical Site Contacts for non-campus locations
- Grievance Committee Mediator

While the institution has identified several CSAs, we officially designate the following offices as places where campus community members should report crimes:

<table>
<thead>
<tr>
<th>Official</th>
<th>Campus Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conemaugh Security Department</td>
<td>1086 Franklin Street</td>
<td>814-534-9730</td>
</tr>
<tr>
<td></td>
<td>Johnstown, PA 15905</td>
<td></td>
</tr>
<tr>
<td>Title IX Coordinator</td>
<td>1086 Franklin Street</td>
<td>814-534-9485</td>
</tr>
<tr>
<td></td>
<td>Johnstown, PA 15905</td>
<td></td>
</tr>
<tr>
<td>Corporate Compliance</td>
<td>1086 Franklin Street</td>
<td>1-866-519-4767</td>
</tr>
<tr>
<td></td>
<td>Johnstown, PA 15905</td>
<td></td>
</tr>
</tbody>
</table>

## Pastoral and Professional Mental Health Counselors

According to the Clery Act, pastoral and professional mental health counselors who are appropriately credentialed and hired by Conemaugh to serve exclusively in a counseling role are not considered CSAs. As a matter of policy, the institution encourages pastoral and professional mental health counselors to notify those whom they are counseling of the voluntary confidential reporting options available to them.

## Reporting Criminal Offences & Other Emergencies

In order to facilitate a comprehensive and accurate annual report and to aid in providing timely warnings notices to the community; all students, faculty, staff and guests of Conemaugh School of Nursing and Allied Health Education Programs are encouraged to report emergencies, crimes, and suspicious persons in an accurate and timely manner. Please make
the report to the Conemaugh Security Department at 814-534-9730 or to the appropriate local police department by calling 911.

You may also report in person at the Conemaugh Security Department located in the Emergency Department lobby or by approaching a security officer on duty. The department will conduct a thorough investigation of reported incidents when deemed appropriate. All felonies and misdemeanor offenses of the Pennsylvania Crimes Code will be reported to the appropriate local police agency. Summary offenses are reviewed by School officials and may be handled internally. Incident reports involving students are forwarded to the Director for review and potential action by the student conduct system.

The School monitors and records, through local police agencies, any criminal activities that students engage in at off-campus locations during recognized student organization functions.

Any additional information obtained via the investigation will also be forwarded to the Director of the School of Nursing and Education Programs. If any crime shows evidence of being hate related, the incident will be categorized as such. A hate crime is defined as an incident where the victim is intentionally selected because of the victims’ actual or perceived race, gender, religion, sexual orientation, national origin, gender identity, ethnicity or disability.

**Crime Log**

A daily crime log is available for students, faculty, staff and visitors upon request. This electronic log is kept and maintained by the Conemaugh Security Office, with multiple staff trained in recording and upkeep of the log.

All Clery Act crimes as well as other non-Clery Act crimes are detailed in the electronic log. Crimes are recorded by the date and time they are reported and categorized by the nature of the crime and where it occurred. The crime log is backed up on a regular basis by the Conemaugh Information Systems Department.

If students should want to view the crime log, please contact Conemaugh Security at 814-534-9730.

**Timely Warnings**

Conemaugh will issue a timely warning when it receives a report of a crime that represents a serious or continuing threat to the safety of members of the campus community.

Conemaugh may also issue a warning to the community when other instances pose a safety concern.

**Initiating Timely Warnings**

First responders and essential personnel in the Conemaugh Security office are responsible for initiating timely warnings. Those responsible include, but are not limited to:

- Conemaugh Security Manager
- Security officer on duty
- Risk Management Department
- Environmental Safety Committee

The School in conjunction with various campus offices will distribute timely warning announcements when there appears to be a threat to the safety and security of persons on campus for the following crimes:

- Aggravated assault
- Arson
- Burglary
- Negligent manslaughter
• Motor vehicle theft
• Murder/non-negligent manslaughter
• Robbery
• Sexual offenses
• Domestic violence, dating violence, and stalking

Violations of liquor law, drug law, or weapons possession law
• Any other crime in which the victim was chosen on the basis of race, gender, gender identity, religion, disability, sexual orientation, ethnicity, or national origin.

Decisions concerning whether to issue a timely warning will be made on a case-by-case basis using the following criteria:

• Nature of the crime
• Continuing danger to the campus community
• Possible risk of compromising law enforcement efforts

If the threat is sudden and serious, a warning will be issued immediately and will be continually updated until the threat is contained or neutralized. If a threat is less immediate, the warning will be fully developed and distributed after that point in time.

Crimes that could constitute a continuing threat include, but are not limited to:

• Serial crimes that target certain campus populations such as sex crimes or race-based crimes in which the perpetrator has not been apprehended, and
• Ongoing criminal activity in which there is no apparent connection between perpetrator and victim.

Crimes that would not constitute a continuing threat include, but are not limited to:

• Crimes in which the perpetrator has been apprehended, thereby eliminating the threat, and
• Crimes in which an identified perpetrator targets specific individuals to the exclusion of others, such as domestic violence.

Emergency Notification

The School is committed to ensuring the campus community receives timely, accurate, and useful information in the event of a significant emergency or dangerous situation on campus or in the local area that poses an immediate threat to the health and safety of campus community members. The School will immediately notify the campus community upon confirmation of an emergency or dangerous situation. The School uses the communication tool REMIND to provide alerts via SONAH ALERT. SONAH ALERT is a notification service available to students, faculty and staff. SONAH ALERT is an opt-in system that all students, faculty, and staff are encouraged to utilize. SONAH ALERT can be used to send emergency messages within minutes of the occurrence of an incident. Emergency messages are received via text and/or email as set up by the student, faculty, and staff.

Notification Methods
The following methods may be used to notify the campus community of various emergencies that may affect the campus community:

• SONAH ALERT
• Email
• Outdoor warning sirens
• Official Conemaugh website
Confirming the Existence of a Significant Emergency or Dangerous Situation and Initiating the Emergency Notification System:

The Conemaugh Security Department and/or other Campus Security Authorities (CSA’s) may become aware of a critical incident or other emergency situation that potentially affects the health and/or safety of the campus community. Generally, CSA’s become aware of these situations when they are reported to Conemaugh Security or directly to a School employee. A CSA, in conjunction with Conemaugh Security, evaluates whether or not a particular event requires an emergency notification and determines if such a notification would compromise the efforts to contain the emergency. A CSA and Conemaugh Security will also determine if a message should be sent to benefit the health, safety, and well-being of the campus community for situations that do not pose a significant emergency or dangerous situation.

Once first responders confirm that there is, in fact, an emergency or dangerous situation that poses an immediate threat to the health or safety of some or all members of the campus community, first responders will notify Conemaugh Security and School Administration to issue an emergency notification.

The institution will, without delay, and 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 judgement of Conemaugh Security, compromise efforts to assist a victim or to contain, respond to or otherwise mitigate the emergency.

Determining the Appropriate Segment or Segments of the Campus Community to Receive an Emergency Notification:

Campus and/or local first responders on the scene of a critical incident or dangerous situation will assist those preparing the emergency notification with determining what segment or segments of the campus community should receive the notification. Generally, campus community members in the immediate area of the dangerous situation (i.e., the building, adjacent buildings, or surrounding area) will receive the emergency notification first. Conemaugh Security and School Administration will continually evaluate the situation and assess the need to notify additional segments of the campus population.

Determining the Contents of the Emergency Notification:

Speed and accuracy of the information are of utmost importance in issuing emergency notifications. The goal is to ensure people are aware of the situation and they know the steps to take to stay safe. Conemaugh Security and School Administration along with first responders will determine how much information is appropriate to disseminate at different points in time.

Procedures Used to Notify the Campus Community:

In the event of a situation that poses an immediate threat to members of the campus community, the campus has various systems in place for communicating information quickly. Some or all of these methods of communication may be activated in the event of an emergency. These methods of communication include the communication system SONAH ALERT, through the application REMIND, which may include text message and/or email. We may also use verbal announcements within buildings, public address systems, fire alarms, and posting to the School’s website.
Procedures for Disseminating Emergency Information to the Larger Community (i.e., individuals and organizations outside the campus community):

If the campus activates the emergency notification in response to a situation that poses an immediate threat to members of the campus community, the appropriate offices at the campus will notify the larger community about the situation and steps the campus has taken to address the emergency. Primarily, the Hospital Communications Director is responsible for maintaining communications with news outlets, distribution of press releases, and scheduling of press conferences.

Enrolling in REMIND SONAH ALERT:

We encourage employees, students, parents, and other interested parties of the campus community to enroll in REMIND. All employees and students will be provided access information at the beginning of each school year. While this is an opt-in system, it is highly encouraged as it is an immediate means of notification. You can find more information at www.remind.com.

Non-Harassment Policy
SCOPE: This policy applies to Conemaugh Health System entities.

PURPOSE:
To comply with federal, state and local laws regarding harassment on any protected basis (i.e., color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran’s status, etc.)

POLICY:
I. Harassment

In accordance with applicable law, Conemaugh Health System prohibits sexual harassment and harassment because of color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran’s status or any other basis protected by applicable federal, state, or local law. All such harassment is prohibited and will not be tolerated.

II. Sexual Harassment

a. It is unlawful to harass a person (an applicant or employee) because of that person’s sex. Harassment can include “sexual harassment” or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

b. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person’s sex.

c. Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.

d. Although the law doesn’t prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim begin fired or demoted).

e. The harasser can be the victim’s supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a vendor, patient or other visitor.

f. Applicable state and federal law defines sexual harassment as unwanted sexual advances, request for sexual favors, or visual, verbal, or physical contact of a sexual nature when:

g. Submission to the conduct is made a term or condition of employment; or
h. Submission to or rejection of the conduct is used as basis for employment decisions affecting the individual; or
i. The conduct has the purpose or effect of unreasonably interfering with the employee’s work performance or creating an intimidating, hostile or offensive work environment.

j. Sexual Harassment includes many forms of offensive behavior. The following is a partial list of prohibited behaviors:
   - Unwanted sexual advances;
   - Offering employment benefits in exchange for sexual favors;
   - Visual conduct such as leering, making sexual gestures, or displaying sexually suggestive objects, pictures, cartoons or posters;
   - Dissemination through e-mail or other electronic communication material that contains sexual suggestive content;
   - Verbal conduct such as making or using derogatory comments, epithets, slurs, sexually explicit jokes, or inappropriate comments about any employee’s body or dress;
   - Verbal sexual advances or propositions;
   - Verbal abuse of sexual nature, graphic verbal commentary about an individual’s body, sexually degrading words to describe an individual, or suggestive or obscene letters, notes or invitations;
   - Physical conduct such as unwanted touching, assault or impeding or blocking movements; and
   - Retaliation for reporting harassment or threatening to report harassment.

k. It is unlawful for males to sexually harass females or other males, and for females to sexually harass males or other females. Sexual harassment by a subordinate or manager; harassment by persons doing business with or for Conemaugh Health System.

III. Other Types of Harassment

a. Prohibited harassment on the basis of color, race, gender, age, religion, national origin, disability, genetic information, gender identity, sexual orientation, veteran’s status or any other basis protected by applicable federal, state, or local law, includes behavior similar to sexual harassment, such as:
   - Verbal conduct such as threats, epithets, derogatory comments or slurs;
   - Visual conduct such as derogatory posters, photographs, cartoons, drawings or gestures;
   - Dissemination of offensive/inappropriate e-mail or other electronic communication;
   - Physical conduct such as assault, unwanted touching, or blocking normal movements; and
   - Retaliation for reporting harassment or threatening to report harassment.

IV. Complaint Procedure

a. All employees are responsible for helping to avoid unlawful harassment. If employees feel that they or another applicant or employee have been harassed in violation of this policy, they should report their concerns to their supervisor, a member of Senior Management or to Human Resources and/or file a formal complaint in accordance with the Complaint Filing and Investigative Procedures policy. The employee may also voice complaint by calling the Hospital Support Center Ethics Line at 1-877-508-5433.

b. Any Supervisor who becomes aware of conduct in violation of this policy shall report such conduct to Human Resources immediately.

c. The Company will not allow retaliation against anyone who expresses a concern about harassment or who participates in any investigation.

V. Corrective Action/Liability for Harassment
a. Any employee of the health system, whether a co-worker or manager, who is found to have engaged in prohibited harassment or retaliation is subject to corrective action, up to and including discharge from employment.

b. Any employee, who engages in prohibited harassment, including any manager who knew about the harassment but took no action to stop it, may be held personally liable by the court or other agency for monetary damages.

c. Conemaugh Health System does not consider conduct in violation of this policy to be within the course and scope of employment or the direct consequence of the discharge of one’s duties. Accordingly, to the extent permitted by law, Conemaugh Health System reserves the right not to provide a defense or pay damages assessed against employees for conduct in violation of the policy.

*Nothing in this policy is intended to restrict whatever rights you may have under Federal, State, or local laws.

Problem Reporting & Non-Retaliation

STATEMENT OF POLICY:

Conemaugh Health System recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal, state and private payer healthcare program requirements, as well as the organizations ethical and business policies. To promote this culture, CHS has established a problem resolution process and a strict non-retaliation policy to protect employees, who report problems and concerns in good faith, from retaliation. Any form of retaliation can undermine the problem resolution process and result in a failure of communication channels in the organization.

REQUIREMENTS:

1. GENERAL
   a. All employees are responsible for reporting misconduct, including actual or potential violations of law, regulation, policy, procedure or the Common Ground Code of Conduct.
   b. An open door policy will be maintained at all levels of management to encourage employees to report problems and concerns.
   c. Employees will be encouraged to proceed up the chain of command or communicate with the Human Resources Department if their problems or concerns are not resolved.
   d. Employees may also utilize the Compliance Line Hotline (1-877-508-5433) if they wish to remain anonymous. Employees are strongly encouraged to report problems and concerns via the chain of command or Human Resources Department before resorting to the Compliance Line. However, this communication channel is always available if special circumstances exist or the issue is not being properly addressed.
   e. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
   f. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
   g. Employees cannot exempt themselves from the consequences of their own misconduct by reporting an issue, although self-reporting may be taken into account in determining the appropriate course of action.

2. ALL EMPLOYEES
   a. Knowledge of misconduct, including actual or potential violations of law, regulation, policy, procedure, or the Code of Conduct must be immediately reported to management, the Corporate Compliance Officer or the Compliance Line Hotline.
b. Knowledge of a violation or potential violation of this policy must be reported directly to the Corporate Compliance Officer or Compliance Line Hotline.

c. Concerns regarding any issue should be addressed to management in the following order:
   - Immediate Supervisor
   - Department Manager
   - Department Director
   - Senior Management

d. Employees may also report problems or concerns to the Human Resources Department.
e. If an employee concern or problem cannot be satisfactorily resolved, or special circumstances exist, the employee should report to the Corporate Compliance Officer or Compliance Line Hotline.

3. MANAGEMENT AND CORPORATE COMPLIANCE OFFICER

   a. Management--Senior Management must take appropriate measures to ensure that subordinate management personnel support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:
      b. Meet with subordinates to discuss main points within this policy.
      c. Provide all subordinates with a copy of this policy.
      d. Post a copy of this policy on employee bulletin boards.
      e. Post this policy in the organizational policy manual on the intranet.
      f. Corporate Compliance Officer

         1. The CCO will be responsible for the investigation and follow-up of any reported retaliation against an employee.

         2. The CCO will report the results of an investigation into suspected retaliation to the appropriate VP or President.

RESPONSIBILITY: The Corporate Compliance Officer is responsible for coordinating the implementation of this policy. Directors/Managers are responsible for ensuring implementation in their areas of responsibility.

Drug & Alcohol Free Workplace

(Policy may be found by clicking on the Human Resources Policy Manuals on the Intranet page.)

SCOPE:

This policy applies to Conemaugh Health System entities.

PURPOSE:

To promote a workplace that is free from the influence of drugs and alcohol and for the protection of our patients, employees and all other persons working or visiting the health system. To eliminate the potential for substance abuse within the health system and to establish a consistent method for testing candidates and employees in its attempt to ensure a workplace that is free from the influence of drugs and alcohol. Employees, volunteers, students of CHS educational programs and affiliate schools, hereafter referred to as “students,” contract personnel, residents, or anyone with access to patients and patient care areas are subject to this policy.
A. Education

Education will be provided on:

1. The Drug & Alcohol Free Workplace Policy.
2. The dangers of abusing drugs and alcohol in the workplace.
3. The medical treatment and other resources available for persons who seek treatment and counseling.
4. The nature and benefits of drug and alcohol testing, including post-offer, pre-placement testing and for cause/reasonable suspicion.
5. The action that the Hospital will take when employees, volunteers, students, or contract personnel violate this policy.

Education on the Drug & Alcohol Free Workplace Policy will be provided at initial orientation by Human Resources, Allied Health Education Programs and Residency Program Directors; and annually thereafter at required education to employees and students. The substance of this policy will be included in the employee handbook and orientation manual. In addition to general employee and student education, supervisor training will occur at hospital-wide orientation and annually.

This will include information on this policy, the effects of substance abuse in the workplace, how to observe and document reasonable suspicion, how to make reasonable suspicion determinations, and how to refer an individual suspected of having substance abuse problems for evaluation and treatment.

B. Policy

It is the policy to promote a workplace that is free from the influence of drugs (including marijuana even if medically prescribed) and alcohol. The health system believes that such a policy is in the best interest of all our employees and the patients whom we serve.

The health system’s number one priority is providing excellent patient care and for that reason all of our employees serve in roles that affect the safety of our patients. Being under the influence of marijuana and other drugs in the healthcare setting can negatively impact patient care because drug use may impair the user’s physical and/or cognitive functioning. Accordingly, the health system prohibits the use of drugs (see section D for use of legal medications) and has selected a laboratory with the technological sophistication to conduct Zero Tolerance Drug Testing on all samples submitted for testing.

This policy supersedes all previous drug and alcohol policies of the health system, whether found in an Employee Handbook, Policy and Procedure Manual, or in any other document or communications. All positive test results will be reported to the applicable licensing board/agency when required by licensed/registered health professionals.

C. Drugs and Alcohol

As used in this Policy, the term “drug” means any illegal or illicit drug, any substance or drug (including marijuana even if medically prescribed) producing effects on the central nervous system, or any controlled substance (including all drugs, narcotics, and intoxicants for which possession or misuse is made illegal under federal, state, or local law); and the term “alcohol” means the intoxicating agency in beverage alcohol, ethyl alcohol (e.g., beer, wine, liquor), or other low
molecular weight alcohols including, but not limited to, methyl and isopropyl alcohol. In addition, the term “drug” will include legal prescription drugs for which the employee does not have a prescription.

D. Prohibited Conduct

The following shall be grounds for termination:

1. Use, sale, attempted sale, manufacture, possession, conveyance, purchase, attempted purchase, distribution, cultivation, transfer, or dispensing, (except as required by your employment or contract) of drugs (illegal or illicit). This policy serves notice to those involved in such activities that CHS reserves the right to refer those involved for prosecution under the Controlled Substance, Drug, Device and Cosmetic Act (PA Act No. 64), or any comparable legislation. Legal sanctions may include probation, fines, or imprisonment;

2. Being under the influence of illegal or non-prescription drugs or alcohol, or having drugs or alcohol:
   a. In one’s system, or
   b. On any health system premises or worksites, or
   c. In any area under the control of the health system, (including, but not limited to, the parking area), or
   d. During work time, or
   e. In your possession illegally, or
   f. In or occupying health system property (including, but not limited to, health system vehicles) or property under the control of the health system.

3. Use or abuse of alcohol on or off the job that impairs, to any extent, performance on the job.

E. Legal Medications

This Policy does not prohibit the legal use of medications (prescription or over-the-counter), including medications containing alcohol. The health system requires that all employees disclose to Human Resources in advance of working when taking medication containing alcohol or any medication that poses a significant risk of substantial harm to the health or safety of the individual or others, or when taking any medication containing alcohol or any medication that affect the safety of our patients or impairs the user’s physical and/or cognitive functioning. When required, the health system will make reasonable accommodations if appropriate (transfer, reassign, place an employee on leave of absence, or take other appropriate action during the time the employee uses medication that may affect the employee’s ability to perform safely). It is the employee’s responsibility to consult with the employee’s licensed healthcare professional to determine if any medication would adversely affect the employee’s ability to perform the essential functions of the job safely and requires disclosure to Human Resources.

F. Employee Assistance Program

The health system makes available an Employee Assistance Program to assist employees who may have problems with drugs or alcohol, however, this program does not insulate an employee from termination for a violation of health system policy, nor will it insulate any employee after the employee has been requested to participate in a drug or alcohol test. Employees who believe they have a problem with alcohol or drugs (legal or illegal) – are encouraged to seek assistance before the Drug and Alcohol Policy is violated. The EAP is available to employees seeking assistance with drug and/or alcohol related issues. The EAP can provide information regarding the dangers of drug and alcohol abuse, evaluate an employee for possible drug and/or alcohol dependence, and assist an employee to locate appropriate services and
rehabilitation programs that emphasize education, prevention, counseling, and treatment. Each request for assistance will be treated as confidential, and only those persons with a “need to know” will be informed of an employee’s request.

G. Designated Social Functions

The alcohol provisions of the policy shall not apply at health system designated social functions (whether on or off premises), although it is not the policy of the health system to condone alcohol abuse at such functions.

All employees are expected to conduct themselves at all times in accordance with the Code of Conduct and other health system policies. Inappropriate conduct, disruptive behavior or any other inappropriate actions caused by alcohol at designated social functions (whether on or off premises) will be cause for corrective action up to and including termination of employment.

H. Testing

NOTE: For purposes of this policy, the following will result in termination of employment or no further employment consideration of an applicant:

a) Refusal to undergo or consent to a drug/alcohol test, or

b) When an applicant or employee is unable to provide a urine specimen (“shy bladder”), absent a valid medical reason, within a 3 hour period it will be viewed as a positive result.

1. Pre-Employment Drug Test – all prospective employees and contract/agency personnel (See Section G 8) will be required to undergo a pre-employment drug test and may not begin work prior to review of the test results. This applies to students, volunteers and auxiliary members. A refusal to undergo the test, or a positive test result, attempt to tamper with, substitute, adulterate, or otherwise falsify a test sample will result in denial of employment (see G11 for consequences of positive test results).

2. Post-Accident Drug Test – Employees involved in a work related “accident” will be required to undergo a drug test as state law allows (see HR State Law Addendum) if there is a reasonable possibility that employee impairment contributed to the accident. The hospital Director of Human Resources or designee shall review the circumstances of all work related “accidents.” Typically, an “accident” is any event, incident, or judgment in which the employee’s acts, or failure to act, appear to have caused or contributed to the accident which resulted in:

   a. Bodily injury (including a needle stick and a blood splash) to an employee that requires medical attention other than first aid/one time treatment for minor scratches, cuts, burns, splinters, etc.
   b. Death to any person
   c. Damage to any property

At the discretion of management, employees who are required to undergo a post-accident drug test will be placed on leave pending the results of such test provided reasonable suspicion exists. If the results are positive, the employee will be terminated retroactive to the date of the accident. A refusal to undergo the test, positive test results, attempt to tamper with, substitute, adulterate, or otherwise falsify a test sample will be grounds for termination. The test should be administered as soon as practicable following the work related incident (before the employee leaves the work location, but no later than the following day).
If the health system believes that there is a reasonable possibility that employee impairment has caused or contributed to a work-related accident and there are objective signs that the involved employee may have used alcohol (i.e. slurred speech, staggering gait, odor of alcohol), the employee will be required to submit to a blood alcohol test in addition to the urine drug test.

3. Voluntary Disclosure – An employee’s decision to seek assistance under this policy will be considered voluntary only if the employee seeks assistance before the employee’s alcohol or drug-abuse problem lead to a violation of this or another health system policy justifying corrective action and before being asked to take a drug and/or alcohol test. If an employee voluntarily discloses that he/she has a drug/alcohol problem and requests assistance, then the employee will be referred to the EAP and will be required to follow the Voluntary Disclosure Procedure outlined below:

   a. The employee will be referred to the Employee Assistance Program (EAP) and the appropriate Licensing Board, as applicable, for counseling and development of a treatment program, and will be placed on a leave of absence as appropriate.

   b. The employee will be required to sign and Authorization for Release of Confidential Information form in order for the counselor(s) to report his/her findings and recommendations to the Human Resources Director or designee.

   c. The employee will be allowed to return to work, whether from an in-patient or outpatient treatment, after undergoing a drug/alcohol test conducted under health system policy with a negative result, provided he/she is released and able to perform the essential functions of his/her position with or without a reasonable accommodation. If the employee is unable to perform the essential functions of his/her previous position, then he/she may be placed in another available position (at the appropriate pay rate for the new position) for which he/she is qualified and for which he/she can perform the essential job functions with or without a reasonable accommodation. If a suitable position is not available, then the employee will be terminated in accordance with the established leave of absence policy.

   d. The employee will be required to undergo a minimum of twelve (12) unannounced drug/alcohol test within a twelve (12) month period following the return to duty test. This period may be extended for up to sixty (60) days.

   e. The employee will be required to cooperate with and to follow the recommendation of the counselor(s), including satisfactory completion of any prescribed rehabilitative program and to submit to further tests. Failure to do so will result in termination.

   f. If at any time the employee tests positive during this process, the employee will be terminated.

NOTE: Entering a drug and/or alcohol assistance program will not protect any employee from the consequences of substandard work performance, misconduct or policy violations.

4. Reasonable Suspicion Drug and Alcohol Test – If the health system has reasonable suspicion to believe that an employee or group of employees are violating this policy, the employee(s) will be required to undergo a drug and alcohol test.

Reasonable suspicion Testing requires the approval of Human Resources Director. If reasonable suspicion exists, the employee will be placed on administrative unpaid leave pending the results of the testing and investigation.
Reasonable suspicion may include, but not limited to, the employee’s behavior or conduct, physical manifestations, evidence that an employee has caused or contributed to a work-related accident, there are objective signs that the involved employee may have used alcohol (i.e. slurred speech, staggering gait, odor of alcohol), reports from others, work related “accident,” missing or unaccounted for patient medications, speech, etc.

The health system will document information supporting the Reasonable suspicion testing (see Observation Checklist, Warning Signs of Chemical Dependency and Testing Referral forms). In the event of suspected diversion of medications, an internal investigation should be conducted and appropriate licensing boards notified as required by law (see Diversion Prevention tips). In the event of a suspected diversion of drugs it may be necessary to test a group of employees. In this event, the employees may remain on duty unless an employee(s) appears to be in an altered state, then the employee(s) will be placed on administrative unpaid leave pending drug test results.

If the reasonable suspicion drug/alcohol tests are positive the employee will be terminated. If the reasonable suspicion drug/alcohol tests are negative, the employee should be compensated for the period of unpaid leave.

In the event the reasonable suspicion drug test is negative, upon return to work any performance or conduct issues that formed the basis of the reasonable suspicion drug or alcohol test will be addressed through the corrective action process.

5. Other Drug or Alcohol Test – The health system will require any employee to undergo any drug or alcohol test required by law, and may require any employee to undergo any drug or alcohol test not prohibited by law.

6. Drug Testing of Students – Students with access to patients and patient care areas are subject to this policy. The Human Resources Department should work in conjunction with the management team and school officials to ensure that the contractual agreement includes a statement that delineates the party responsible for the provision of drug screens prior to student assignment to the health system. Human Resources would be responsible to monitor compliance.

7. Drug Testing of Volunteers – Volunteers with access to patients and patient care areas are subject to this policy and should be tested prior to starting their assignment.

8. Drug Testing of Contract/Agency Personnel – All entities that provide contract and agency personnel (including contact/agency physicians) that provide patient care, treatment and services must provide the Human Resources Department with evidence of drug testing and results prior to contract staff starting assignment.

9. False Information – Any employee or applicant who provides false information when completing paperwork required or responding to required questions for an alcohol or drug screen test will be terminated and/or their application will be withdrawn from hiring consideration.

10. Consequences of a Positive Test – An employee or applicant, whose drug or alcohol test is positive, regardless of the reason for the test, is considered to be in violation of health system policy and will be terminated. Employment will be terminated for a confirmed positive test, even for a first offense. An employee or applicant whose drug or alcohol test is positive will be ineligible for rehire for a minimum of one year.
11. Refusing a Test/Tampering – If an employee attempts to avoid or refuses to submit to drug and/or alcohol testing, the action will be considered insubordination and the employee will be terminated. Attempts to tamper with, substitute, adulterate, or otherwise falsify a test sample are considered refusals to submit to testing. Applicants that refuse to submit to drug and alcohol testing will be withdrawn from consideration for employment. Employees and applicants that refuse to submit to the drug and alcohol test will be considered ineligible for rehire and will not be considered for future employment with the health system.

12. Consent – No alcohol test will be administered, sample collected, or drug test conducted on any sample without a signed chain of custody form of the person to be tested.

   However, testing is a condition of employment and a person’s refusal to submit to a proper test will be viewed as insubordination which will result in termination of employment. The health system will pay the costs of all drug and/or alcohol tests it requires of job applicants and employees.

13. Collection and Chain-of-Custody – Persons being tested will be asked to provide a test sample by the collection site person. Procedures for collection of urine specimens will allow for reasonable individual privacy. Urine Samples will be tested for temperature, and may be tested for adulterants or subject to other validation procedures, as appropriate. The collection site person and the person being tested will maintain chain-of-custody procedures at all times.

14. Testing Methods – All urine samples will be screened using an immunoassay technique and/or mass spectrometry technique and all presumptive positive tests will be confirmed using mass spectrometry (MS) or other equally sensitive methodology. All confirmatory tests will be performed by a laboratory certified by the federal Substance Abuse Mental Health Services Administration (SAMHSA) for federal workplace testing (see Attachment A for list of current testing profiles).

   A blood-alcohol test will be used to detect the presence of alcohol. An alcohol test will be considered positive if it shows the presence of a 0.02 percent or more alcohol in an individual’s system. All blood-alcohol samples will be screened by Gas Chromatography and all presumptive positive tests will be confirmed using by Gas Chromatography/Flame Ionization Detection.

   Tests will seek information about the presence of drugs and alcohol in an individual’s system, and will not test for any medical condition.

15. Notification & Review of Positive Results – Any individual whose test is positive for the presence of an illicit drug or drugs will be notified by an independent Medical Review Officer (“MRO”) (a medical doctor with an expertise in toxicology), and given an opportunity to provide the MRO, in confidence, with any legitimate explanation he or she may have that would explain the positive drug test (all documentation must be sent to the MRO no later than five business days after notification).

   If the individual provides an explanation acceptable to the MRO that the positive drug test result is due to factors other than illicit drugs (such as a prescription for the drug detected), the MRO will order the laboratory to disregard the positive test and will report the test as negative to the health system.

   Upon request, the Human Resources Director or designee will provide the individual with a copy of their own positive test report. In addition, an individual who tests positive for drugs may request within 72 hours of
notification that his or her second container from the split specimen collection be sent to an independent laboratory for a second confirmatory test at the individual’s expense.

The individual shall choose from a provided list of independent laboratory certified by the federal Substance Abuse Mental Health Services Administration (SAMHSA) for federal workplace testing for the second confirmatory test. The health system will suspend the individual pending the results of any such re-test. If the retest is negative, the health system will reimburse the employee the cost of the second test.

All test results will be treated as confidential, and shared within the health system only on a need-to-know basis. Test results will not be released outside the health system without the written consent of the tested individual, except as required by law or to defend the health system in any threatened or actual legal action. Any individual may request a copy of his or her results at any time. Test results will be stored separately from employee personnel files in a secure location.

16. Compliance With All Applicable Laws – The health system will implement this Policy, including the drug- and alcohol-testing provisions, in a manner that complies with relevant federal, state, and local laws.

I. Searches

The health system reserves the right, at all times and without further notice, to have health system representatives conduct searches and inspection of any or all health system premises to enforce the Policy or determine if this Policy has been violated.

All vehicles and containers, including bags, backpacks, boxes, purses, and lunch containers, brought onto health system premises may be searched if the health system has a reasonable suspicion that the employee has brought drugs or alcohol onto health system premises.

Employees are expected to cooperate in any searches, and consent to a search is required as a condition of employment. A refusal to consent to a search will result in termination, even for a first refusal.

J. Other Action Safety of Employee and the Public – When an individual subject to this policy is sent home or referred for drug or alcohol testing, the supervisor will help him/her get home safely.

Nothing in this policy is intended to restrict whatever rights you may have under Federal, State or local laws.

Drug Free School

STUDENTS AND FACULTY OF THE CONEMAUGH SCHOOL OF NURSING & ALLIED HEALTH EDUCATION PROGRAMS:

In compliance with Federal Regulations set forth by Drug Free Work Place Act of 1989, and the Drug Free School and Communities Amendment Public Law 101-226: which requires all institutions of higher learning to adopt and implement a program that prohibits, prevents, and educates pertaining to the illegal possession, distribution or use of illicit drugs and alcohol by students and faculty.

This document is prepared to disseminate information about drug and alcohol abuse, its prevention and the consequences related to use and abuse of such substances.

The substance abuse policy established by Conemaugh Health System requires all students and faculty to be physically and mentally fit, free of impaired behavior that adversely affects safety and performance. Conemaugh Health System prohibits the unlawful manufacturing, possession, use, or distribution of illicit drug and/or alcohol on its property by
employees, students, volunteers, and contracted personnel. Anyone found to be in violation of these standings as set forth by the Substance Abuse Policy and Drug and Alcohol Free Workplace Policy will be subject to disciplinary action, including suspension or termination. A referral may be made for counseling or rehabilitation. Such action is independent of prosecution by local, state, and/or federal authorities.

In conjunction with the policies set forth by the legislatures and Conemaugh Memorial Medical Center, Conemaugh School of Nursing and Allied Health Education Programs will inform students and faculty about the dangers involved with the use of illicit drugs and abuse of alcohol, the availability of student/faculty counseling and rehabilitation services/assistance programs, the penalties that may be imposed for the violation of laws and policies set forth and provide information on preventing drug and alcohol abuse.

**Dangers Associated with the Use of Illicit Drugs and Alcohol**

Dependence on drugs and alcohol is a serious public health problem. Dependency is prevalent in all regions of the country and transcends all ethnic and socio-economic groups. Most individuals who abuse a substance deny their dependency, resulting in conflict and family difficulties. Serious consequences to dependency include mental health illness including paranoid and depression, as well as physical illness including damage to the brain, central nervous system, heart, liver, and kidneys. All drugs and alcohol will affect how you act and will impair your judgment. The result is an undesirable, uncontrollable outcome of potentially permanent damage and possibly death. Provided is a chart describing drugs of abuse and effects. Also available is a DEA Resource Guide, Drugs of Abuse 2017 edition found at:


**Preventing Drug and Alcohol Abuse**

Preventing drug and alcohol abuse is a difficult task. A personal resolve to never begin using drugs is effective for some individuals, while “Just Say No” or simply being fearful of addiction and the associated problems are enough for others. Many factors are associated with an individual’s risk for drug abuse; protective factors can reduce this risk.

Drug and alcohol abuse can be prevented when protective factors are integrated into an individual’s life. Being involved in extracurricular activities such as exercise, shopping, playing sports or music, or volunteering in community service organizations can provide a healthy direction for an individual’s attention. Education is an effective defense to understanding the health risks. Personal effects as well as legal consequences can curtail temptation.

The key to success is a matter of understanding your strengths and weakness. An individual who possesses a strong self-esteem, who had parental involvement with clean, consistent enforcement of limitations have a strong balance of risk and protective factors.

To increase your self-esteem and assist you in remaining drug and alcohol free, surround yourself with positive, like minded friends, find activities that you enjoy and help you relax, discover a new interest, develop your talents, and learn positive coping mechanisms.

**Potential Legal Sanctions**

Dependency on illicit drugs and alcohol can lead to a life of complication, misfortune, and regrets. The illegal use or trafficking of such substances and their abuse has an effect on the individual as well as society.

Legal sanctions under local, state, and federal law for unlawful possession, use or distribution of illicit drugs and alcohol include: The Commonwealth of Pennsylvania Controlled Substance, Drug, Device, and Cosmetic Act #64 of April 14,
1972; Monetary fines ranging up to $250,000 and/or imprisonment up to 50 years for violation of its provisions. Under PA Criminal Code Section 6307-6308; and 21 US codes 811, 844, 853, 881, 922; it is an offense if anyone “attempts to Purchase, Purchases, Consumes, Possesses, or Transports Illegal Substances.” Punished by provisions of the law. These sanctions are specific to the substances and amount, as well as the offense.

Signs and Symptoms of Drug Abuse

The following “red flag” symptoms may indicate a drug problem:

<table>
<thead>
<tr>
<th>School Performance</th>
<th>Social Interaction</th>
<th>Behavioral Changes</th>
<th>Physical Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in academic performance</td>
<td>Unusual change in peer group</td>
<td>Violent or bizarre behavior</td>
<td>Red, puffy or glassy eyes</td>
</tr>
<tr>
<td>Increased absences</td>
<td>Feelings of loneliness, isolation, withdrawal</td>
<td>Depression, anxiety or paranoia</td>
<td>Runny nose, persistent, hacking cough</td>
</tr>
<tr>
<td>Disciplinary problems</td>
<td>Legal difficulties (DUI, underage drinking, etc.)</td>
<td>Lack of motivation</td>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Dropping of Co-curricular activities</td>
<td>Disregard for family</td>
<td>Memory loss</td>
<td>Nosebleeds</td>
</tr>
<tr>
<td>Unusual change in personal</td>
<td>Inappropriate laughter</td>
<td></td>
<td>Tremors</td>
</tr>
<tr>
<td>grooming habits</td>
<td>Collecting drug paraphernalia</td>
<td></td>
<td>Insomnia</td>
</tr>
<tr>
<td>Narcotics</td>
<td>Diamorphine, Horse, Smack, Black tar, Chiva, Negra (black tar)</td>
<td>None in U.S., Analgesic, Antitussive</td>
<td>High</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Morphine Substance II</td>
<td>MS-Contin, Roxanol, Oramorph SR, MSIR</td>
<td>Analgesic</td>
<td>High</td>
</tr>
<tr>
<td>Hydrocodone Substance II</td>
<td>Hydrocodone w/Acetaminophen, Vicodin, Vicoprofen, Tussionex, Lortab</td>
<td>Analgesic, Antitussive</td>
<td>High</td>
</tr>
<tr>
<td>Hydrocodone Substance II</td>
<td>Dihydrocodeine</td>
<td>Analgesic</td>
<td>High</td>
</tr>
<tr>
<td>Oxycodeone Substance II</td>
<td>Roxicet, Oxycodeone W/Acetaminophen, OxyContin, Endocet, Percocet, Percodan</td>
<td>Analgesic</td>
<td>High</td>
</tr>
<tr>
<td>Codeine Substance II, Products III, V</td>
<td>Acetaminophen, Guaiifenesin or Promethazine w/Codeine, Fiorinal, Fioricet, or Tylenol w/Codeine</td>
<td>Analgesic, Antitussive</td>
<td>Moderate</td>
</tr>
<tr>
<td>Other Narcotics Substance II, III, IV</td>
<td>Fentanyl, Demeril, Methadone, Darvon, Stadol, Talwin, Paregoric, Buprenex</td>
<td>Analgesic, Antidiharrheal, Antitussive</td>
<td>High-Low</td>
</tr>
<tr>
<td>Depressants</td>
<td>GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate, Xyrem®</td>
<td>None in U.S., Anesthetic</td>
<td>Moderate</td>
</tr>
<tr>
<td>Benzodiazepines Substance IV</td>
<td>Valium, Xanax, Halcion, Ativan, Restoril, Rohypnol (Roofies, R-2,), Klonopin</td>
<td>Antianxiety, Sedative, Anticonvulsant, Hypnotic, Muscle Relaxant</td>
<td>Moderate</td>
</tr>
<tr>
<td>Other Depressants Substance I,II,III, IV</td>
<td>Ambien, Sonata, Meprobamate, Chloral Hydrate, Barbituates, Methaqualone (Quaalude)</td>
<td>Antianxiety, Sedative, Hypnotic</td>
<td>Moderate</td>
</tr>
<tr>
<td>Drugs/CSA Schedule</td>
<td>Trade or other Name</td>
<td>Medical Uses</td>
<td>Physical Dependence</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------</td>
<td>--------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Stimulants</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine Substance II</td>
<td>Coke, Flake, Snow, Crack, Coca Blanca, Perico, Nieve, Soda</td>
<td>Local Anesthetic</td>
<td>Possible</td>
</tr>
<tr>
<td>Amphetamine/Methamphetamine Substance II</td>
<td>Crank, Ice, Cristal, Krystal Meth, Speed, Adderall, Dexedrine, Desoxyn</td>
<td>Attention deficit/hyperactivity disorder, narcolepsy, weight control</td>
<td>Possible</td>
</tr>
<tr>
<td><strong>Hallucinogens</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDMA and Analogs Substance I</td>
<td>(Ecstasy, XTC, Adam,) MDA (Love Drug) MDEA(Eve), MBDB</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>LSD Substance I</td>
<td>Acid, Microdot, Sunshine, Boomers</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Other Stimulants Substance III,IV</strong></td>
<td>Adipex P, Ionamin, Prelu-2, Didrex, Provigil</td>
<td>Vasodilation</td>
<td>Possible</td>
</tr>
<tr>
<td>Phencyclidine and Analogs Substance I, II, III</td>
<td>PCP, Angel Dust, Hog, Loveboat, Ketamine (Special K) PCE, PCPy, TCP</td>
<td>Anesthetic (Ketamine)</td>
<td>Possible</td>
</tr>
<tr>
<td>Other Hallucinogens Substance I</td>
<td>Psilocybe mushrooms, Mescaline, Peyote Cactus, Ayahuasca, DMT, Dextromethorphan*(DXM)</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

*Not regulated*
## DRUGS OF ABUSE/Uses and Effects

U.S. Department of Justice, Drug Enforcement Administration

<table>
<thead>
<tr>
<th>Drugs/CSA Schedule</th>
<th>Trade or Other Name</th>
<th>Medical Uses</th>
<th>Physical Dependence</th>
<th>Psychological Dependence</th>
<th>Tolerance</th>
<th>Duration (Hours)</th>
<th>Usual Method</th>
<th>Possible Effects</th>
<th>Effects of Overdose</th>
<th>Withdrawal Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>Marijuana Substance I</td>
<td>Pot, Grass, Sinsemilla, Blunts, Mota, Yerba, Grifa</td>
<td>None</td>
<td>Unknown</td>
<td>Moderate</td>
<td>Yes</td>
<td>2-4</td>
<td>Smoked, Oral</td>
<td>Euphoria, relaxed inhibition, increased appetite, disorientation</td>
<td>Fatigue, paranoia, possible psychosis</td>
</tr>
<tr>
<td></td>
<td>Tetrahydrocannabinol Substance I Product III</td>
<td>THC, Marinol</td>
<td>Antinauseant, Appetite stimulant</td>
<td>Yes</td>
<td>Moderate</td>
<td>Yes</td>
<td>2-4</td>
<td>Smoked, Oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hashish and Hashish oil Substance I</td>
<td>Hash, Hash oil</td>
<td>None</td>
<td>Unknown</td>
<td>Moderate</td>
<td>Yes</td>
<td>2-4</td>
<td>Smoked, Oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td>Testosterone Substance III</td>
<td>Depo Testosterone, Sustanon, Sten, Cypt</td>
<td>Hypogonadism</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>14-28 days</td>
<td>Injected</td>
<td>Virilization, edema, testicular atrophy, gynecomastia, acne, aggressive behavior</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Other Anabolic Steroids Substance III</td>
<td>Parabolan, Winstrol, Equipose, Anadrol, Dianabol, Primabolin-Depo, D-Ball</td>
<td>Anemia, Breast cancer</td>
<td>Unknown</td>
<td>Yes</td>
<td>Unknown</td>
<td>Variable</td>
<td>Oral, injected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>Amyl and Butyl Nitrite</td>
<td>Pearls, Poppers, Rush, Locker Room</td>
<td>Angina (Amyl)</td>
<td>Unknown</td>
<td>Unknown</td>
<td>No</td>
<td>1</td>
<td>Inhaled</td>
<td>Flushing, hypotension, headache</td>
<td>Methemoglobinemia</td>
</tr>
<tr>
<td></td>
<td>Nitrous Oxide</td>
<td>Laughing gas, balloons, Whippets</td>
<td>Anesthetic</td>
<td>Unknown</td>
<td>Low</td>
<td>No</td>
<td>0.5</td>
<td>Inhaled</td>
<td>Impaired memory, slurred speech, drunken behavior, slow onset vitamin deficiency, organ damage</td>
<td>Vomiting, respiratory depression, loss of consciousness, possible death</td>
</tr>
<tr>
<td></td>
<td>Other Inhalants</td>
<td>Adhesives, spray paint, hair spray, dry cleaning fluid, spot remover, lighter fluid</td>
<td>None</td>
<td>Unknown</td>
<td>High</td>
<td>No</td>
<td>1.5-2</td>
<td>Inhaled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>Beer, wine, liquor</td>
<td>None</td>
<td>High</td>
<td>High</td>
<td>Yes</td>
<td>1-3</td>
<td>Oral</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Chart reproduced from Drugs of Abuse, 2005ed. US Department of Justice, Drug Enforcement Administration
Reviewed 7/2017
# Federal Trafficking Penalties

<table>
<thead>
<tr>
<th>DRUG/SCHEDULE</th>
<th>QUANTITY</th>
<th>PENALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine (Schedule II)</td>
<td>500-4999 gms mixture</td>
<td>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual.</td>
</tr>
<tr>
<td>Cocaine Base (Schedule II)</td>
<td>28-279 gms mixture</td>
<td>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual.</td>
</tr>
<tr>
<td>Fentanyl (Schedule II)</td>
<td>40-399 gms mixture</td>
<td>Second Offense: Not less than 10 yrs, and not more than 20 yrs. If death or serious injury, life imprisonment. Fine of not more than $10 million if an individual, $75 million if not an individual.</td>
</tr>
<tr>
<td>Fentanyl Analogue (Schedule I)</td>
<td>10-99 gms mixture</td>
<td>Second Offense: Not less than 10 yrs, and not more than 20 yrs. If death or serious injury, life imprisonment. Fine of not more than $10 million if an individual, $75 million if not an individual.</td>
</tr>
<tr>
<td>Heroin (Schedule I)</td>
<td>100-999 gms mixture</td>
<td>Second Offense: Not less than 10 yrs, and not more than 20 yrs. If death or serious injury, life imprisonment. Fine of not more than $10 million if an individual, $75 million if not an individual.</td>
</tr>
<tr>
<td>LSD (Schedule I)</td>
<td>1-9 gms mixture</td>
<td>First Offense: Not more than 10 yrs. If death or serious injury, not more than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual.</td>
</tr>
<tr>
<td>Methamphetamine (Schedule II)</td>
<td>5-49 gms pure or 50-499 gms mixture</td>
<td>First Offense: Not more than 10 yrs. If death or serious injury, not more than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual.</td>
</tr>
<tr>
<td>PCP (Schedule II)</td>
<td>10-99 gms pure or 100-999 gms mixture</td>
<td>First Offense: Not more than 10 yrs. If death or serious injury, not more than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual.</td>
</tr>
<tr>
<td>Other Schedule I &amp; II drugs</td>
<td>Any amount</td>
<td>Other Schedule I &amp; II drugs (and any drug product containing Gamma Hydroxybutyric Acid) First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual.</td>
</tr>
<tr>
<td>Flunitrazepan (Schedule IV)</td>
<td>1 gram</td>
<td>First Offense: Not more than 10 yrs. If death or serious injury, not more than 15 yrs. Fine not more than $500,00 if an individual, $2.5 million if not an individual.</td>
</tr>
<tr>
<td>Other Schedule III drugs</td>
<td>Any amount</td>
<td>Other Schedule III drugs First Offense: Not more than 10 yrs. If death or serious injury, not more than 15 yrs. Fine not more than $500,00 if an individual, $2.5 million if not an individual.</td>
</tr>
<tr>
<td>All other Schedule IV drugs</td>
<td>Any amount</td>
<td>All other Schedule IV drugs First Offense: Not more than 5 yrs. Fine not more than $250,000 if an individual, $1 million if not an individual.</td>
</tr>
<tr>
<td>Flunitrazepan (Schedule IV)</td>
<td>Other than 1 gm or more</td>
<td>Flunitrazepan (Schedule IV) Second Offense: Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if not an individual.</td>
</tr>
<tr>
<td>All Schedule V drugs</td>
<td>Any amount</td>
<td>All Schedule V drugs First Offense: Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual.</td>
</tr>
</tbody>
</table>

**PENALTIES**

- **First Offense**: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than $10 million if an individual, $50 million if not an individual.
- **Second Offense**: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.
- **2 or More Prior Offenses**: Life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.
### FEDERAL TRAFFICKING PENALTIES—MARIJUANA

<table>
<thead>
<tr>
<th>DRUG</th>
<th>QUANTITY</th>
<th>1&lt;sup&gt;ST&lt;/sup&gt; OFFENSE</th>
<th>2&lt;sup&gt;ND&lt;/sup&gt; OFFENSE&lt;sup&gt;*&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana (Schedule I)</td>
<td>1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants</td>
<td>Not less than 10 years, or more than life. If death or serious bodily injury, not less than 20 years, or more than life Fine not more than $10 million if an individual, $50 million if other than an individual</td>
<td>Not less than 20 years, or more than life If death or serious bodily injury, life imprisonment Fine not more than $20 million if an individual, $75 million if other than an individual</td>
</tr>
<tr>
<td>Marijuana (Schedule I)</td>
<td>100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants</td>
<td>Not less than 5 years, or more than 40 years If death or serious bodily injury, not less than 20 years, or more than life Fine not more than $5 million if an individual, $25 million if other than an individual</td>
<td>Not less than 10 years, or more than life If death or serious bodily injury, life imprisonment Fine not more than $20 million if an individual, $75 million if other than an individual</td>
</tr>
<tr>
<td>Marijuana (Schedule I)</td>
<td>More than 10 kg hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants</td>
<td>Not more than 20 years If death or serious bodily injury, not less than 20 years, or more than life Fine $1 million if an individual, $5 million if other than an individual</td>
<td>Not more than 30 years If death or serious bodily injury, life imprisonment Fine $2 million if an individual, $10 million if other than an individual</td>
</tr>
<tr>
<td>Marijuana (Schedule I)</td>
<td>Less than 50 kg marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants</td>
<td>Not more than 5 years Fine not more than $250,000, $1 million other than individual</td>
<td>Not more than 10 years Fine $500,000 if an individual, $2 million if other than individual</td>
</tr>
<tr>
<td>Hashish (Schedule I)</td>
<td>10 kg or less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hashish Oil (Schedule I)</td>
<td>1 kg or less</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to $20 million if an individual, and $75 million if other than an individual.

**Charts reproduced from Drugs of Abuse, 2017 Edition.
<table>
<thead>
<tr>
<th>Offense</th>
<th>Penalty</th>
<th>Fine</th>
<th>Jail/Prison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol Sanctions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misrepresentation of age to secure liquor or malt or brewed beverages</td>
<td>First Offense</td>
<td>up to $300</td>
<td>30 days jail</td>
</tr>
<tr>
<td></td>
<td>Second Offense</td>
<td>up to $4,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Misdemeanor</td>
<td>Operator’s license suspended</td>
<td></td>
</tr>
<tr>
<td>Purchase, consumption, possession, or transportation of liquor or malt or brewed beverages</td>
<td>First Offense</td>
<td>up to $300</td>
<td>30 days jail</td>
</tr>
<tr>
<td></td>
<td>Second Offense</td>
<td>up to $500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Misdemeanor</td>
<td>Operator’s license suspended</td>
<td></td>
</tr>
<tr>
<td>Representing that minor is of age</td>
<td>Misdemeanor</td>
<td>NLT* $300</td>
<td></td>
</tr>
<tr>
<td>Inducement of minors to buy liquor or malt or brewed beverages</td>
<td>Misdemeanor</td>
<td>NLT* $300</td>
<td></td>
</tr>
<tr>
<td>Selling or furnishing liquor or malt or brewed beverages to minors</td>
<td>First Violation</td>
<td>NLT* $1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Misdemeanor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsequent Violation</td>
<td>$2,500 for each</td>
<td></td>
</tr>
<tr>
<td>Manufacture or sale of false identification cards</td>
<td>First Violation</td>
<td>NLT* 1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Misdemeanor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsequent Violation</td>
<td>NLT* 2,500 for each</td>
<td></td>
</tr>
<tr>
<td>Carrying a false ID card</td>
<td>First Violation</td>
<td>up to $300</td>
<td>30 days jail</td>
</tr>
<tr>
<td></td>
<td>Summary Offense</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsequent Violation</td>
<td>up to $500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Misdemeanor</td>
<td>Operator’s license suspended</td>
<td></td>
</tr>
<tr>
<td>Restrictions on alcoholic beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The driver of any vehicle may not consume any alcoholic beverage or illegal drug</td>
<td>Summary Offense</td>
<td>up to $300</td>
<td>up to 30 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operator’s license suspended</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operators license suspensions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First Offense</td>
<td>90 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Second Offense</td>
<td>1 year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Third and Subsequent Offenses</td>
<td>2 years</td>
<td></td>
</tr>
<tr>
<td>Driving under the influence of alcohol or</td>
<td>Misdemeanor</td>
<td>NLT* $300</td>
<td>NLT* 48 hours</td>
</tr>
</tbody>
</table>
### Illicit Drug Sanctions

<table>
<thead>
<tr>
<th>Offense</th>
<th>Classification</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession of controlled or counterfeit substance</td>
<td>Misdemeanor</td>
<td>up to $5,000</td>
</tr>
<tr>
<td>Purchase of controlled substance</td>
<td>Misdemeanor</td>
<td>up to $5,000</td>
</tr>
<tr>
<td>Manufacture, delivery, or possession by an unauthorized person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narcotic drugs</td>
<td>Felony</td>
<td>up to $250,000</td>
</tr>
<tr>
<td>Methamphetamine-cocoa leaves, marijuana (in excess of 1,000 pounds)</td>
<td>Felony</td>
<td>up to $100,000</td>
</tr>
<tr>
<td>Opiates-hallucinogenic substances, marijuana</td>
<td>Felony</td>
<td>up to $15,000</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Felony</td>
<td>up to $10,000</td>
</tr>
<tr>
<td>Codeine, morphine, atropine</td>
<td>Misdemeanor</td>
<td>up to $5,000</td>
</tr>
<tr>
<td>Possession of a small amount of marijuana for personal use (30 grams marijuana or 8 grams hashish)</td>
<td>Misdemeanor</td>
<td>up to $500</td>
</tr>
<tr>
<td>Use or delivery of drug paraphernalia</td>
<td>Misdemeanor</td>
<td>up to $25</td>
</tr>
<tr>
<td>Possession or distribution of “look alike drugs” having depressing or stimulating effect</td>
<td>Felony</td>
<td>up to $10,000</td>
</tr>
<tr>
<td>Manufacture, sale, or delivery, holding, offering for sale, or possession of any controlled substance that is altered or misbranded</td>
<td>Misdemeanor</td>
<td>up to $5,000</td>
</tr>
<tr>
<td>Trafficking drugs to minors within 1,000 feet of a school, college</td>
<td></td>
<td>At least 1 year confinement, 2 years imprisonment</td>
</tr>
</tbody>
</table>
Drug and Alcohol Counseling/Assistance Programs for Students, Staff and Faculty

- Have you ever used drugs or alcohol? Before school? To release anger? By yourself? To alleviate stress? To establish friendship?
- Have you lied to family or friends about drug or alcohol use?
- Have your grades at school dropped?
- Have you “blackened out” as a result of drinking or drug use?
- Has your life been taken over by alcohol or substance use?

If you have answered “yes” to any of these questions, be aware that you may have a drug or alcohol problem. If you or someone you know needs help with drug and/or alcohol abuse, you are encouraged to contact the director or student health nurse for referral assistance. All such matters are handled confidentially.

The following is a list of other agencies for mental health counseling, domestic violence, and other services.

- Employee Assistance Program at CMMC .......................................................... 814-534-1095
- Cambria County Mental Health ................................................................. 814-535-8531 / 814-472-4400
- Al-Anon/Alateen (www.pa-al-anon.org) ...................................................... 888-425-2666
- Alternative Community Resource Program (ACRP) ................................. 814-534-0745
- New Directions at Cove Forge .............................................................. 814-536-2071
- Cove Forge Renewal Center at Johnstown ............................................. 814-539-0836
- New Directions of White Deer Run ....................................................... 814-619-0564
- Peniel Ministries ............................................................................. 814-536-2111
- Alliance Medical Services ................................................................. 814-269-4700
- Nulton Diagnostic and Treatment Center Johnstown ......................... 814-410-2106
  Richland ............................................................... 814-262-0025
  Ebensburg .................................................. 814-419-8083

- Womens Help Center (www.womenshelpcenter.org) ......................... 814-536-5361 / 1-800-999-7406
- Victim Services ................................................................. 814-288-4961 ·
- Bureau of Drug and Alcohol Program (www.ddap.pa.gov) ............. 1-717-783-8200

Conemaugh Health System

DRUG AND ALCOHOL TREATMENT
LOCAL RESOURCE GUIDE

The following list of local resources was developed in an effort to help guide our patients to obtain the drug and alcohol services that best meets his or her needs.

Overdose Survivor Helpline 814-269-4700

24/7 access to personnel who can help with connecting patients to treatment

Outpatient Drug and Alcohol Treatment:
Independent Family Services .................................. Johnstown, PA .............................. 814-262-0007
Personal Solutions Inc....................................... Bedford, PA ........................................ 814-623-5009
POWER (specific for women) ............................. Pittsburgh, PA ................................. 412-243-8755
Skills ........................................................................ Portage, PA ................................. 814-713-8289
The Open Door ..................................................... Indiana, PA ................................. 724-465-2605

Local County Drug and Alcohol Programs (patients with no insurance should contact the office where they reside)

   Cambria County D/A Program ................................. Johnstown, PA ......................... 814-536-5388
   Somerset County D/A Program ................................. Somerset, PA ......................... 814-445-1523
   Blair County D/A Program ........................................ Hollidaysburg, PA ................... 814-693-3023
   Westmorland County D/A Program ......................... Monessen, PA ....................... 724-684-9000
   Armstrong/Indiana County D/A Program ................. Shelocta, PA ......................... 724-354-2746
   Allegheny County D/A Program .............................. Pittsburgh, PA ....................... 412-350-3857
   Clearfield Jefferson D/A Program ............................. Falls Creek, PA ..................... 814-371-9002

Inpatient/Residential Detoxification and Rehabilitation Services:

   ARC Manor ....................................................... Kittanning, PA................. 724-548-7607
   Bowling Green Brandywine ................................. Kennet Square, PA............. 888-307-6237
   Eagleville ......................................................... Eagleville, PA ................. 800-255-2019
   Twin Lakes ......................................................... Somerset, PA ............... 800-452-0218
   Pyramid HealthCare ............................................ Altoona, PA ................. 888-694-9996
   White Deer Run .................................................. Allenwood, PA ............... 800-255-2335
   Firetree, LTD ...................................................... Multiple locations..... 570-601-0877
   Cove Forge ......................................................... Williamsburg, PA ......... 800-873-2131
   Greenbriar Treatment Center ................................ Washington, PA ............ 800-637-4673
   Gateway Rehabilitation Center .............................. Aliquippa, PA ............... 800-472-1177
St. Joseph Institute .................. Port Matilda, PA ........ 814-692-4954, x113
Roxbury Treatment Center ........... Shippensburg, PA ...... 800-648-4673
Butler Hospital (hospital based) ...... Butler, PA .......... 724-284-4355
Gaudenzia .................................. Erie, PA .......... 814-459-4775
Gaudenzia Fountain Springs .......... Ashland, PA .......... 570-875-4700
(specific for women & children)
Gaudenzia Chambers Hill ............ Harrisburg, PA ....... 717-561-0400
(specific for adolescents)
Gaiser Center ............................... Butler, PA ......... 724-287-8205
SpiritLife .................................. Penn Run, PA ...... 724-465-2165
Stepping Stones ......................... Meadville, PA ...... 814-333-5810
Geisinger Marworth Treatment Center... Waverly, PA ...... 800-442-7722
Turning Point ............................. Franklin, PA ...... 814-437-1750
Peniel .................................. Johnstown, PA ....... 814-536-2111

If you have no ability to pay for Inpatient Drug/Alcohol Treatment, contact:

Salvation Army Rehabilitation (for men) Altoona, PA .......... 814-946-3645
Salvation Army Rehabilitation (for women) Harrisburg, PA .... 717-541-0203
Salvation Army Rehabilitation (for women) Philadelphia, PA .... 215-483-3340

Additional Resources as needed:

Alcoholic Anonymous (AA) .............. 814-533-5907 OR 814-443-3639
Narcotics Anonymous (NA) .............. 814-533-5907
Cambria County Crisis .................. 1-877-268-9463
Somerset County Crisis .................. 814-443-4891 OR 877-814-4891

www.samhsa.gov website can help locate services for substance abuse and mental health
Methadone Treatment

This list is to be used as a resource for outpatient medication assisted treatment for opioid addiction. Because Methadone has a high potential for abuse, it is only available through licensed opioid treatment programs. The following facilities offer methadone treatment in our region:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Medical Services</td>
<td>1419 Scalp Avenue</td>
<td>814-269-4700</td>
</tr>
<tr>
<td></td>
<td>Johnstown, PA 15904</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinnacle Treatment Services of Aliquippa</td>
<td>400 Woodland Road</td>
<td>724-857-9640</td>
</tr>
<tr>
<td></td>
<td>Aliquippa, PA 15206</td>
<td></td>
</tr>
<tr>
<td>Alliance Medical Services/Ensign I</td>
<td>729 Ensign Ave</td>
<td>412-488-6360</td>
</tr>
<tr>
<td></td>
<td>Pittsburgh, PA 15266</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alliance Medical Services/Ensign II</td>
<td>739 Ensign Ave</td>
<td>412-488-6360</td>
</tr>
<tr>
<td></td>
<td>Pittsburgh, PA 15226</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progressive Medical Services</td>
<td>2900 Smallman St</td>
<td>412-391-6384</td>
</tr>
<tr>
<td></td>
<td>Pittsburgh, PA 15201</td>
<td></td>
</tr>
<tr>
<td>Addiction Specialists Inc.</td>
<td>1023 Pittsburgh St. Suite 101</td>
<td>724-437-2776</td>
</tr>
<tr>
<td></td>
<td>PO Box H</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uniontown, PA 15401</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHJ</td>
<td>RR#1 Box 224</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hunker, PA 15639</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discovery House</td>
<td>214 Airport Road</td>
<td>814-768-7575</td>
</tr>
<tr>
<td></td>
<td>Clearfield, PA 16830</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State College Medical</td>
<td>3091 Enterprise Dr, Suite 150</td>
<td>814-235-6988</td>
</tr>
<tr>
<td></td>
<td>State College, PA 16801</td>
<td></td>
</tr>
<tr>
<td>Discovery House</td>
<td>3438 Route 764</td>
<td>888-366-7929</td>
</tr>
<tr>
<td></td>
<td>Duncansville, PA 16635</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summit Medical Services</td>
<td>3121 Smallman St</td>
<td>412-255-8717</td>
</tr>
<tr>
<td></td>
<td>Pittsburgh, PA 15201</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Suboxone Treatment**

*This list is to be used as a resource for outpatient medication assisted treatment for opioid addiction. Because Suboxone has a potential for abuse, it must be prescribed by a certified physician. The following facilities offer Suboxone treatment in our region:*

<table>
<thead>
<tr>
<th>Family Medical Center</th>
<th>Suboxone Services of Cambria County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1086 Franklin Street</td>
<td>1419 Scalp Ave</td>
</tr>
<tr>
<td>Johnstown, Pa 15905</td>
<td>Johnstown, Pa 15904</td>
</tr>
<tr>
<td>814-534-9106</td>
<td>814-241-3649</td>
</tr>
<tr>
<td><em>(Conemaugh Health System has a financial relationship with this provider)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SKS Assoc Inc</th>
<th>MedMark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001 Bedford St</td>
<td>1984 Rte 22</td>
</tr>
<tr>
<td>Johnstown, Pa</td>
<td>Blairsville, PA 15717</td>
</tr>
<tr>
<td>814-266-1106</td>
<td>724-459-4884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Open Door</th>
<th>ARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>665 Philadelphia St. Suite 202</td>
<td>Downtown Johnstown &amp; Greensburg offices</td>
</tr>
</tbody>
</table>
Crime Statistics at On-Campus, Public Property and Non-campus Locations

It is the policy of Conemaugh Security to maintain and report statistics for the three most recent calendar years, with the help of the local police agents and designated Campus Security Authorities, in relation to criminal activities at on-campus locations as well as public property and noncampus locations frequented by the student population.

The specific crimes are referred to as “Clery Crimes” and are listed below.

Clery Crimes

1. Criminal homicide
   a. Murder and non-negligent manslaughter
   b. Negligent manslaughter

2. Sexual assault
   a. Rape
   b. Fondling
   c. Incest
   a. Statutory rape

3. Dating violence or domestic violence

4. Stalking

5. Robbery

6. Aggravated assault

7. Burglary

8. Motor vehicle theft
9. Arson

10. Arrests for liquor law violations, drug law violations and illegal weapons possession.

11. Referrals for disciplinary actions for liquor law violations, drug law violations and illegal weapons possession.

12. Hate crimes associated with any of the crimes listed in points 1 – 10, any crime involving bodily injury or associated with a larceny-theft, simple assault, intimidation or destruction/damage/vandalism of property. A hate crime is defined as an incident where the victim is intentionally selected because of the victims’ actual or perceived race, gender, religion, sexual orientation, national origin, gender identity, ethnicity or disability.

*In the event of an occurrence, The School will specify whether each of the crimes recorded occurred:

- On Campus (OC)
- In or on a noncampus building or property (NC)
- On Public Property (P)

The statistical report states:

*Reported Criminal Activities- Includes On Campus, Noncampus & Public Property:*

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Murder/Non-negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Negligent manslaughter</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Forcible Sexual Offenses</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Rape</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Fondling</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Non-forcible Sexual Offenses</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Incest</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Statutory Rape</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Aggravated Assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Burglary</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. Robbery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Motor Vehicle Theft</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13. Arson</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Reported Hate Crimes- Includes On Campus, Noncampus & Public Property:*

There were no reported Hate Crimes for 2014, 2015 or 2016

*Arrests and Referrals for Disciplinary Actions- Includes On Campus, Noncampus & Public Property:*

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Liquor Law Violations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Drug Abuse Violations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Weapon Possession</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Possession, Use and Sale of Alcoholic Beverages and Illicit Drugs

It is the policy of Conemaugh that employees and students be physically and mentally fit. The effects of substance abuse, i.e. physical and psychological dependence and impaired behavior, can adversely affect personal safety and performance, as well as become a threat to patient safety. Therefore, Conemaugh will comply with the requirements of the Drug Free Workplace Act of 1988 and Drug Free Schools and Committee Act Amendment of 1988 (Public Law, 101-226, Section 1213).

Conemaugh therefore prohibits the unlawful manufacturing, possession, use or distribution of illicit drugs and alcohol by students and employees on its property or as a part of its activities.

This policy serves notice to those involved in such activities that Conemaugh reserves the right to refer those involved for prosecution under the Controlled Substance, Drug, Device and Cosmetic Act, (PA Act #64), or any comparative legislation. Legal sanctions may include probation, fines or imprisonment.

The Violence Against Women Act

It is the policy of the School to comply with the federal Violence Against Women Act amendments to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crimes Statistics Act, and the accompanying regulations which became effective on July 1, 2015 (collectively referred to as VAWA).

VAWA imposes additional duties on universities and colleges to investigate and respond to reports of sexual assault, stalking, and dating or domestic violence, and to publish policies and procedures related to the way these reports are handled. Conemaugh School of Nursing and Allied Health Education Programs has directed its Title IX Coordinator to coordinate the School’s compliance with VAWA and to respond to reports of violations, and its Security Manager to coordinate the School’s compliance with the Clery reporting related VAWA requirements.

Forcible or Non-forcible Sexual Assault

Conemaugh Security Department will provide information concerning the prevention of rape, acquaintance rape and other sexual offenses. Upon notification of a reported sexual assault, guidance will be provided to the individual in the preservation of evidence, reporting to local police agents and mental and physical health services available.

If disciplinary procedures are conducted by the educational program director:

1. The accuser and accused are entitled to the same opportunities to have others present during a campus disciplinary proceeding, including the opportunity to be accompanied to any related meeting or proceeding by the advisor of their choice.
2. Both the accuser and accused shall be informed of the outcome of any campus disciplinary proceedings brought alleging a sexual assault. The program director will also provide assistance in handling academic matters regarding program progression.
3. The Institution, upon written request, will disclose to the alleged victim of a crime of violence (as that term is defined in Section 16 of Title 18, United States Code), or a non-forcible sex offence, the report on the results of any disciplinary proceeding conducted by such institution against a student who is the alleged perpetrator of such a crime or offence. If the alleged victim is deceased as a result of such a crime or offence, the next of kin of such victim shall be treated as the alleged victim.
VAWA OFFENCES - Includes On Campus, Noncampus and Public Property

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Domestic Violence</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Dating Violence</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Stalking</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Registered Sex Offenders

Information on registered sex offenders, who might be present or near campus, can be found by going on to the website [www.pameganslaw.state.pa.us](http://www.pameganslaw.state.pa.us).

Education Requirements

1. Conemaugh Memorial Medical Center students and employees will be educated regarding:

   a. The Substance Abuse Policy, including:

      - Danger of abusing drugs and alcohol in the work place
      - Medical treatment available for persons who seek treatment and counseling
      - Action that Conemaugh will take when students violate the Substance Abuse Policy

   b. Crime Prevention, including:

      - Suggestions to maintain personal safety
      - Reporting of incidents

   c. Campus security policies

2. Education will be provided at the annual orientation, SNAP meetings, Student Activity meetings as well as Class Meetings. Faculty and staff are provided education on this subject matter through Net Learning, Faculty Organization meetings, Staff meetings and Ed Council. This policy will be updated and reviewed annually.

Possession of Firearms Policy

Individuals performing in a student role are not permitted to carry a firearm, weapon, or explosive device of any type.

Violation of this policy could result in disciplinary action and/or dismissal from the program.

Fire/Electrical/Infection Control Safety/Disaster Plan/Safety Codes

Identify the locations of fire extinguishers, fire exits, fire alarms, and oxygen shut-off valves.

**Code Red — Fire:** Don’t shout “fire!” Remove patients from immediate danger. Turn in an alarm from the fire alarm box that is nearest you. Call the operator by dialing 222 and give the exact location of the fire. Close all doors to prevent the spread of smoke. Extinguish the fire using approved techniques. Remain in your area and reassure patients as necessary.

- P — Pull Pin
- R — Rescue
- A — Aim
- A — Alarm
- S — Squeeze
- C — Contain
- S — Sweep
- E — Extinguish
**Code Blue – Respiratory/Cardiac Arrest:** Dial 222, call a Code Blue and state the location. If located in the F building, you must dial 4 to get an outside line, and then dial 9-1-1

**Code Pink – Infant/Child Abduction:** When you hear this code, respond immediately by observing all exits and public areas. Notify Security at 9730 if you see someone with a baby or small child, someone with a large coat or package. Make no assumptions and report relevant information, including a description of the individual. Do not attempt to confront the person. If you observe a situation that could get physical, call 222 and report a Code Green or Code Orange.

**Code Green – Patient Uncontrolled Situation:** If you find yourself in a potentially violent situation with a patient. Remove yourself from the situation, dial 222, call a Code Green and state the location.

**Code Amber – Evacuation:** Code Amber is usually called due to a Code Red or Brown. Consult your supervisor regarding your department’s role in a Code Amber. If you are in an area being evacuated, floor evacuation is always done horizontally, then down.

**Code Brown – Utility Failure**

**Code White – Biohazard:** When called the medical facility will become locked down. No one will be permitted to leave or enter the facility until the code is lifted. A Code White will also be called for chemical spills or any hazmat situation in which the hospital will be receiving patients. If you encounter a person in the hospital who tells you they have been exposed to a chemical agent, close off the area where they are and call Security at 9730.

**Code Orange – Staff or Visitor Uncontrolled Situation:** If you find yourself in an uncontrollable or potentially violent situation with an employee or visitor, you are asked to call a Code Orange if you suspect any suspicious or aggressive behavior threatening harm to another individual or destroying hospital property. Remove yourself from the situation, dial 222, call a Code Orange and state the location.

**Code Grey – Active Shooter:** Move away from the sound. Alert staff that an active shooter appears to be actively engaged in attempting to kill people on hospital property. The first to identify an active shooter situation should, dial 222; call a Code Grey and state location and description of the person(s) and weapon(s) if known.

Evacuate self, patients, visitors, staff if safe to do so. If a shooter comes into your area: try to remain calm, try not to do anything to provoke the shooter, only if there is no possible escape would the last resort (imminent danger) be a personal choice to attempt to negotiate or overpower the shooter. If the shooter leaves the area, barricade the room or move to a safer location.

If you are at a distant location from the shooter or you are not able to leave safely: remain calm, warn staff and others to take shelter, go to a room that can be locked or barricaded, turn off lights, close blinds, block windows, turn off cell phones and radios, and other devices that emit sound, keep out of sight and take cover (thick desks, filing cabinets, concrete walls), have one person call 222 and state, “Active shooter in the hospital (give your exact location), gunshots fired.” When police arrive, don’t make any sudden movements. Wait for police commands before acting.

**OB Code – Individual with an obstetrical emergency outside of the OB or DEM**

**Conval Alert – External Disaster:** In the event that community (external) disaster occurs, a “Conval” announcement will be made and volunteers are to remain in their assigned areas. If a volunteer would feel unable to continue to assist during a Conval Alert, they are to notify the manager in their department so that they may be reassigned or dismissed.
During a campus (internal) disaster, volunteers must follow the directions of their immediate manager or supervisor in their assigned department.

Drills

The School will test emergency response and evacuation procedures annually. Drills may be announced or unannounced. Students will follow instructions from faculty as to direction of evacuation based on location in the building. Students are not able to return to building until instructed to do so by School Officials. Fire instructions are in each classroom and near fire extinguisher, outside main entrance of Education Building.

The Johnstown Fire Department conducts an annual walk-through of the Education Building to familiarize fire officials of all entry and exit points as well as to ensure all necessary fire response systems are in working condition.

Fire Instructions

Know the proper exit routes and the location and operation of fire extinguishers and fire alarm boxes in the education areas and patient areas to which you are assigned.

- Participate in fire drills.
- Be familiar with the proper steps to follow in case of fire.
- In case of smoke, smoke smell or fire:
- Rescue persons in immediate, life-threatening danger.
- Go to the nearest fire alarm box and pull lever down.
- Dial 222 on Hospital telephone. Identify yourself, location and nature of the emergency.
- If you are in a patient area, follow these precautions:
- Close all windows and doors; clear halls.
- Restrict unnecessary telephone calls and paging.
- Restrict use of elevators.
- Keep patients and visitors calm.
- Follow these steps to control oxygen use:
- Determine which patients are on oxygen and which can safely be removed from oxygen.
- Await further instructions from the Johnstown Fire Department or Nursing Administration.
- If you are in the Education Building, follow these steps:
- Upon hearing the fire alarm, close doors and windows (do not turn out the lights) and leave the building via the nearest exit. Students are to follow the faculty’s directions for proper exiting. Do not use the elevator.
- Exit quickly, but do not run.
- Remain outside until permitted to return by a school official.
- Assume that all fire alarms indicate genuine emergencies.
- Extinguishing fires
- The decision to attempt to extinguish a fire must be based on the facts at the time of the fire. The decision should be made quickly.
- Do not attempt to extinguish a fire until after you are sure that all persons are safe from immediate danger, an alarm has been sounded and 222 has been dialed.
• If the fire is too large to put out with a portable fire extinguisher, attempt ONLY to contain the fire by shutting doors and leave the building.

Various methods of extinguishing fires are:

• Smothering - use blanket, sheet, etc., to smother fire. This is useful in extinguishing wastebasket fires.
• Dry Chemical ABC Fire Extinguisher - extinguishes all types of fires.
• Carbon Dioxide (CO2) BC Fire Extinguisher - best to extinguish electrical fires.
• All extinguishers must be properly activated to be used. Pull pin or press electrical release lever; hold nozzle firmly; squeeze handle; sweep back and forth slowly, aiming at base of flames. See printed instructions on the extinguisher.

Fire instructions are posted in each classroom and near the fire extinguisher located on the first floor, main entrance of the Education Building.

Infection Control

Seven types of precautions:

• Standard
• Airborne
• Contact
• Droplet
• AFB (Acid-Fast Bacilli)
• VZV (Varicella-Zoster Virus)
• ESBL (Extended-Spectrum Beta-lactamase)

Lockdown Policy

STATEMENT OF POLICY:

To provide guidelines regarding lockdown of all or part of the facility in the event of an emergency situation whether internal or external.

REQUIREMENTS:

The ability to lockdown the hospital is of primary concern in an emergency situation. Establishing a secure perimeter and the routing of foot and vehicular traffic to control entry/exit points that are staffed by security and/or hospital personnel are key elements in controlling and maintaining the integrity of the facility and its surrounding perimeter.

RESPONSIBILITY:

The Risk Management Department, Environmental Safety Committee and Security Department are responsible for implementation of this policy.

Definitions:

Initiation of Lockdown Procedures

Type 1 - Complete Lockdown: The determination to declare and/or initiate a complete or partial lockdown will be at the discretion of the Security Manager/Designee, Administrator-on-call and/or Assistant Director of Nursing, Safety Officer
and/or Incident Commander (if applicable). Declarations of lockdowns maybe made in respect to and in conjunction with local or federal public health officials, law enforcement, and/or emergency management managers.

This is the highest level of facility and perimeter security. During a total lockdown, ALL perimeter doors are secured and NO ONE is allowed to enter or exit the facility. Security personnel or designees will be assigned to key entrance/exit points.

**Type 2 - Emergency Department Lockdown:** This type of lockdown is used to regulate entry/exit to the Emergency Department only. All doors and elevators leading to and from the emergency department will be secured. Security personnel/designees will be assigned to these areas.

The following are authorized to lockdown the Emergency Department:

- Emergency Department Physician
- Emergency Department Executive Director
- DEM Manager/Supervisor
- Administrator-on-call/AD Nursing
- and/or the Incident Commander

Upon DEM lockdown, all entry/exit paths will be secured by security/designee with only patients permitted to DEM. Screening of all other personnel will be completed as stated below and discussed with ER supervisor who may access DEM.

**Screening**

Individuals will be screened upon entry and/or exit to the facility. For a complete lockdown, only entrance/exit will be 5th floor of Ashman/Rose pavilion. For an Emergency Department lockdown, entrance/exit is in the Emergency Department. Security personnel and/or designees will check the following:

- Driver license/Personal identification card
- Hospital identification badges
- Bags
- Packages
- Equipment
- Supplies

**Provisions**

Upon notification of the need for lockdown, the Security Manager/Designee will initiate the Security Mobilization Plan.

All hospital personnel will report to their respective units/departments to await further instructions from their respective manager. During a lockdown additional hospital personnel may be needed as well as adjustment to normal shift hours. These adjustments will be at the discretion of the hospital administrative team.

In the event of a lockdown, hospital personnel should be in a state of high alert and question any suspicious or incident related circumstances, appearance, and/or condition, until explained, proven and verified to their satisfaction. Documentation of the contract, with basic information, should be maintained while lockdown status is in effect.

At the discretion of the Security Manager or designee, local law enforcement will be contacted to assist in control of the areas on the property as needed.
Communications:

Upon notification to the switchboard of lockdown the following will occur:

- Overhead Page of lockdown except for Emergency Department (Type 2) lockdown
- Notification to key personnel via the mass messaging system
- Notification to the Marketing Department which will assist with all communication with the Media.

Notifications:

a. Notifications to local Emergency Management Agency will occur via phone by Incident Commander/Designee.
b. Notifications to local Police Department will occur via phone by Security Manager/Designee.
c. Notifications to Pennsylvania Department of Health will occur via phone/email by Safety Officer/Designee.

Return to Normal Operations:

The determination to terminate or discontinue a total or controlled lockdown will be at the direction of the Administrator-On-Call/AD Nursing, Security Manager and/or Incident Commander. Telecommunications will overhead page "Lockdown all clear". Key personnel will assemble in the command center for debriefing and after action reporting.

Notice of Non-Discrimination, Equal Opportunity and Diversity Initiatives

Conemaugh Health System and Conemaugh School of Nursing and Allied Health Education Programs affirm its commitment to nondiscrimination, equal opportunity and the pursuit of diversity. Conemaugh does not discriminate on the basis of sex or gender or in a protected class which includes the following: race, ethnicity, religion, color, national origin, sex, age (40 years and over), ancestry, individuals with disabilities, veteran status, sexual orientation, height, weight, genetic information, marital status, gender identity, caregiver status or familial status, in the administration of any of its educational programs, activities or with respect to employment or admissions to the Conemaugh School of Nursing and Allied Health Educational Programs and activities operated by recipients of Federal financial assistance.

Sexual harassment, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal or physical conduct of a sexual nature. Sexual violence refers to physical sexual acts perpetrated against a person’s will or where a person is incapable of giving consent due to the victim’s use of drugs or alcohol, age or disability.

This policy is in accordance with local, state and federal laws, including Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Age Discrimination Act of 1975. Inquiries regarding these regulations, policies or complaints of discrimination should be referred to Conemaugh Health System Patient Relations 814-534-9000.

Inquiries or complaints regarding Title IX and the Title IX regulations should also be referred to the Title IX Coordinator, Patricia Huber Smith, RN, BSN, at 814-534-9485 or phubersm@conemaugh.org and/or the Director and Associate Director of the School of Nursing.

Title IX: If It Happens, We Need To Know About It!

Any student who believes he or she has been the victim of discrimination, discriminatory harassment, or sexual harassment, including any type of sexual violence or sexual misconduct is urged to report the matter.
Students who witness or learn of another person becoming the victim of discrimination, discriminatory harassment, or sexual harassment, including any type of sexual violence or sexual misconduct are urged to report the matter.

**Sexual offenses which may be deemed criminal behavior include:**

- Sexual misconduct
- Rape
- Sodomy
- Sex Abuse
- Aggravated sex abuse

**Examples of sexual assault/misconduct include, but are not limited to:**

- Any sexual penetration, however slight, with any body part or object without consent.
- Any intentional sexual touching with any body part or object without consent.
- Taking non-consensual, unjust or abusive sexual advantage of another.
- The exposure of the private or intimate parts of the body in a lewd manner in public or in private premises. Additionally, any form of harassment, including sexual harassment or harassment based on perceived or actual identities is prohibited. Sexual harassment includes:
  - An unwanted sexual advance or request for sexual favor.
  - Sexual innuendo, suggestive comments, insults, humor and jokes about sex or gender specific traits, sexual propositions, threats.
  - Suggestive or insulting sounds, leering, whistling, obscene gestures.
  - Physical touching: pinching, brushing the body, coerced sexual intercourse, assault.

**Please note:** The intent of the harasser is not the relevant issue. It is the impact of his or her behavior on the other person that determines whether the behavior is sexual harassment.

As a general note, if you are not sure if a comment is appropriate, don’t say it. If you are not sure if an action is appropriate, don’t do it. If another person makes it clear that he or she finds your comments or behavior offensive, or your expression of interest unwelcome, don’t attempt to pursue the relationship.

Any repeated unwelcome effort to pressure or force another person to enter into or continue a relationship is sexual harassment, as are repeated offensive comments or actions. **Please note:** A faculty member’s selection of academic materials will ordinarily not form the basis for a sexual harassment complaint.

**Domestic Violence:** A felony or misdemeanor crime of violence committed by:

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

**Dating Violence**: Violence committed by a person:

• Who is or has been in a social relationship of a romantic or intimate nature with the victim, and

• Where the existence of such a relationship shall be determined based on a consideration of the following factors:
  o The length of the relationship
  o The type of relationship and
  o The frequency of interaction between the persons involved in the relationship

**Stalking**: Engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

• Fear for his or her safety or the safety of others, or

• Suffer substantial emotional distress

**Title IX Policy: Discrimination on the Basis of Sex & Sexual Misconduct**

1. Conemaugh Memorial Medical Center School of Nursing and Allied Health Education Programs are committed to providing a learning and working environment that promotes personal integrity, civility and mutual respect in an environment free of discrimination on the basis of sex, which includes all forms of sexual misconduct. Sex discrimination violates an individual’s fundamental rights and personal dignity. Conemaugh Memorial Medical Center School of Nursing and Allied Health Education Programs considers sex discrimination in all its forms to be a serious offense. This policy refers to all forms of discrimination, including but not limited to: sexual harassment, sexual assault, and sexual violence by employees, students, or third parties.

2. Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in educational programs and activities that receive federal financial assistance. To ensure compliance with Title IX and other federal and state civil rights laws, the School of Nursing and Allied Health Education Programs has developed policies and procedures that prohibit sex discrimination in all of its forms.

3. Title IX Statement on Non-Discrimination: Conemaugh School of Nursing and Allied Health Education Programs does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. This policy extends to employment with and admission to the School of Nursing and Allied Health Education Programs. The following person has been designated to handle inquiries regarding the non-discrimination policies:

   Patricia Huber Smith, RN, BSN, Student Health Nurse
   Conemaugh School of Nursing and Allied Health Education Programs
   1086 Franklin Street
   Johnstown, PA 15905
   Office Location: F127
   Phone: 814-534-9485
   E-mail: phubersm@conemaugh.org

4. Guidance on reporting:
   a. The School encourages those who have experienced any form of sex discrimination to report the incident promptly, to seek all available assistance, and to pursue Code of Conduct charges and criminal prosecution of the offender for their own protection and that of the entire campus community. The
School of Nursing and Allied Health Education Programs takes complaints very seriously and will work with victims to ensure their safety and to remedy the situation.

5. Whom to file a report or make a complaint to:
   a. The School encourages those who have experienced sex discrimination to report these offenses to the Title IX Coordinator, or Conemaugh Security; those who want to make a complaint have the right, however, not to provide a statement to Conemaugh Memorial Medical Center Security. The School intends to resolve complaints of sexual misconduct in a fair and timely manner.
   b. Conemaugh Memorial Medical Center Campus Security
      Persons who wish to make a report may contact the Office of Security. Phone: 814-534-9730. Address: Conemaugh Memorial Medical Center 1086 Franklin Street, Johnstown, PA 15905
   c. The Title IX Coordinator (Patricia Huber Smith, RN, BSN 814-534-9485)
      • Persons who wish to report any form of sex discrimination may contact the School of Nursing and Allied Health Education Programs Title IX Coordinator.
      • The Title IX Coordinator can assist with all aspects of the reporting procedure and will oversee the investigation into a complaint. Employees of the School of Nursing and Allied Health Education Programs can also make an initial report to their immediate supervisor or the Office of Human Resources (814-534-9114).
      • Employees of the School of Nursing and Allied Health Education Programs who believe they have either witnessed or been subjected to unlawful sex discrimination may notify one of the following: the Office of Human Resources (814-534-9114) or the Title IX Coordinator. Employees may report to any one of these individuals. If for any reason the employee is unable or unwilling to report the matter to any one of the individuals listed above, he/she may report the matter to the Director of the School of Nursing and Allied Health Education Programs.
      • Persons may also make a report to Corporate Compliance by calling 1-866-519-4767.

6. Guidance on taking immediate action:
   a. Tell a trusted person about the incident. You may contact the Title IX Coordinator at 814-534-9485 or Conemaugh Security at 814-534-9730. Another helpful resource is the Victims Service 24 Hotline 800-755-1983 or 814-288-4961. Conemaugh Security and the Title IX Coordinator can provide immediate referral information, and/or investigation assistance.
   b. In the event that a sexual assault or sexual violence occurred, do everything possible to preserve evidence by making certain that the crime scene is not disturbed. (The decision to press charges does not have to be made at this time. However, following these procedures will help preserve this option for the future.) Survivors should not bathe, urinate, douche, brush teeth, or drink liquids. Clothes should not be changed but if they are bring all the original clothing to the hospital in a paper bag. (Plastic bags damage evidence.)
   c. When necessary seek immediate medical attention at an area hospital and take a full change of clothing, including shoes, for use after a medical examination.
   d. A Victim Services advocate can offer support at the hospital, however survivors must ask for the advocate at the hospital. (People under the age of eighteen should be aware that, as a minor, their parent(s) may have the right to obtain information from their medical records.)
   e. Survivors may choose whether or not to speak to the police at the hospital. If they do, the option to choose whether to file charges against the accused still exists.
   f. Private physicians are not required to notify the police. If a survivor desires police involvement, they may request this contact. Also, with a private physician, survivors may have to ask for a rape kit to be completed. Please keep in mind: having a rape exam does not mean that survivors are mandated to press charges. This action only keeps the survivor’s options open.

7. Grievance Procedure
   a. All incidents of sex discrimination, including sexual misconduct or retaliation, should be reported. The Title IX Coordinator will provide for the adequate, reliable, and impartial investigation of all complaints.
b. Conemaugh School of Nursing and Allied Health Education Programs has developed both an informal and formal complaint and resolution procedure to respond to sex discrimination. The use of the informal complaint and resolution procedure is optional. In instances where parties involved do not wish to engage in the informal procedure, where informal resolution is not appropriate, or in situations where attempts at the informal procedure are unsuccessful, the formal procedure may be followed.

c. The Grievance Committee and Procedure is available in the School of Nursing Student Guide and in the Allied Health Schools Policy Manual along with the “Application for Hearing with Grievance Committee” form.

8. Informal Procedure
   a. Some complaints of sex discrimination can be resolved through informal mediation between the parties.
   b. Once a report of sex discrimination has been made, informal resolution procedures will be pursued within five business days of the initial report.
   c. Informal resolution procedures are optional and may be used when the School determines that it is appropriate. Informal procedures are never applied in cases involving violence or non-consensual sexual intercourse.
   d. An investigation into the report shall be conducted by an investigator and the Title IX Coordinator within five business days of the report being made. For reports involving allegations against School of Nursing and Allied Health Program employees, the Title IX Coordinator and Office of Human Resources shall jointly conduct an investigation.
   e. Once the informal resolution procedure is complete, written notification to all parties shall be given by the Title IX Coordinator within one day of the determinations of findings.
   f. The School shall take reasonable steps to prevent the recurrence of sex discrimination in any form. If such reoccurrence takes place, those responsible for such behavior may be subject to actions under the Code of Conduct if they are a student, or they may be subject to actions under the Employee Handbook if they are an employee or third party.
   g. The School will take all necessary steps to remedy the discriminatory effects on the victim(s) and others. Examples of such victim sensitive remedies may include: order of no contact, adjustment of schedule, etc. These remedies may be applied to one, both, or multiple parties involved.
   h. If the reporting party is unsatisfied with the outcome of the informal resolution procedure, the formal resolution procedure may be pursued.
   i. Written notice of the outcome of this process shall be given to the parties involved by the Title IX Coordinator within one day of the outcome.

9. Formal Procedure
   a. Once a complaint of sex discrimination is made, an investigation of the report shall be pursued within five business days.
   b. To ensure a prompt and thorough investigation, the complainant should provide as much of the following information as possible:
      i. The name, department, and position of the person or persons allegedly causing the sex discrimination (which includes: sexual misconduct, sexual violence, and harassment) or retaliation.
      ii. A description of the incident(s), including the date(s), location(s), and the presence of any witnesses.
      iii. If the complainant is an employee: the alleged effect of the incident(s) on the complainant’s position, salary, benefits, promotional opportunities, or other terms or conditions of employment.
      iv. The names of other students or employees who might have been subject to the same or similar sex discrimination or retaliation.
      v. Any steps the complainant has taken to try to stop the sex discrimination or retaliation.
      vi. Any other information the complainant believes to be relevant to the sex discrimination, harassment, or retaliation.
   c. Investigation
i. An investigation into the report shall be conducted by at least one School of Nursing and Allied Health Program designated investigator (security) under the direction of the Title IX Coordinator. For reports involving the School of Nursing and Allied Health Program employees and/or third parties, the Title IX Coordinator and Office of Human Resources shall jointly conduct the investigation. The investigation shall be concluded as quickly as possible, typically within five business days or within a reasonable amount of time required to complete the investigation. The investigation will be conducted in a manner so that it is adequate, reliable and impartial.

ii. The investigation may include any of the following: interviews of the parties involved, including witnesses, and the gathering of other relevant information.

iii. Parties to the complaint may present witnesses and other evidence.

iv. At any time during the investigation, the investigator may recommend that interim protections or remedies for the parties involved or witnesses be provided by appropriate School of Nursing and Allied Health Program officials. These protections or remedies may include separating the parties, placing limitations on contact between the parties, suspension, or making alternative workplace or schedule arrangements as able. Failure to comply with the terms of interim protections may be considered a separate violation of the Code of Conduct.

d. Cooperation with Law Enforcement

i. The School will comply with law enforcement request for cooperation and such cooperation may require the School of Nursing and Allied Health Education Programs to temporarily suspend the fact-finding aspect of a Title IX investigation while the law enforcement agency is in the process of gathering evidence. The School of Nursing and Allied Health Education Programs will promptly resume its Title IX investigation as soon as notified by the law enforcement agency that it has completed the evidence gathering process, which typically takes three to ten business days, although the delay in the School’s investigation may be longer in certain instances.

ii. The School will implement appropriate interim steps during the law enforcement agency’s investigation period to provide for the safety of the victim(s) and the campus community and the avoidance of retaliation.

e. A resolution shall be determined at the conclusion of the investigation. Parties involved will be given notice of the outcome in writing within one day of the determination.

f. Parties to the complaint may appeal the findings of the investigation. All grounds for appeal shall be based on the emergence of new evidence that was previously unavailable, or based on the grounds that some aspect of this policy or procedure was not adequately followed. All appeals will be conducted in an impartial manner by one of the persons in the following positions who did not conduct the initial investigation: the Director of the School of Nursing and Allied Health Education Programs and/or the Associate Director of the School of Nursing and Allied Health Education Programs.

g. The School shall take reasonable steps to prevent the recurrence of sex discrimination or retaliation in any form. If the reoccurrence takes place, those responsible for such behavior may be subject to disciplinary action under the procedures outlined in the Code of Conduct or Employee Handbook if the person is an employee or third party.

h. The School will take all necessary steps to remedy the discriminatory effects on the victim(s) and others. Examples of such remedies may include: order of no contact, classroom or clinical re-assignment as able, or other appropriate remedies.

10. Definitions and Examples

a. Sex Discrimination: behaviors and actions that deny or limit a person’s ability to benefit from, and/or fully participate in the educational programs or activities or employment opportunities because of a person’s sex.

i. Examples of sex discrimination under Title IX include, but are not limited to, sexual harassment, failure to provide equal opportunity in education programs and co-curricular programs, discrimination based on pregnancy, and employment discrimination.

b. Sexual Harassment is unwanted sexual advances, requests for sexual favors, or visual, verbal, or physical conduct of a sexual nature when: (1) submission to such conduct is made a term or condition of
employment or the educational relationship; (2) submission to or rejection of such conduct is used as a basis for employment or education decisions affecting the individual; or (3) such conduct has the effect of unreasonably interfering with a student’s or employee’s work performance or creating an intimidating, hostile, or offensive working, educational, or living environment. While sexual harassment encompasses a wide range of conduct, some examples of specifically prohibited conduct include:

i. Promising, directly or indirectly, a student or employee a reward, if the student or employee complies with a sexually oriented request.

ii. Threatening, directly or indirectly, retaliation against a student or an employee, if the student or employee refuses to comply with a sexually oriented request.

iii. Denying, directly or indirectly, a student or employee an employment or education related opportunity, if the student or employee refuses to comply with a sexually oriented request. Engaging in sexually suggestive conversation or physical contact or touching another student or employee.

iv. Displaying pornographic or sexually oriented materials.

v. Engaging in indecent exposure.

vi. Making sexual or romantic advances toward a student or employee and persisting despite the student or employee’s rejection of the advances.

vii. Physical conduct such as assault, touching, or blocking normal movement.

viii. Retaliation for making harassment reports or threatening to report harassment.

ix. Sexual harassment can involve males or females being harassed by members of either sex. Although sexual harassment sometimes involves a person in a greater position of authority as the harasser, individuals in positions of lesser or equal authority also can be found responsible for engaging in prohibited harassment.

x. Sexual harassment can be physical and/or psychological in nature. An aggregation of a series of incidents can constitute sexual harassment even if one of the incidents considered separately would not rise to the level of harassment.

c. Sexual Misconduct

i. Sexual Misconduct is a broad term encompassing any sexual behaviors that violate Conemaugh School of Nursing and Allied Health Education Programs Code of Conduct and/or Title IX Policy. In general, any non-consensual physical contact of a sexual nature may constitute Sexual Misconduct. Sexual Misconduct may vary in its severity and consists of a range of behaviors or attempted behaviors that may be grounds for student conduct action under School of Nursing and Allied Health Education Programs policy. Prohibited conduct under this Sexual Misconduct Policy includes:

ii. Non Consensual Sexual Contact

1. Non-Consensual Sexual Contact is any intentional sexual touching, however slight with any object or body part, by a man or a woman upon a man or a woman, without consent.

iii. Non-Consensual Sexual Intercourse

1. Non-Consensual Sexual Intercourse is: any sexual intercourse (anal, oral, or vaginal), however slight, with any object or body part, by a man or woman upon a man or a woman, without consent.

iv. Forced Sexual Intercourse

1. Unwilling or non-consensual sexual penetration (anal, vaginal or oral) with any object or body part that is committed either by force, threat, intimidation, or through exploitation of another’s mental or physical condition of which the assailant was aware or should have been aware.

v. Sexual Activity includes: Intentional contact with the breasts, buttock, groin, or genitals, or touching another with any of these body parts, or making another touch you or themselves with or on any of these body parts; any intentional bodily contact in a sexual manner, though not involving contact with/of/by breasts, buttocks, groin, genitals, mouth or other orifice. Intercourse however slight, meaning vaginal penetration by a penis, object, tongue or finger,
anal penetration by a penis, object, tongue, or finger, and oral copulation (mouth to genital contact or genital to mouth contact).

d. Sexual Exploitation
   i. Occurs when a student takes non-consensual or abusive sexual advantage of another for his/her own advantage or benefit, or to benefit or advantage anyone other than the one being exploited, and that behavior does not otherwise constitute one of the other sexual misconduct offenses.
   ii. Examples of sexual exploitation include, but are not limited to: prostituting another student; non-consensual video or audio-taping of sexual activity; going beyond the boundaries of consent (such as letting your friends hide in the closet to watch you having consensual sex); engaging in Voyeurism; knowingly transmitting an STD or HIV to another.

e. Consent: Effective consent is the basis of the analysis applied to unwelcome sexual contact. Lack of consent is the critical factor in any incident of sexual misconduct.
   • Consent is informed, freely and actively given and requires clear communication between all persons involved in the sexual encounter.
   • Consent is active, not passive. Consent can be communicated verbally or by actions. But in whatever way consent is communicated, it must be mutually understandable. Silence, in and of itself, cannot be interpreted as consent.
   • It is the responsibility of the initiator of sexual contact to make sure they understand fully what the person with whom they are involved wants and does not want sexually.
   • Consent to one form of sexual activity does not imply consent to other forms of sexual activity.
   • Previous relationships or consent does not imply consent to future sexual acts.
   • Consent cannot be procured by use of physical force, compelling threats, intimidating behavior, or coercion. Coercion is unreasonable pressure for sexual activity. Coercive behavior differs from seductive behavior based on the type of pressure someone uses to get consent from another.
   • Effective consent cannot be given by minors, mentally disabled individuals or person’s incapacitated as a result of drugs or alcohol.
   • If you have sexual activity with someone you know to be—or should know to be—mentally or physically incapacitated (by alcohol or other drug use, unconsciousness or blackout), you are in violation of this policy.
   • Incapacitation is a state where one cannot make a rational, reasonable decision because they lack the ability to understand the who, what, when, where, why or how of their sexual interaction.
   • This policy also covers someone whose incapacity results from mental disability, sleep, involuntary physical restraint, or from the taking of a so-called “date-rape” drug. Possession, use and/or distribution of any of these substances, including Rohypnol, Ketamine, GHB, Burundanga, etc. is prohibited, and administering one of these drugs to another student for the purpose of inducing incapacity is a violation of this policy. More information on these drugs can be found at http://www.911rape.org/
   • Use of alcohol or drugs will never function to excuse behavior that violates this policy.

11. Time Limitations
   a. In order to pursue action through Conemaugh School of Nursing and Allied Health Education Programs grievance procedure, an aggrieved student or employee should meet with the Title IX Coordinator, or the Office of Human Resources, as the case may be, as soon as possible after the alleged act of sex discrimination, harassment, or retaliation occurs, to discuss the complaint. In any case, there is no time limit for students to make a report. Employees who have experienced conduct they believe is contrary to this policy have an obligation to make a report. An employee’s failure to fulfill this obligation may affect his or her rights in pursuing legal action. Timely reporting is necessary for employees and all employees should immediately report such occurrence.

12. Support Services
   a. There are various supportive measures available for those who have experienced sex discrimination. These support sources include:
• **Title IX Coordinator**: The Title IX Coordinator serves as the central reference person for information about reporting and the investigative procedure, as well as available support services.

• **Counseling**: Students who have experienced any form of sex discrimination, including sexual misconduct may receive free and confidential counseling at Victims Service 24 Hotline 800-755-1983 or 814-288-4961 and/or Women’s Help Center 814-536-3561. Students may also utilize the Conemaugh Employee Assistance Program 814-534-1095. Conemaugh School of Nursing and Allied Health Program employees may contact the Office of Human Resources, the Title IX Coordinator and/or Victims Service 24 Hotline 800-755-1983 or 814-288-4961.

• **Reassignments**: When the survivor and the accused student participate in the same courses or participate in the same activities, survivors may request that a fair and immediate way to reassign and/or move one of the persons be decided upon by the Associate Director of the School of Nursing and Allied Health Education Programs or a designee. The Associate Director of the School of Nursing and Allied Health Education Programs will consult with the Director of the School of Nursing and Allied Health Education Programs and/or Directors of the appropriate allied schools in making a determination regarding an alternative classroom and/or clinical assignment(s) as available for the accused student and/or the survivor who has experienced a sex offense.

13. **Retaliation**
   a. Conemaugh School of Nursing and Allied Health Education Programs strictly prohibits retaliation against any person for, in good faith, using this reporting procedure, or for filing, testifying, assisting or participating in any manner in any investigation or proceeding involving allegations of discrimination. Any person who violates this policy will be subject to discipline, up to and including termination if they are an employee, and/or dismissal if they are a student.
   i. Retaliation is any action by any person that is perceived as: intimidating, hostile, harassing, retribution, or violent that occurred in connection to the making and investigation of the report.

14. **Confidentiality**
   a. Those who have experienced sex discrimination should know that all School of Nursing and Allied Health Program employees must report known felonies to the police, either directly or through Conemaugh Security. Because licensed professionals from Victim Services and/or the Women’s Help Center are not required to disclose knowledge of felonies reported to them except when necessary to prevent harm, those who wish to discuss a situation in complete confidence should notify only a licensed professional from Victim Services and/or the Women’s Help Center. Counseling services are available for persons affected by a sex offense also at Conemaugh Employee Assistance Program.
   b. If you would like to report an incident or speak to someone about something that happened and you desire that details of the incident be kept confidential, you should speak with professionals at Victim Services and/or the Women’s Help Center or any other off-campus victim services resources, who will maintain confidentiality to the extent permitted by law. In addition, you may wish to speak with your clergy who will also keep reports made to them confidential to the extent permitted by law.
   c. All inquiries, complaints, and investigations are treated with discretion. Information is revealed as law and policy permit. However, the identity of the complainant is usually revealed to the person(s) accused of such conduct and any witnesses with consent of the complainant. Publicizing information about alleged sex discrimination or retaliation is strictly prohibited and may be considered a violation of the School of Nursing and Allied Health Education Program policy.
   d. The Title IX Coordinator shall maintain all information in secure files pertaining to a complaint or investigation.
   i. Federal Statistical Reporting Obligations:
      1. Certain campus officials (campus security officials) have a duty to report violations of this policy for federal statistical reporting purposes. All personally identifiable information is kept private, but statistical information must be passed along to Conemaugh security regarding the type of incident and its general location (on or off-campus, in the surrounding area, but no addresses are given), for publication in the annual Campus Safety and Security Report. This report helps to provide the community
with a clear picture of the extent and nature of campus crime, to ensure greater community safety.

ii. Federal Timely Warning Reporting Obligations:
   1. Victims of sex discrimination should also be aware that the School administrators must issue timely warnings for certain types of incidents reported to them that pose a substantial threat of bodily harm or danger to members of the campus community under Federal “Clery” law. The School will make every effort to ensure that a victim’s name and other identifying information is not disclosed, while still providing enough information for community members to make safety decisions in light of the danger.

15. Consequences
   a. The School of Nursing and Allied Health Education Programs reserves the right to take whatever measures it deems necessary in response to an allegation of sex discrimination in order to protect students’ rights and personal safety.
   b. Such measures include, but are not limited to, interim suspension from campus pending a hearing, and reporting to the local police.
   c. Not all forms of sexual misconduct will be deemed to be equally serious offenses, and the School of Nursing and Allied Health Education Programs reserves the right to impose differing sanctions, ranging from oral warning to expulsion, depending on the severity of the offense and in accordance with the sanctions identified in the Code of Conduct.

   a. Attempted violations
      i. In most circumstances, the School will treat attempts to commit any of the violations listed in this policy or in the Code of Conduct as if those attempts had been completed.
   b. The School as Complainant
      i. As necessary, the School reserves the right to initiate a student conduct complaint, to serve as complainant, and to initiate conduct proceedings without a formal complaint by the victim or complainant.
   c. False Reports
      i. The School of Nursing and Allied Health Education Programs will not tolerate intentional false reporting of incidents. It is a violation of the Code of Conduct to make an intentionally false report of any policy violation, and it may also violate state criminal statutes and civil defamation laws. Violations will result in sanctions, ranging from oral warning to expulsion, depending on the severity of the offense.
   d. Immunity for Victims
      i. The School community encourages the reporting of sex discrimination and Code of Conduct violations. Sometimes, victims are hesitant to report to School of Nursing and Allied Health Program officials because they fear that they themselves may be charged with policy violations, such as underage drinking at the time of the incident. It is in the best interest of this community that as many victims as possible choose to report to school officials. To encourage reporting, the school pursues a policy of offering victims of sex discrimination and sexual misconduct limited immunity from being charged with policy violations related to the particular incident. While violations to policy cannot be completely overlooked, the school will provide educational options rather than punishment, in such cases.
   e. Good Samaritan
      i. The welfare of students in our community is of paramount importance. At times, students on and off-campus may need assistance. The School encourages students to offer help and assistance to others in need. Sometimes, students are hesitant to offer assistance to others, for fear that they may get themselves in trouble (for example, a student who has been drinking underage might hesitate to help take a victim of sexual misconduct to Conemaugh Security). The school pursues a policy of limited immunity for students who offer help to others in need. While
policy violations cannot be overlooked, the school will provide educational options, rather than punishment, to those who offer their assistance to others in need.

f. Parental Notification
   i. The School reserves the right to notify parents/guardians of dependent students regarding any health or safety emergency and particularly alcohol and other drug violations. The school may also notify parents/guardians of non-dependent students who are under age 21 of alcohol and/or drug policy violations. Where a student is non-dependent, the school will contact parents/guardians to inform them of situations in which there is a health and/or safety risk. The school also reserves the right to designate which school officials have a need to know about individual conduct complaints pursuant to the Family Educational Rights and Privacy Act (FERPA).

   g. Notification of Outcomes
      i. The outcome of a Title IX investigation involving students is part of the education record of the student parties involved, and is protected from release under a federal law, FERPA. However, the school observes the legal exceptions that allow for notification of the parties involved and others whom the school determines to inform based on the law and this policy.
      ii. Students who bring any sort of sex discrimination complaint against faculty or staff may be informed of the outcome of the investigation and the resolution.
      iii. The school may release publicly the name, nature of the violation and the sanction for any student who is found in violation of a school policy that is a “crime of violence,” including: arson, burglary, robbery, criminal homicide, sex offenses, assault, destruction/damage/vandalism of property and kidnapping/abduction. The School will release this information to the complainant in any of these offenses regardless of the outcome.

h. Alternative Testimony Options for Code of Conduct Hearings
   i. For student conduct complaints of a sensitive nature, whether the alleged victim is serving as the complainant or as a witness, alternative testimony options may be given, such as placing a privacy screen in the hearing room, or allowing the alleged victim to testify from another room via closed circuit. While these options are intended to help make the alleged victim more comfortable, they are not intended to work to the disadvantage of the accused student.

17. Sex Offense Educational Programming
   a. Because Conemaugh School of Nursing and Allied Health Education Programs recognizes sex discrimination as an important issue, the school offers educational programming updates to a variety of groups such as: campus personnel (Faculty, and staff); incoming students participating in orientation; and members of student organizations.
   b. Sex Discrimination educational programming may address matters such as: a definition of what constitutes sex discrimination, the causes of sex discrimination, myths involved with sex discrimination, the relationship between sex discrimination and alcohol use, what to do if you are assaulted, an explanation of the school sex discrimination policy, how to file charges within the school, its conduct system, and/or with the local police department, men’s issues and sexual assault, and campus community resources to assist both the survivor and the accused.

False or Malicious Complaints

The use of this policy for false or malicious purposes is strictly prohibited. Anyone who brings forth false or malicious allegations of sexual misconduct against another member of the School community may be subject to disciplinary action.

An individual bringing a reasonable charge of sexual misconduct in good faith, even if it may be erroneous, will not be subject to discipline.

Scope/Jurisdiction
This policy applies to all Conemaugh students. Students are defined as individuals who have been accepted to the School, or who are registered for the current semester at the School on a full- or part-time basis. Student status continues until an individual graduates, is academically or disciplinary separated from the School. Conemaugh School of Nursing and Allied Health has the authority to address misconduct that takes place on School premises, as well as off-campus conduct when the behavior may have or has had an adverse impact upon the School community.

The jurisdiction of this policy also applies to School-sponsored events, activities, trips, etc., which may occur off campus.

The School, at its discretion, may pursue disciplinary action against a student while the student is also subject to criminal proceedings. The School reserves this right even if criminal charges are pending, reduced, or dismissed.

Confidentiality

The School will work to safeguard the identities and privacy of the students who report sexual misconduct or seek assistance to the extent possible and permitted by law. However, it is important that students understand the limits on confidentiality.

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (formerly the Campus Security Act) requires that all School officials with significant responsibility for campus and student activities report any incident of alleged sexual misconduct, including sexual assault, dating violence, domestic violence, and stalking.

However, if the complainant does not wish to be identified, a third party report that does not include the individual’s name must be made. Students should always confirm whether confidentiality applies to their communication of information.

Confidentiality applies when a student seeks services from the following people, counselors, medical professionals and clergy who can be trusted with secret or private information that will not be shared with anyone else.

Retaliation

Students are encouraged to express their feelings in a responsible manner regarding incidents of sexual harassment. Any member of the School community who attempts to interfere, restrain, coerce, discriminate against, or harass (whether overtly or covertly) any individual responsibly pursuing a complaint of sexual misconduct will be subject to prompt and appropriate disciplinary action.

Risk Reduction Tips

With no intent to victim blame and recognizing that only rapists are responsible for rape, the following are some strategies to reduce one’s risk of sexual assault or harassment.

- Be aware of your surroundings. Knowing where you are and who is around you may help you to find a way to get out of a bad situation.
- Try to avoid isolated areas. It is more difficult to get help if no one is around.
- Walk with purpose. Even if you don’t know where you are going, act like you do.
- Trust your instincts. If a situation or location feels unsafe or uncomfortable, it probably isn’t the best place to be.
- Try not to load yourself down with packages or bags as this can make you appear more vulnerable.
- Make sure your cell phone is with you and charged and that you have cab money.
• Don’t allow yourself to be isolated with someone you don’t trust or someone you don’t know.

• Avoid putting music headphones in both ears so that you can be more aware of your surroundings, especially if you are walking alone.

• When you go to a social gathering, go with a group of friends. Arrive together, check in with each other throughout the evening, and leave together. Knowing where you are and who is around you may help you to find a way out of a bad situation.

• Trust your instincts. If you feel unsafe in any situation, go with your gut. If you see something suspicious, contact law enforcement immediately (local authorities can be reached by calling 9-1-1 in most areas of the U.S.).

• Don’t leave your drink unattended while talking, dancing, using the restroom, or making a phone call. If you’ve left your drink alone, get a new one.

• Don’t accept drinks from people you don’t know or trust. If you choose to accept a drink, go with the person to the bar to order it, watch it being poured, and carry it yourself. At parties, don’t drink from the punch bowls or other large, common open containers.

• Watch out for your friends, and vice versa. If a friend seems out of it, is way too intoxicated for the amount of alcohol they’ve had, or is acting out of character, get him or her to a safe place immediately.

• If you suspect you or a friend has been drugged, contact law enforcement immediately (local authorities can be reached by calling 9-1-1 in most areas of the U.S.). Be explicit with doctors so they can give you the correct tests (you will need a urine test and possibly others).

If you need to get out of an uncomfortable or scary situation here are some things that you can try:

• Remember that being in this situation is not your fault. You did not do anything wrong, it is the person who is making you uncomfortable that is to blame.

• Be true to yourself. Don’t feel obligated to do anything you don’t want to do. “I don’t want to” is always a good enough reason. Do what feels right to you and what you are comfortable with.

• Have a code word with your friends or family so that if you don’t feel comfortable you can call them and communicate your discomfort without the person you are with knowing. Your friends or family can then come to get you or make up an excuse for you to leave.

• Lie. If you don’t want to hurt the person’s feelings it is better to lie and make up a reason to leave than to stay and be uncomfortable, scared, or worse. Some excuses you could use are: needing to take care of a friend or family member, not feeling well, having somewhere else that you need to be, etc.

• Try to think of an escape route. How would you try to get out of the room? Where are the doors? Windows? Are there people around who might be able to help you? Is there an emergency phone nearby?

• If you and/or the other person have been drinking, you can say that you would rather wait until you both have your full judgment before doing anything you may regret later.

If you or someone you know has concerns and need to talk with someone, please call the Title IX Coordinator, Patricia Huber Smith, RN, BSN, at 814-534-9485 or phubersm@conemaugh.org. If the Title IX Coordinator is unavailable, please call Corporate Compliance at 1-866-519-4767.
Every Victim has the option to report to a confidential resource.

Victim contacts Responsible Employee

Responsible Employee/Victim contact
Title IX Coordinator at 814-534-9485 or Corporate Compliance at 1-866-519-4767

Title IX offers access to support resources and options for moving forward with a complaint, including interim measures, investigations, and safety planning. Title IX also encourages reporting to police.

Informal Complaint Option

Victim Services 24 hour hotline 800-755-1983 or 814-288-4961

Complainant does not wish to proceed

Interim measures are offered to all reporting parties, regardless of the desire to proceed.

Formal Complaint

When the accused party is a student:
Title IX Coordinator investigates and collaborates with Conemaugh Security at 814-534-9730

When the accused party is an employee:
Title IX Coordinator investigates and collaborates with Human Resources at 814-534-9114.

When the accused party is a faculty member:
Title IX Coordinator investigates and collaborates with appropriate Program Director, Director of School of Nursing and Allied Health Schools, and Human Resources.

This is a summary of the Title IX policy: Discrimination on the Basis of Sex and Sexual Misconduct. The full reading can be found at www.conemaugh.org/education Campus Safety and Security report.