

Emergency Protocol
for Hall Resident Assistants

Examples of when to call Campus Safety & the RD/RLC duty phone:

- Student death
- Situation is or was life threatening
- Medical emergency (ambulance needed)
- Significant damage or potential damage to a building
- Fire
- Fight or physical assault
- Sexual assault
- Suicide attempt or gesture
- Gas leak
- Situation where building may need to be evacuated
- Mental health emergency/crisis
- Drugs
- Police or ambulance at building
- Significant vandalism
- Intoxicated student that engages in behaviors that draw attention to him/herself (i.e., violation of other college policies, vandalism, vomiting, etc.)

Examples of when to call Campus Safety:

- After hours facility emergency
- Power outage (not a fuse)

Examples of when to call the RD/RLC duty phone:

- Situation could be in the local or college newspapers and/or picked up by the media
- Policy violations where you need assistance
- Situation where you need advice to handle a confusing or tense situation
- Missing student



Emergency Protocol for Cottage Resident Assistants

Examples of when to call Campus Safety & the RD duty phone:

- Student death
- Situation is or was life threatening
- Medical emergency (ambulance needed)
- Significant damage or potential damage to a building
- Fire
- Fight or physical assault
- Sexual assault
- Suicide attempt or gesture
- Gas leak
- Situation where building may need to be evacuated
- Mental health emergency/crisis
- Drugs
- Police or ambulance at building
- Significant vandalism
- Intoxicated student that engages in behaviors that draw attention to him/herself (i.e., violation of other college policies, vandalism, vomiting, etc.)

Examples of when to call the NC/AC duty phone:

- Situation could be in the local or college newspapers and/or picked up by the media
- Policy violations where you need assistance
- Situation where you need advice to handle a confusing or tense situation
- Missing student

Examples of when to call Campus Safety:

- After hours facility emergency
- Power outage (not a fuse)



Confrontation

Confrontation is something you are certainly going to face as an RA. It is part of the job that you must be prepared for and ready to handle.

When you suspect a policy violation...

Make sure that you have a plan before you begin the confrontation. Take paper and a pencil with you, and get ready to ask direct, straightforward questions. NEVER be afraid to find someone to go with you to confront the situation (another RA, your RLC/RD/NC, the RLC/RD/NC on duty, or Campus Safety). If you know for sure that drugs or alcohol are in the room, or if you have a good suspicion, it is a good idea to ask someone to go with you to confront the situation.

Start by knocking on the door of the room you are confronting. Introduce yourself and why you are there. If the people in the room do not let you in, call for back-up if you do not already have back-up. If you are not let in to the room on your first try, knock again and say that you are going to come in. Call you RD or the RD on duty if the residents will not answer the door or let you into the room.

When you are in the room, keep yourself in front of the door, so no one can leave the room. Keep a positive attitude—remember not to judge the person you are confronting. Never apologize for the confrontation and do not take the blame for the situation. Explain the policy and make sure that everyone understands it. Let the people in the room know that you are going to document the situation.

Be assertive. Respect others, but make your point clearly and effectively. Do not be too timid or try to verbally attack the people you are confronting. Nonverbal cues matter, too. Make sure your voice is clear, using a serious tone that is not aggressive. Make eye contact, and use open body language without invading the personal space of those you are confronting. Use good listening skills and make sure the conversation stays focused. Repeat what the other person says so he or she will know you are listening. Make your point directly, and do not let the other people in the conversation change the subject. Repeat your point if necessary. Never say that a certain consequence will happen—if it does not happen, the person you were speaking to will not take you seriously next time you speak with him or her. It is better to say “may” rather than “will.” Remember that the other person is watching your behavior as much as you are watching his or hers. Watch your language and make sure your behavior is appropriate. Always remember to be respectful.

When you are confronting the situation, make sure you ask for the IDs of everyone in the room. When you are writing an documentation form, you will want to know the day, date, time, room location, and names, ID numbers, and addresses of everyone there.

Adapted from: Assertiveness and Confrontation, Reslife.net. Confrontation: It's All About the Attitude, by Irene Kenny, Reslife.net, and How do we confront? Is it really a skill? by Phil Amoa, Reslife.net.



Helpful Hints for Writing a Documentation Form

- The purpose/intent of the documentation form is to create a snapshot of the incident.
- Be as clear as possible in your writing. Remember that the documentation form may be used as part of a judicial proceeding. Should this happen, the judicial hearing officer/members of the hearing board was/were not present, so they are relying on the clarity of your report.
 - If used as part of a judicial proceeding, the persons listed will have the opportunity to review the form.
- Be objective. Just the facts.
- Be as detailed as possible. It is better to have more information than not enough information.
- Avoid judgmental or accusatory words.
- Record the names of all people involved in the incident, including non-Hope students.
- If necessary, write down what residents said to you. Use quotation marks if it is a direct quote.
- Make sure that you include the correct time and date of the incident. This is especially important when confronting visitation hours. For example, if you are on duty Friday night, September 18th, and confront a situation at 2:30am, the date on the report should be Saturday, September 19th.
- Use the third person. (Avoid him, her, them, us, etc). For example, write RA John Adams approached the room of Ryan Smith, Phelps room 245. This will avoid confusion, especially if there are multiple parties involved in the documentation.
- Be as detailed as possible. Write the documentation form in sequential order. Avoid backtracking when you write. Sometimes it helps to write a rough draft before writing the actual form.
- Write the detailed description (as well as other parts if you are concerned about spelling or grammatical errors) in a word processing program, spell and grammar check it, then copy and paste it into the online documentation form.
- Do not give residents false information. If you don't know what will happen, or are unsure, say so. Encourage students with questions regarding the use of the documentation form or the judicial process to contact Dr. John Jobson, Associate Dean of Students.

Addressing Situations Involving Students Suspected of Using Alcohol or Other Drugs

A protocol for Residential Life staff and Campus Safety officers

Purpose: To establish a consistent response to potentially dangerous and/or illegal student behaviors involving the use of intoxicating substances that balances care for the student and ensures community safety.

Important Factors to Consider: Hope College seeks to ensure that students who have consumed alcohol and/or other drugs return to on-campus housing independent of the

amount



that they consumed and their age. Returning to campus provides an environment with additional resources to ensure their safety (e.g., Residential Life staff, other students who have not been drinking, Campus Safety officers).

Students are reluctant to get their peers ‘in trouble’ and consequently may be reluctant to alert College officials of potentially dangerous situations involving substance use. Should the institutional response to substance use-related situations be perceived as ‘getting in trouble’ the number of students who either elect not to return to on-campus housing or peers ‘covering for’ students who are in distress likely will increase. Either of these scenarios is ultimately counter to our collective desire to ensure and enhance the safety of the community.

With the above consideration in mind, it is important that Residential Life staff and Campus Safety officers interact with students who are involved in situations in a manner that reflects both genuine care as well as concern for the welfare of a person who is potentially experiencing an acute medical crisis.

If point of contact is Residential Life staff: Students who are suspected of being under the influence of alcohol or other drugs but do not engage in behaviors that draw attention to themselves should be monitored and result in the staff member who notices the student completing a documentation form. However, formal judicial action likely will not result. Instead, the documentation form will be used to inform the student’s RD/RLC or another staff member who will engage the student in a caring and educational conversation at a later date. Additionally, submitting the documentation form allows for identifying potentially negative trends in individual student behavior. The earlier these trends are identified, the greater the opportunity for students and staff to educationally correct the behavior.

Should the student engage in one or more behaviors that ‘call attention to themselves’, please contact the Hope College Call Center (Call Center). Behaviors that ‘call attention to themselves’ may include:

- Violation of other campus policies (e.g., assault, behaviors that demonstrate a lack of respect for others, public urination, etc.)
- Vandalism and/or destruction of property
- Vomiting

If point of contact is Call Center: The RD Duty Phone should be contacted and Campus Safety officers should be dispatched to the situation.

Addressing the situation: The first staff member (either the RLC/RD or Campus Safety officers) to arrive should ‘triage’ the situation. This should include assessing for life threatening medical situations (e.g., Airway, Breathing, and Circulation) and talking to witnesses.

Upon the arrival of other staff members (e.g., RLC/RD if the first on scene is Campus Safety) and completion of initial ‘triage’, Campus Safety officers and the RLC/RD should have a brief conversation to ensure a common understanding of the pertinent issues. This conversation should include any previous interactions with the person suspected of being intoxicated (the subject).

If the subject is unconscious and difficult to awaken, the Call Center should be asked to contact Emergency Medical Services (EMS) immediately. If the subject is conscious and able to speak and sit up on their own, Campus Safety and the RLC/RD will assess the subject as follows:

- Ask them their name
- Ask them where they are
- Ask them the approximate time



- Ask them the day of the week
- Ask them what they had to drink and how much they had to drink
- Ask them where they were drinking
- Ask them if they want to go to the hospital
- Perform a Preliminary Breath Test (PBT)

The Call Center should be asked to contact EMS if the subject has a PBT of .16 or higher and/or fails to adequately respond to questions. If either the RLC/RD or Campus Safety officers doubt the subject's need for a medical assessment, the Call Center should be asked to request EMS.

If the subject is not transported to the hospital: If the assessment of the subject by Campus Safety and the RLC/RD or the assessment by EMS does not warrant the transport of the subject to the hospital, a Hope student (will not be an RA or other Residential Life staff member) will be asked to sign a form indicating their agreement to periodically check on the subject. The student will be also provided with a pamphlet that outlines basic information regarding care for an intoxicated person (e.g., warning signs of alcohol poisoning) and encouraged to contact either Campus Safety or Residential Life if they have any concerns about the subject.

If the subject is transported to the hospital: The RLC/RD should accompany the subject if transported to the hospital by EMS (the RLC/RD may use their personal vehicle or ride in the ambulance and arrange for transportation back to campus by Campus Safety). The RLC/RD should remain at the hospital until the subject is stabilized and conscious, acquaintances of the subject arrive, or the Duty Phone necessitates their presence at another incident.

