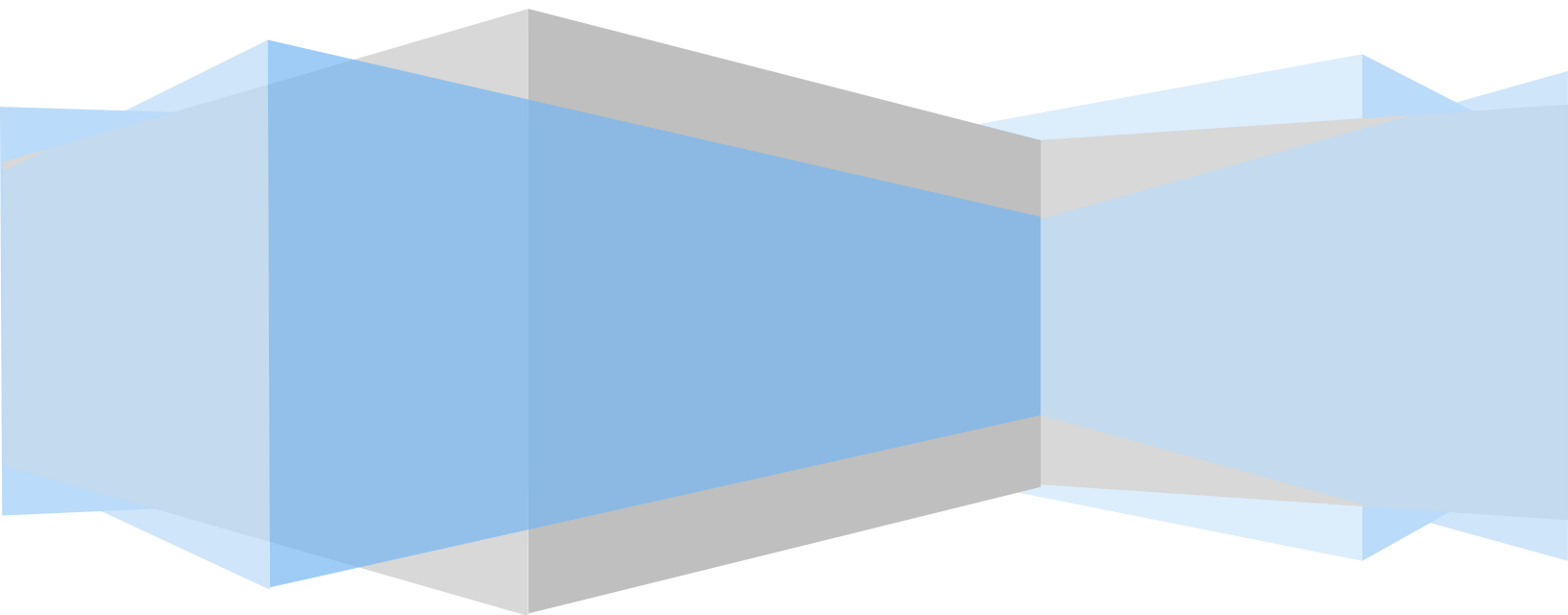


# Medical & Emotional Emergency Policy & Protocol

The College of William and Mary

Contact: Dean of Students, 757-221-2510



# Summary

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*The Medical and Emotional Emergency Protocol is the College's response to cases that might involve violation of the Medical and Emotional Emergencies section of the Student Code of Conduct. It is implemented according to the flow chart attached and is put into effect when a student attempts suicide or makes a threat or gesture of suicide, harms or attempts to harm him/herself and/or others, or displays severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior.*

*The procedure starts with the initial awareness that a student may have caused harm, or is talking about harm, to self and/or others. There are two possible pathways. [Note that, because of the unique nature of each case, professional judgment will be used appropriately if the protocols don't necessarily conform to the emerging situation.]*

1. Situations where there is substantial likelihood of danger require an immediate response. These include the following situations:
  - The student has inflicted harm to self that a reasonable person would regard as serious.
  - The student is believed to have ingested substance(s) the amount and effect of which is uncertain.
  - The student has threatened harm to self and has been using any alcohol/drugs.
  - The extent of self-injury is unknown and the student is unresponsive to stimuli.
  - The student has already been transported to the hospital before the College is aware of circumstances.

Responses to the above situations involve contacting the Campus Police and the Rescue Squad via 911. The student is taken to the ER and the Medical and Emotional Emergency Protocol is implemented. A reporting call must be made to the counselor on-call who informs the Dean of Students office. This call should be made by the professional residence life staff member responding, Campus Police, or other college official present in that order and if applicable.

If the student is judged to be at-risk by the prescriber at the Hospital, the student must be cleared before being allowed to return to campus. (See Medical and Emotional Emergency Policy below) If the Hospital prescriber clears the student, the on-call counselor will consult with the pre-scriber and student.

- If safety is not an issue the on-call counselor will tell the student he/she must call the Counseling Center the next working morning and schedule an appointment. The student will be informed that this is not optional and non-compliance may be considered a judicial violation. The on-call counselor makes appropriate notifications and completes paperwork according to the Counseling Center protocol.
  - If the student is uncooperative, and fails to respond when informed that his/her cooperation is required, the Dean of Students is contacted.
  - If the on-call counselor determines that safety is or may be an issue, the physician on-call is contacted. An assessment is conducted at the Health Center to determine if the student's safety is at risk. If no risk is determined, the student will be scheduled for an appointment during the next working day at the Counseling Center as above. If risk is determined, the Medical and Emotional Emergency Policy is implemented (see below).
2. Suicide gestures or threats where substantial likelihood of danger is unclear, including evidence of recent self-inflicted superficial scratches or cuts, statements of an intention to harm oneself and/or others and/or severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior.

Responses to the above situations involve contacting the on-call counselor, campus police, or the Dean of Students office. The on-call counselor conducts an initial assessment to determine if safety is an issue.

- If safety is not an issue the on-call counselor will tell the student he/she must call the Counseling Center the next working morning and schedule an appointment. The student will be informed that this is not optional and non-compliance may be considered a judicial violation. The on-call counselor makes appropriate notifications and completes paperwork according to the Counseling Center protocol.
- If the student is uncooperative, and fails to respond when informed that his/her cooperation is required, the Dean of Students is contacted.
- If the on-call counselor determines that safety is or may be an issue, the physician on-call is contacted. An assessment is conducted at the Health Center to determine if the student's safety is at risk. If no risk is determined, the student will be scheduled for an appointment during the next working day at the Counseling Center as above. If risk is determined, the Medical and Emotional Emergency Policy is implemented (see below)

## **Medical and Emotional Emergency Policy**

If a student has been determined to be at risk of harm to self, the attending physician contacts the Dean of Students and the student's parents or legal guardians. If the physician has not had clinical contact with the student (e.g., when the student has been taken directly to the ER and then hospitalized), the Dean of Students will make the call. Exceptions to contacting the parents or legal guardians can only be made by the Dean of Students or her designee. However, notification may be withheld if the student's treating physician or treating clinical psychologist has made a part of the student's record a written statement that, in the exercise of his professional judgment, the notification would be reasonably likely to cause substantial harm to the student or another person." The Dean of Students will contact the referral source and Residence Life (if not the referral source and the student resides on campus). The student is not allowed to return to residence, classes, or activities until cleared. The Student Health Center checklist for management of student safety is followed. The on-call physician coordinates arrangements for a "disposition meeting." This meeting involves the student, his/her parent(s) or legal guardian, the on-call counselor, the on-call physician, and the Dean of Students on-call staff member.

The student is released into the care of the parent(s) or legal guardian. Students who leave the campus under the Medical and Emotional Emergency Policy must have a clearance meeting before they may return to campus. Ideally, this clearance meeting is with the same team that conducted the disposition meeting. The purpose of the clearance meeting is to determine the student's safety and readiness to return, plus conditions that will support the student's success.

If it is found that there is a substantial likelihood of risk that a student may be of harm to others, the William and Mary Police are immediately contacted (if they are not already involved). A process separate from this protocol will be followed.

## **Departmental Protocols**

Details of what happens during the above processes are outlined in the protocols for the Residence Life, Counseling Center, Health Center, and Dean of Students Office.

# Checklist for Residence Life Student Staff Members

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The procedure starts with the initial awareness that a student may have caused harm, is talking about harm, to self and/or others, or is under severe psychological distress, e.g. bizarre, erratic, irrational, and/or disruptive behavior. There are two possible pathways.

1. Situations where there is substantial likelihood of danger include the following situations:
  - The student has inflicted harm to self that a reasonable person would regard as serious.
  - The student is believed to have ingested substance(s) the amount and effect of which is uncertain.
  - The student has threatened harm to self and has been using any alcohol/drugs.
  - The extent of self-injury is unknown and the student is unresponsive to stimuli.
2. Suicide gestures or threats where substantial likelihood of danger is unclear, including evidence of recent self-inflicted superficial scratches or cuts, statements of an intention to harm oneself and/or others, or severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior.

In situations where there is substantial likelihood of danger you must do the following:

1. Call 911. This will connect you with Campus Police. Identify yourself and explain the nature of the situation and location of the student in danger. Campus Police will dispatch the Rescue Squad.
2. Have someone remain with the student at all times. Apply immediate first aid to the best of your ability as is appropriate to the situation.
3. If the student is uncooperative or antagonistic, the student should be informed that he or she will be required to go with the Rescue Squad to the nearest hospital. Campus Police will be present to provide assistance as needed.

In situations where substantial likelihood of danger is unclear, or a suicide gesture or threat has occurred, you must do the following:

**1. Call your Area Director. If he or she is not reachable and it is after normal office hours, page the professional staff member on duty (888-1573). If your Area Director is unreachable and it is during normal office hours, call the Residence Life Office (inform whomever answers the phone that this is an**

**emergency call). You will receive further directions from the professional staff member as to the appropriate next steps to take. File an Incident Report with your Area Director within 24 hours of the incident.**

### **Other Important Points**

- In a situation where the student is uncooperative or antagonistic and there is no substantial likelihood of danger, you should communicate this to the professional staff member. You will be given further instructions about how to proceed.
- Under no circumstances should you contact the student's parents or legal guardians. When appropriate, a professional member of the Student Affairs staff will make this contact.
- Before being allowed to return to campus, any student entered under the Medical and Emotional Emergency Protocol will undergo an assessment. Resumption of normal activities by the student will be dependent upon the result of the assessment. Notification that the student has permission to return to the residence halls will be communicated to the Area Director or a professional staff member of Residence Life and then communicated to you.

# Checklist for Professional Residence Life Staff

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The procedure starts with the initial awareness that a student may have caused harm, or is talking about harm, to self. There are two possible pathways.

1. Situations where there is substantial likelihood of danger include the following situations:
  - The student has inflicted harm to self that a reasonable person would regard as serious.
  - The student is believed to have ingested substance(s) the amount and effect of which is uncertain.
  - The student has threatened harm to self and has been using any alcohol/drugs.
  - The extent of self-injury is unknown and the student is unresponsive to stimuli.
2. Suicide gestures or threats where substantial likelihood of danger is unclear, including evidence of recent self-inflicted superficial scratches or cuts, statements of an intention to harm oneself and/or others, or severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior.

When a staff member or student reports a situation where there is substantial likelihood of danger you must:

- Confirm that the Campus Police have been called. If this has not occurred, determine the location and phone number where the staff member/reporting student is and instruct the staff member/reporting student to immediately call 911.
- Instruct the staff member/reporting student to insure that someone remains with the student at all times.
- If feasible, go to the location yourself. If not feasible, instruct the staff member/reporting student to call you as soon as he or she is free to do so.
- Contact the Counselor on-Call (820-5953) to report the incident.

When a staff member or student reports a suicide gesture, threat or psychological distress where substantial likelihood of danger is unclear you must:

- Confirm that there is no substantial likelihood of danger to the student. If there is substantial likelihood of danger, instruct the staff member/reporting student to call 911 as instructed for a situation where there is substantial likelihood of danger (noted above).

- Gather as much information as possible from the reporting staff member or student. This should include such things as name, location, phone number where staff member or student can be reached, details about the incident, any relevant history or recent stress/trauma, and the level of cooperation of the student.
- Page the Counselor on-Call (820-5953) to report the situation and follow his or her directions regarding the next steps to be taken. If the student is uncooperative or antagonistic, report this to the Counselor on-Call who will then consult with the Dean of Students on-call staff member. Either the Counselor on-Call or the Dean of Students on-call staff member will then communicate specific directions.

In all cases, note the following:

- Under no circumstances should you contact the student's parents or legal guardians. When appropriate, staff from the Health Center or the Dean of Students will make this contact.
- Report the incident to the Director of Residence Life. If the student is not your resident, report it to the appropriate Area Director. If within reasonable waking hours, call directly. If within reasonable sleeping hours, leave a private, urgent voice message. Follow up appropriately with relevant details.
- Insure that an Incident Report is completed within 24 hours of the incident and submit a copy to the Dean of Students Office.
- Before being allowed to return to campus, any student entered under the Medical and Emotional Emergency Protocol will undergo an assessment. Resumption of normal activities by the student will be dependent upon the result of the assessment. Notification that the student has permission to return to the residence halls will be communicated to the Residence Life Office during regular working hours or to the professional staff member on-call after regular working hours. This information will then be communicated to the Area Director and/or the RA for the area in which the student resides.
- Determine the effect this incident has had on other students or the hall residents. As soon as possible, arrange with RA and Counseling Center staff for individual and group counseling.

# Checklist for Counseling Center On-Call Staff

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## **Situations that are life threatening:**

- Assure that Rescue has been called and that student has been transported to the ER. (In some cases Residence Life staff or the Campus Police will notify the on-call counselor that a student has been transported to the ER.)
- Contact Williamsburg Community Hospital Crisis Prescriber after student has arrived at the hospital. Request that on-call counselor be notified of the outcome of the student's evaluation prior to the student's release from the ER and that the on-call counselor will be included in follow up plans for the student.
- Notify Dean of Students on-call staff member.
- If the student is medically cleared by the hospital and released, the on-call counselor has two options:
  - Arranging a next working day follow up appointment at the Counseling Center for further assessment, recommendations and support (If the student does not agree to the follow up session or attend the follow up session, the Dean of Students is contacted for follow up with the student.)
  - or
  - Requiring the student to be re-evaluated at the Health Center under the Medical and Emotional Emergency Policy prior to being allowed to return to campus life.

## **Situations needing assessment (Threat of harm to self or others, physical gestures, severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior, no drugs/alcohol):**

- Upon contact by Campus Police, Residence Life, or other persons, on-call counselor will follow up with phone call to student for an initial assessment.
- Check with referral source and student being assessed whether or not alcohol or other drugs have been ingested. If so, instruct referral source to immediately contact 911 for transport to the hospital. (See above "Situations that are life threatening" for additional procedures.)
- For current Counseling Center client of another therapist, on-call counselor may choose to call the client's therapist for consultation and/or delegation of assessment.

## **No immediate safety concern/no activation of the Medical and Emotional Emergency Policy when telephone assessment has been completed:**

- Confirm verbal “commitment to treatment” contract.
- Review on-call and emergency (911) procedures.
- Arrange for next working day follow-up appointment at Counseling Center as needed.
- Make follow-up phone call to referral source within 24 hours to inform of disposition of situation. Referral source, depending upon the situation, may need follow-up at time of disposition.
- Complete paperwork at office next day:
  - Note student name and service hours on daily appointment schedule for date of contact.
  - Complete crisis reports to be placed in file of current or previous Counseling Center clients.
  - Complete crisis report and place in confidential memo book if “new client.”

## **Activation of Medical and Emotional Emergency Policy when telephone assessment has been completed:**

### *Uncooperative student:*

- If determined that the student needs to be further assessed under the Medical and Emotional Emergency Protocol and the student is uncooperative (refuses to voluntarily come to the Student Health Center), notify Dean of Students Office on-call staff for their administrative action/support to implement the Medical and Emotional Emergency Policy.

### *Cooperative student who agrees to further assessment at the Student Health Center:*

- Contact physician on-call (after hours use home phone before paging on-call staff member) to arrange after hours opening of Student Health Center. If during open hours, call front desk staff of Health Center and ask for the on-call physician.
- Contact referral source to report disposition of on-call telephone assessment and to arrange transportation/escort by Campus Police, Residence Life, or City Police (for off campus students).
- On-call counselor will provide Counseling Center initial contact paperwork to be used in evaluation process (Client Data Form, and appropriate information releases).

### **Assessment at Student Health Center:**

- Consultation meeting with on-call counselor, physician, referral source (if present) for factual account and assessment plan.
- Student asked to complete Counseling Center initial contact paper work.
- Team assessment interview conducted together by on-call counselor and physician.
- Assessment team may request further diagnostic evaluation and consultation by a psychiatrist.

### **Disposition:**

*No immediate safety concern/no activation of the Medical and Emotional Emergency Policy when assessment has been completed; student is allowed to leave the Student Health Center:*

- Confirm verbal or written “commitment to treatment” contract, as appropriate.
- Review on-call crisis procedures with client.
- Obtain a release of information for the DOS.
- Arrange for next working day follow-up appointment at the Counseling Center as appropriate. Inform DOS on-call staff member if student does not attend follow-up session.
- Make follow-up phone call to referral source within 24 hours to inform of disposition of situation. Referral source, depending upon the situation, may need follow-up at time of the disposition.
- If referral source is Residence Life, discuss need for any follow-up contact with roommates, other students.
- Physician notifies Dean of Students Office of outcome of assessment immediately.
  - After hours and weekends contact the Dean of Students on-call staff member by using home telephone number first.
  - Use beeper if no answer at home telephone. If no response, contact the Dean of Students at home or on cell.
- Complete paperwork at office next day:
  - Note student name and service hours on daily appointment schedule for date of contact.
  - Complete crisis report and place in confidential memo book if “ new client.”
  - Notify the Counseling Center Director next weekday morning. No need to notify during the weekend.

*Activation of Medical and Emotional Emergency Policy after assessment is completed:*

- On-call counselor and physician have agreed to place the student under the Medical and Emotional Emergency Policy.

- Attending physician contacts Dean of Students Office on-call staff.
- Attending physician contacts parents or legal guardians. Exceptions can only be made by the DOS. However, notification may be withheld if the student's treating physician or treating clinical psychologist has made a part of the student's record a written statement that, in the exercise of his professional judgment, the notification would be reasonably likely to cause substantial harm to the student or another person.
- On-call counselor contacts the referral source for follow-up.
- Dean of Students on-call staff member contacts Residence Life (if not referral source and if student resides on campus) regarding student not being allowed on campus until cleared by the medical team.
  - Refer to Student Health Center checklist for management of student safety pending student's clearance to return to campus, classes and on campus housing.
  - Attending physician coordinates arrangements for "disposition meeting."
  - The student is released into the hands of parents, guardians, or other adults who accept responsibility for his/her care.

#### **After Disposition under Medical and Emotional Emergency Policy:**

- Make follow-up phone call to referral source to inform of disposition of situation.
- If referral source is Residence Life, discuss need for any follow-up contact with roommates, other students.
- Inform Counseling Center Director of all situations where a student is evaluated at the Health Center.
- Complete paperwork at office next day:
  - Note student name and service hours on daily appointment schedule for date of contact.
  - Complete crisis reports to be placed in file of current or previous Counseling Center clients.
  - Complete crisis report and place in confidential memo book if "new client."

# Checklist For Student Health Center

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*The physician on-call for the SHC will be contacted by the counselor on-call for the Counseling Center (CC) once a student is brought to the attention of a member of the Student Affairs staff as being a possible safety (if this has not already occurred).*

## **Situations exhibiting substantial likelihood of danger reported to staff on-call:**

- If the history is obtained that the patient is in substantial likelihood of danger OR has ingested ANY alcohol or drugs, the patient should be taken to the nearest emergency room (usually Williamsburg Community Hospital Emergency Room) for medical evaluation. The Rescue Squad should be called (911), and then campus police should be notified immediately.
- Dean of Students on-call staff member ,beeper 872-5627) and counselor on-call for the CC (820-5953) should then be notified.
- Student's return from the hospital (including the ER) may require implementation of the Medical and Emotional Emergency Policy for clearance to return to residence/campus activities/classes.

## **Situations requiring evaluation at SHC under Medical and Emotional Emergency Protocol**

- If the patient is cooperative and agreeable to come to the SHC to be evaluated, arrangements will be made for the patient to be brought to the center (often by the RA, Area Director or a friend). If these arrangements have not yet been made, contact referral source to arrange transportation by Campus Police/Residence Life or Williamsburg Police (for off campus students). If the patient is not agreeable, or cannot be located, the DOS on-call staff member will be notified to institute steps necessary to arrange for the student to be brought to the SHC.
- Upon arrival at the Student Health Center the student will be assessed by the on-call physician and the counselor on-call for the CC. This assessment will be done as a team, unless specific circumstances warrant otherwise.
- The assessment team may request further diagnostic evaluation and consultation by a psychiatrist.
- The student MUST remain at the SHC until thoroughly evaluated and deemed to not be a risk to him/herself or others. If the student refuses to remain in the building, Campus Police should be notified immediately. SHC staff members should not attempt to forcibly restrain the patient. The attending MD and the DOS on-call staff member should be notified.

## **Disposition:**

*The student is determined not to be an immediate safety risk; he/she can be discharged to return to his/her Residence.*

- A verbal or written “commitment to treatment” contract may be made as deemed appropriate.
- Any recommendations for follow-up will be made at the discretion of the M.D. and counselor, in consultation with the DOS on-call staff member.
- The DOS on-call staff member needs to be immediately notified by the physician that this assessment took place, and what the disposition was. After hours, call the DOS on-call staff member at home if no answer, call the DOS pager (872-5627).
- A follow-up phone call should be made by the counselor on-call to Residence Life (if student lives on campus) and the referral source (if different) to inform them of disposition.
- A note outlining the evaluation and plan should be dictated for the patient’s chart.
- Notify the Health Center Director next weekday morning. No need to notify during the weekend.

*Activation of Medical and Emotional Emergency Policy after assessment is completed:*

- Notify the DOS on-call staff member.
- The student should be given a copy of the “William and Mary Medical and Emotional Emergency Protocol Disclosure Statement.” They should read and sign it. If they refuse to sign it, ask them if they would sign it “have read, but do not agree”. If they still refuse to sign it, please write on the sheet that they have read it, and refused to sign it on the sheet and have another staff member do the same (preferably the CC staff member).
- Usually, there are two dispositions that can be made for a student at this point:
  - The student is admitted for inpatient psychiatric treatment. The MD will need to arrange admission by calling parents or legal guardians, and arranging through their insurance policy, or calling the community “pre-screener” to arrange for an evaluation. Parents or legal guardians are notified by the attending M.D.
  - Parents or legal guardians/guardian are called, informed of the situation, and plans made for parents or legal guardians to take the patient home, for inpatient or outpatient evaluation and treatment, whichever is deemed most appropriate.

In both of the above scenarios, parents or legal guardians are to be notified, AFTER notification of the DOS on-call staff member. Only the DOS on-call staff member can

make an exception to this policy. However, notification may be withheld if the student's treating physician or treating clinical psychologist has made a part of the student's record a written statement that, in the exercise of his professional judgment, the notification would be reasonably likely to cause substantial harm to the student or another person.

- During the phone call with parents or legal guardians, set up the time for an exit meeting. The exit meeting will take place with the students, parents or legal guardians, DOS on-call staff member, attending M.D. and the Counselor. The goal of this meeting is to review precipitating events, set clear expectations, to establish what choices are available, and to describe procedures to request return to campus.
- Once it is determined that patient will require a stay at the SHC, the on-call nurse should be notified. The nursing staff can arrange for a member of campus police or a sitter to be present if they deem necessary.
- Patient can remain at the SHC for up to 24 hours. If it will take longer than 24 hours for parents or legal guardians to arrive, arrangements should be made for hospitalization.
- The patient is released into the hands of parents, guardians, or other adults who accept responsibility for his/her care.
- DOS on-call staff member will notify Residence Life of disposition.
- Counselor (if different from above) will notify referral source of disposition.
- Notify the Health Center Director next weekday morning. No need to notify during the weekend.

# Checklist for the Dean of Students Office

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The Dean of Students Office (DOSO) becomes involved with students who are at risk to self through one of the following ways.

1. The student has been taken to the Emergency Room. The referral source or the Counselor-on-call will notify the DOS on-call staff member. The Counselor will communicate with the hospital regarding our need for information about the student's health and release. The student must be assessed and cleared before returning to campus.
  - If the student is released by the prescriber after a judgment of "no substantial risk to self," the student needs to be cleared by the counselor on-call via telephone. The Dean will receive an FYI message from the counselor. The DOSO on-call will make notes in SEADETL or on the pink note within the student's file. Reports from Residence Life and Campus Police will also be put in the student's file.
  - If the student is judged to be at risk by the prescriber and hospitalized, the DOS on-call staff member will call the student's parents or legal guardians. Once the student is released from the hospital, the student must follow the Medical and Emotional Emergency Policy and be assessed at the SHC by the physician and counselor on-call. If the student is assessed to be at risk of harm to self, the Dean will be called by the physician on-call. The physician will call the parents or legal guardians (if not present) and the physician will arrange an exit meeting. The Dean will also notify the Residence Life Area Director on-call. If the student is deemed not be of risk to self, the Dean is notified of a clearance meeting. Note that most likely the information from the hospital will clearly indicate the student is no longer of risk, making it reasonable to plan a clearance meeting immediately following the assessment.
  - If the student is released to family and removed from campus before contact with the campus regarding our policies, the Dean will contact the family/student at home to explain the protocol and the need for a clearance before student is eligible to return. Other options such as medical withdrawal are discussed. The Dean will update the Residence Life Area Director, the physician on-call, and the counselor on-call.
2. The student has been taken to the Student Health Center for an assessment after an initial assessment by the Counselor-on-call.
  - If the student is assessed at no-risk –the DOS on-call staff member will receive an FYI telephone report from the physician immediately following. The Dean will make notes in SEADETL or on the pink form in the student's

file. Reports from Residence Life and Campus Police also are filed in the student's file.

- If the student is assessed at risk, the Dean is called by the physician. Parents or legal guardians are called and team meeting is held when all are present. See #4.

3. The DOS on-call staff member receives a report or a call advising that a student may be suicidal, of harm to self, or others or displaying severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior under the policy in the Student Handbook. After getting information, the DOS on-call staff member will do one or more of the following, as appropriate to the information received:

- Call 911.
- Ask the individual calling to take the student to the Health Center and call the Counseling Center and Health Center to inform them. Police transport might be a consideration or necessity.
- If the information is first hand, contact the Counselor on-duty to initiate the protocol by speaking with the student to make an initial assessment.
- Make personal contact with the student and assume responsibility for getting the student to the Health Center.
- If appropriate, and when the information is second hand, notify the Residence Life Area Director or Duty Personnel to investigate.
- Make notes on pink form in student's file.

4. If the counselor/physician team assesses that a student is suicidal or of harm to self, the physician will call the DOS on-call staff member. Then the physician will call the parent(s) or legal guardians unless the Dean makes an exception to this policy step. However, notification may be withheld if the student's treating physician or treating clinical psychologist has made a part of the student's record a statement that, in the exercise of his professional judgment, the notification would be reasonably likely to cause substantial harm to the student or another person. s The Dean will meet with the physician, counselor, and family within twelve hours of when the family arrives in town. The Dean brings the student's file to the meeting. At the meeting, options that apply under the circumstances are discussed. Options might include any of the following:

- Immediate medical withdrawal (if not retroactive, Dean can issue at the time).
- Request for retroactive medical withdrawal (if exams have started).
- Cancellation of classes (if in first three days of semester) with medical hold on readmission.
- -- Student goes home with his/her family and to see a professional at home. The Dean establishes that a clearance meeting with the same group (if not possible, a similarly configured group) is necessary before student can return to campus. The student should contact the physician to schedule a second assessment by the counselor/physician team. If they believe that it's appropriate, a full team meeting is held to complete a clearance to return for the student. If appropriate, the Dean notifies the Residence Life AD that the student is allowed to return to campus.

- If it is near the end of the semester and student is academically capable, student could go home with incompletes, deferred exams, etc. as arranged by the DOSO. The Dean establishes that a clearance meeting with the same group is necessary before the student can return to campus.
- Other options might include letters to faculty members or a request for a partial medical withdrawal/underload.

5. A report is received from a third party that a student attempted to harm self, made threats to harm self in the recent past or displayed severe psychological distress, e.g. bizarre, erratic, irrational, and/or disruptive behavior. For example, email is passed along to us that includes threats made four days ago or a roommate reports that a student got sick last week after swallowing a bottle of pills when very depressed. When Residence Life receives such a report, they will contact the Counselor On-call and sometimes their decision is to refer it to the Dean of Students office. After receiving information, the DOS on-call staff member will do one or more of the following, as appropriate to the information received:

- Make personal contact with the student to discuss the report and assess the student's response.
- Make referral to or arrange for student to make a direct appointment with the Counseling Center, if appropriate.
- If appropriate, make contact with the counselor on-call.
- If appropriate, assume responsibility for getting the student to the Health Center.
- If appropriate, and when the information is incomplete or possibly distorted, notify the Residence Life Area Director or Duty Personnel to investigate.
- Make notes in SEADETL or on pink form in student's file, if appropriate.

#### *Required follow-up actions*

- If appropriate, the Dean notifies the Residence Life AD when the policy is implemented and student is not allowed to be on campus.
- Again, if appropriate, the Dean calls and updates the AD when clearance has been given. The AD notifies other appropriate residence life staff.
- The Dean makes notes in SEADETL or on pink form in student's file.
- The Dean writes a letter to the student if student is medically withdrawn or sent home with incompletes.
- The Dean draws up a contract determined by/with the student and medical team, if appropriate, for students who return to campus after a "time-out."
- If the student is medically withdrawn or allowed to finish classes off-campus, the Dean is the contact point for the student to arrange clearance and/or reinstatement. The Medical Review Committee will address such reinstatements.
- The Dean notifies professors if student has or will be missing classes and/or if he/she will
- need some support while getting emotional issues under control.
- The Dean updates the Vice President for Student Affairs.

- The Dean checks with Residence Life, if appropriate, to inquire about the impact on other residents and to encourage follow-up with Counseling Center. Other groups related to the student may be contacted, as appropriate.

*Uncooperative and/or hostile students: When the student is uncooperative or hostile in the Medical and Emotional Emergency Protocol process, the DOS on-call staff member will be contacted. The Dean will speak directly to the student (in person if possible), informing the student about the policy and explaining that if the student will not cooperate, his/her parents or legal guardians will be notified immediately and the student may be subject to disciplinary charges if he/she does not comply. If the student fails to comply, the Dean will notify the parents or legal guardians and may follow the guidelines for Administration of Student Life Policies and Regulations (Student Conduct). The procedure for Interim Suspension may be considered. The Dean may call 911 if the student is physically hostile.*

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# **W&M in Washington**

## **Medical and Emotional Emergency Protocol**

### **CHECKLIST FOR ADMINISTRATION**

*The Administration will take responsibility in the following order of availability.*

1. Program Director, Roxane Adler Hickey
2. Program Assistant, Morgan Oakes
3. Director of the Washington Office, Adam Anthony
4. Program Assistant, Jaime Dunn
5. Program Professor, Paula Pickering

**The procedure starts with the initial awareness that a student may have caused harm, or is talking about harm, to themselves. There are two possible pathways- substantial likelihood of danger and unclear situations**

#### 1. Substantial likelihood of danger

*Situations where there is substantial likelihood of danger include the following situations:*

- \* The student has inflicted harm to self that a reasonable person would regard as serious.
- \* The student is believed to have ingested substance(s) the amount and effect of which is uncertain.
- \* The student has threatened harm to self and has been using any alcohol/drugs.
- \* The extent of self-injury is unknown and the student is unresponsive to stimuli.

**When the CA or student reports a situation where there is substantial likelihood of danger you must do the following:**

Confirm that the Police have been called. If this has not occurred, determine the location and phone number where the CA/reporting student is and instruct the CA/reporting student to immediately call 911.

\_\_\_\_\_ Instruct the CA/reporting student to ensure that someone remains with the student at all times.

\_\_\_\_\_ Contact the other members of the W&M in Washington Program administration.

\_\_\_\_\_ If feasible, go to the location yourself. If not feasible, have another member of administration go or if they cannot, instruct the CA/reporting student to call you as soon as he or she is free to do so.

\_\_\_\_\_ Page the Campus Counselor on Call (757-820-5953) to report the incident.

## 2. Unclear Situations

*Situations where substantial likelihood of danger is unclear might include:*

- Suicide gestures or threats
- Evidence of recent self-inflicted superficial scratches or cuts,
- Statements of an intention to harm oneself or others.
- Severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior.

**When a staff member or student reports a suicide gesture, threat or psychological distress where substantial likelihood of danger is unclear you must do the following:**

\_\_\_\_\_ Confirm that there is no substantial likelihood of danger to the student. If there is substantial likelihood of danger, instruct the CA/reporting student to call 911 as instructed for a situation where there is substantial likelihood of danger (noted above).

\_\_\_\_\_ Gather as much information as possible from the reporting CA or student. This should include such things as name, location, phone number where CA or student can be reached, details about the incident, any relevant history or recent stress/trauma, and the level of cooperation of the student.

\_\_\_\_\_ Page the Counselor on Call (757-820-5953) to report the situation and follow his or her directions regarding the next steps to be taken. If the student is uncooperative or antagonistic, report this to the Counselor on Call who will consult with the Dean of Students. Either the Counselor on Call or the Dean of Students will then communicate specific directions.

**In all cases, note the following:**

- Under no circumstances should you contact the student's parents or legal guardians. When appropriate, staff from the Health Center or the Dean of Students will make this contact.
- Report the incident to GINGER AMBLER (office: 757-221-1236, home: 757-220-3297, cell: 757-254-8611) and then TRISH VOLP (office: 757-221-2510, home: 757-564-9122).
- Insure that an Incident Report is completed with Dave Gilbert (757-221-2510) within 24 hours of the incident and submit a copy to the Dean of Students Office.
- Before being allowed to return to class or residence, any student entered under the Medical and Emotional Emergency Protocol will undergo an assessment. Resumption of normal activities by the student will be dependent upon the result of the assessment. (*Assessment may be completed over the phone with the Counseling Center or it may require a session with local agencies or a trip to campus, as deemed necessary by the Dean of Students and/or the Counseling Center.*)
- Determine the effect this incident has had on other students. As soon as possible, arrange with CA and local agencies for individual and group counseling.

# “W&M in Washington” Checklist For RA

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**The procedure starts with the initial awareness that a student may have caused harm, is talking about harm, to self or is under severe psychological distress, e.g. bizarre, erratic, irrational, and/or disruptive behavior. There are two possible pathways – substantial likelihood of danger and unclear situations.**

## Substantial likelihood of danger

*Situations where you believe there is substantial likelihood of danger include the following:*

- The student has inflicted harm to self that a reasonable person would regard as serious.
- The student is believed to have ingested substance(s) the amount and effect of which is uncertain.
- The student has threatened harm to self and has been using any alcohol/drugs.
- The extent of self-injury is unknown and the student is unresponsive to stimuli.

*In situations where there is substantial likelihood of danger you must do the following:*

- Call 911. This will connect you with the Washington Metropolitan Police.
- Identify yourself and explain the nature of the situation and location of the student in danger.
- Use your phone list to call the Program Director to tell them what has happened. (If they are unavailable, call the Program Assistant or Director of the DC Office.)
- Have someone remain with the student at all times. Apply immediate first aid to the limit of your ability as is appropriate to the situation.
- If the student is uncooperative or antagonistic, the student should be informed that he or she will be required to go in the ambulance to the nearest hospital.

## Unclear Situations

Situations where substantial likelihood of danger is unclear might include:

- Suicide gestures or threats where substantial likelihood of danger is unclear,
- Evidence of recent self-inflicted superficial scratches or cuts,
- Statements of an intention to harm oneself and/or others.

- Severe psychological distress, e.g., bizarre, erratic, irrational, and/or disruptive behavior.

In situations where substantial likelihood of danger is unclear, or a suicide gesture or threat has occurred, you must do the following:

- Call the Program Director. (If unavailable, call the Program Assistant or Director of the DC Office.)
- If no one is reachable, page the Counselor on-call on campus by calling campus police (757-221-4596).
  - Tell them you are calling from W&M in Washington, that it is an emergency, and that you need to speak with the Counselor on-call. You will receive further directions from the professional staff member as to the appropriate next steps to take.
- File an Incident Report with the Program Director within 24 hours of the incident.

### *Other Important Points*

- In a situation where the student is uncooperative or antagonistic and there is no substantial likelihood of danger, you should communicate this to the professional staff member. You will be given further instructions about how to proceed.
- Under no circumstances should you contact the student's parents or legal guardians. When appropriate, a professional member of the Student Affairs staff will make this contact.
- Before being allowed to return to class or the residence, any student entered under the Medical and Emotional Emergency Protocol will undergo an assessment. Resumption of normal activities by the student will be dependent upon the result of the assessment. Notification that the student has permission to return to the residence halls will be communicated to you through the Program Director.

# Medical/Emotional Emergency Policy Disclosure Statement

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You have been assessed to meet criteria for the College's Medical and Emotional Emergency Policy, and are therefore being admitted to the Student Health Center as recommended by the attending physician from the Health Center and a staff counselor from the Counseling Center. This policy is implemented when a student attempts suicide, makes a threat or gesture of suicide, or harm to others, has made attempt to harm him/herself, or display severe psychological distress (William and Mary Student Handbook). It is important that you know the following:

- Noncompliance with this policy and procedure may result in student conduct action.
- A psychiatrist may be called in for consultation, at the discretion of the physician and staff psychologist.
- The information about your medical/emotional crisis will be communicated to the Dean of Students.
- While here you will be required to change into hospital scrubs. All your belongings will be locked for safekeeping. These rules will be enforced until the time you are discharged from the Health Center.
- You will be placed in a room close to the nursing station (front desk). The door to this room will remain open unless there is an attendant in the room. You may not have any guests.
- An attendant will be with you at all times. The attendant will remain in the room with you, or at the front desk, depending upon the circumstances.
- The attending physician will notify your parents or legal guardians. Only the Dean of Students or her designee can grant exceptions to this policy.
- You must remain at the Student Health Center until the assessment is completed and you are deemed by the assessment team as medically/emotionally stable to leave. If the assessment team deems you to be at risk to leave, you must remain at the Health Center until you are released to the care of a responsible party (usually a parent or legal guardian). We are unable to staff the Health Center for more than 24 hours. If it is anticipated you will require a stay longer than 24 hours, the physician will facilitate arranging for your hospitalization.
- You will not be permitted to return to residence and the campus, including but not limited to classes and campus activities, until the Dean of Students makes a final decision, upon appropriate medical recommendations, regarding your clearance.
- If this is deemed to be an immediate life threatening situation you will be taken by rescue squad to the Williamsburg Community Hospital Emergency Room. In such a case, confidentiality is automatically waived, and the physician or the Dean of Students will notify your parents or legal guardians.

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My signature acknowledges that I have read this statement.

\_\_\_\_\_  
Print Name ID#

\_\_\_\_\_  
Signature of Student Date Time

\_\_\_\_\_  
Print Name Date Time

\_\_\_\_\_  
Signature of Witness

# Expectations During Medical Leave of Absence for Further Assessment

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You have been assessed to meet criteria for the College's Medical and Emotional Emergency Policy. Based on this assessment, you have been instructed to take a medical leave for a more intensive and comprehensive psychiatric/psychological evaluation and clarification of a treatment plan. There are certain expectations that must be met in order to be medically cleared to return to the campus community.

- During your time away, the Dean of Students Office will notify your professors that you are away for valid medical reasons and will request their support and consideration.
- You cannot attend classes or activities or return to a residence hall until you have been medically cleared.
- You will provide a written release of information for all professionals who are involved in the determination of a treatment plan and readiness to return. Open communication is required between the professionals who are doing the assessment off-site and the physician and counselor from the College before a final evaluation has been made about treatment and readiness to return.
- There is an expectation that the assessment, evaluation, and treatment planning will be conducted on an intensive basis during your time away. It is not sufficient to have one clinical session with the intention of getting supportive documentation that you are ready to return to campus. Generally, we have found that this process usually takes a minimum of 10-14 days.
- There must be written documentation that thoroughly addresses a comprehensive treatment plan, a description of the assessment information that went into that plan, and recommendations for implementation of that plan if the evaluation is supportive of you returning to campus.
- Medical clearance requires a meeting at the Student Health Center with representatives from the Dean of Students Office, the Counseling Center and the Student Health Center. The final decision of whether you are medically cleared to return to campus is made by the Dean of Students.
- If given clearance to return, you will be expected to comply with all treatment recommendations that are a part of your clearance process. These recommendations will be provided in the form of a written contract. Non-compliance may result in student conduct action.

### *Contact Information*

Dean of Students Office	221-2510
Student Health Center	221-4386
Counseling Center	221-3620