

Annual Campus Security Report 2015

Summary

For the purpose of reporting federal financial aid and campus security information, Centra College of Nursing and Centra School of Practical Nursing are referenced jointly as Centra College of Nursing. Both schools are housed in the same facility and are both divisions of the same parent organization.

Annual crime figures reported to the federal government by the Financial Aid Office and the Hospital Security Department show no changes on campus from 2012 to 2014.

Colleges are required under the Clery Act, also known as the federal Campus Security Act of 1990, to gather and publish year-end crime statistics and distribute them to students and employee, with an explanation of campus security policies. The figures for the prior three years are posted each fall on the U.S. Department of Education web site.

The Annual Security Report is prepared each year by the Coordinator, Financial Aid/Enrollment with statistics submitted by the Centra Security Department and in cooperation with the Dean. The report will be posted on the school's website and on the student information website (Moodle) by October 1 each year. In addition, current students and staff will be notified by email when the report is available online and that they may request a paper copy from the Financial Aid Office.

During this three-year period, there were no criminal offenses and no hate crimes reported on campus, or on adjacent public property. There were no arrests reported in this period.

For a complete listing of Centra College of Nursing's crime figures, access the Education Department web site at <http://ope.ed.gov/security>. This website may still list the school as Lynchburg General Hospital School of Nursing.

Change in Name and Location

As of June 1, 2013, the school was officially renamed Centra College of Nursing and relocated to:

905 Lakeside Dr., Suite A
Lynchburg, VA 24501

Emergency Phone Numbers

Security for the College is provided by the Centra Health Security Department located at Lynchburg General Hospital. Although officers make regular rounds through the school property, there is no dedicated on-site security. Hospital security officers are all classified as Conservators of the Peace with full arrest powers.

Students, employees, and visitors are encouraged to immediately report any criminal offense, suspected criminal activity, or other emergency directly to the Hospital Security Department by calling one of the below-listed phone numbers. These incidents should also be reported to the Dean's Office at the College.

The College of Nursing does not currently have the ability for confidential reporting (no pastoral or professional counselor).

The Security Department's procedures require an immediate response to emergency calls. Priority response is given to crimes against persons and personal injuries. The Security Department works closely with the Lynchburg Police Department in all matters relating to criminal activity.

Lynchburg General Hospital Security Office	200-3255
Pager, Second Shift Supervisor	#2-0912
Pager, First Officer, LGH	#2-0395
Pager, Second Officer, LGH	#2-0396

Campus Security and Fire Safety Report

The College is committed to assisting all members of the school including students, faculty and staff in providing for their own safety and security. Since the school is directly related to Centra Health, the Annual Safety Report including Fire Safety is available on the Centra Safety and Emergency Preparedness web page found on Centra's intranet site *CentraPeople*.

The website and report contain information regarding safety issues and personal safety including topics such as: crime prevention, fire safety, Special Conservators of the Peace law enforcement authority, crime reporting policies, and other matters of importance related to safety and security including evacuation and emergency notification and response procedures.

Emergency Response Plan: Emergency Notification

Centra College of Nursing, in compliance with the Clery Act, recognizes the importance of maintaining an integrated emergency response plan to insure the safety and wellbeing of faculty, students, staff, and visitors in the event of an emergency. While the college will have little control of some hazards that could impact them (plane crash, industrial accident, weather related events, etc.) there are actions that can be taken to reduce the impact of such events. In order to effectively develop a viable response of local/regional emergency management personnel, hospital/medical staff, mental health and local government representatives.

The Clery Act requires institutions to immediately notify the campus community upon confirmation of a significant emergency or dangerous situation involving an immediate or impending threat to the health or safety of students or employees occurring on the campus. This notification is referred to as a Timely Warning and is warranted if any of the following Clery Act defined crimes have occurred or are currently occurring: murder, manslaughter, sex offenses, robbery, aggravated assault, burglary, motor vehicle theft, or arson. College faculty, staff, and administration have received Clery training, and constantly monitor conditions on campus of mechanical, natural, and human concerns. Lynchburg Police Department (LPD) and Centra Security also monitor the campus. All of these personnel are prepared to report any safety and security concerns immediately to ensure appropriate safety and security measures can be put into place without delay. First responders to the scene in the event of an emergency are typically Lynchburg Police Department and Lynchburg Fire Department. Depending on the nature of the incident, other Centra departments and other local or federal agencies could also be involved in responding to the incident.

In the event of emergency, appropriate notification will be made based on the nature of the emergency. Confirmation of an emergency will be made by the dean or designee and may involve consultation with other agencies as needed. Upon confirmation that a legitimate emergency or dangerous situation exists, the dean, or designee will determine who to notify and the content of the notification and then initiate the notification, unless notification will, in the professional judgment of responsible authorities, compromise efforts to assist victims or to contain, respond to, or otherwise mitigate the emergency. Should the need to disseminate information about a significant emergency to the larger community become necessary, the LPD would be alerted.

Upon recognition of an emergency situation, the college building will be secured and students and employees will be directed to a safe location. If the Crisis Alert is due to an intruder or Lynchburg Police Department area search, College Administration, Centra Security, or LPD will be responsible for locking down the college building.

Guidelines for a Crisis Alert:

Safety in your Classrooms, Labs, and Offices

If you are informed of the Crisis Alert, protect yourself!

If the Crisis Alert is due to severe weather or tornado warning:

- If you are outside, seek cover in the closest building.
- Stay in your classroom, room, or office if it is in the interior of the building
OR Go to an interior hallway of the building
OR Go to the lowest level possible
- Stay away from windows, glass doors, and glass walls
- Monitor the Web and your e-mail for updates and instructions
- Call 911 *immediately* or the College of Nursing office if you have any information about damage or injuries
- Stay in your area until you receive the "all clear" message from the College of Nursing office, *Centra Security*, or *emergency worker*

If the Crisis Alert is due to an intruder: (or if an intruder has been observed)

- Go to the closest classroom, room, or office and stay there
- Shut the door and lock it, if possible
AND If possible, place a desk or chair in front of the door
AND If possible, wedge a shoe or belt under the door to prevent it from opening
- Turn off the lights
- Keep yourself and others in the room as quiet as possible
AND Switch cell phones to vibrate
AND Mute all computers, projectors, CD players, and other machines
- Stay away from windows, glass doors, and glass walls
- Monitor the Web and your e-mail for updates and instructions
- Call 911 *immediately* or College of Nursing office if you have any information about damage or injuries
- Stay in your area until you receive the "all clear" message from the College of Nursing office, *Centra Security*, or *emergency worker*

Shelter-in-Place

If an event occurs and the building becomes unstable, or if the air outdoors becomes dangerous due to toxic or irritating substances, it is usually safer to stay indoors, because leaving the area may expose you to that danger. Therefore, we practice the "shelter-in-place" philosophy which means to use the building as a

shelter. With minor changes, the building can be made even safer and more comfortable until it is safe to go outside.

The basic steps of "shelter-in-place" will generally remain the same. Should the need ever arise, follow these steps, unless instructed otherwise by local emergency personnel:

- 1) If you are inside, stay where you are. Collect any emergency shelter-in-place supplies and a telephone to be used in case of emergency. If you are outdoors, proceed into the closest building on the hospital campus quickly or follow instructions from emergency personnel on the scene.
- 2) Locate a room to shelter inside. It should be an interior room; above ground level; and without windows or with the least number of windows. If there is a large group of people inside a particular building, several rooms may be necessary.
- 3) Shut and lock all windows (tighter seal) and close exterior doors.
- 4) Turn off air conditioners, heaters, and fans.
- 5) Close vents to ventilation systems as you are able. (Engineering staff will turn off the ventilation as quickly as possible.)
- 6) Make a list of the people with you and ask someone (hospital staff, faculty, or other staff) to call the list in to hospital Security so they know where you are sheltering. If only students are present, one of the students should call in the list.
- 7) Turn on a radio or TV and listen for further instructions.
- 8) Make yourself comfortable.

In the event of an emergency, the campus community will be notified by some, or all of the following: text message via the "SEND WORD" system, email messages, MOODLE message, public address system in building, and/or notices posted on entry/exit doors. Students will register in the "SEND WORD" system during student orientation, and should take responsibility for keeping the appropriate information registered with the college in order to receive these messages.

College Administration is responsible for issuing an "all clear" message when the situation is no longer deemed to be a threat to the health or safety of students, employees and/or guests of the college.

The emergency plan will be publicized in the student and faculty handbooks and available on MOODLE. All members of the college community are notified on an annual basis that they are required to notify 911 or any situation or incident on campus that involves a significant emergency or dangerous situation that may involve an immediate or ongoing threat to the health and safety of students and/or employees on campus.

Evacuation plans will be posted in all buildings and students, faculty, and staff will be oriented to these plans annually.

The emergency notification system will be tested at least once per calendar year, will be scheduled, contain drills and exercises involving coordination of first responders, and be designed to assess emergency plans and capabilities. Documentation, including description of the test, date of test, time the test started and ended, and whether it was announced or unannounced, will be included in annual report, and maintained for seven years in accordance with Clery regulations.

Students, faculty, staff, and guests of Centra College of Nursing are encouraged to call 911 to report emergency, suspicious, or criminal activity on campus. There are also emergency phones located in the parking lot. These telephones will automatically connect to the Emergency 911 system. Upon pushing the button for the emergency, the telephone will automatically connect to 911, a blue light will flash overhead, and camera documentation of the area surrounding the telephone will begin.

Victims of, or witnesses to any criminal activity may report an incident by calling 911. If this is not possible for some reason, the crime should be reported to one of the following: College Administration, school nurse, or to a faculty or staff member with whom the student is comfortable discussing the crime. The Administrative department will investigate every crime and request assistance from other state and local law enforcement agencies when needed.

Confidential Reporting Procedures

If a student is the victim of a crime and does not want to pursue action within the school's system or the criminal justice system, he/she may still want to consider making a confidential report. With the victim's permission, the Hospital Security Department can file a report on the details of the incident without revealing the victim's identity. The purpose of a confidential report is to comply with the victim's wish to keep the matter confidential, while taking steps to ensure the future safety of the student and others. Reports filed in this manner are only counted and disclosed in the annual crime statistics for the institution.

Anonymous Tips

Students, faculty, staff, or visitors can also report crime tips anonymously by contacting the Hospital Security Department or Lynchburg CrimeStoppers at 1-888-798-5900.

Access to Facilities

Students are to enter and leave the school by the front door at all times. The fire exits are not to be used except in the case of a fire or a fire drill.

The front door to the Centra College of Nursing Building will be locked from 4:30 p.m. until 7:30 a.m. Monday through Friday and from 4:30 p.m. on Friday until 7:30 a.m. on Monday.

Alcoholic Beverages

Students are expected to conform to the laws of the Commonwealth of Virginia in relation to possession and consumption of alcoholic beverages. In summary, these prohibit:

- A. Possession, use or purchase of liquor or wine by persons under 21 years of age.
- B. Consumption of alcoholic beverages in unlicensed public places.
- C. Sale or advertisement of sale of alcoholic beverages without a license.
- D. Public drunkenness.
- E. Providing beer, alcohol, or wine to an underage person.

CENTRA HEALTH HAS THE FOLLOWING POLICY: NO ALCOHOLIC BEVERAGES ARE ALLOWED ON THE PREMISES

Alcohol abuse differs from alcoholism in that it does not include an extremely strong craving for alcohol loss of control over drinking, or physical dependence. Alcohol abuse is defined as a pattern of drinking that results in one or more of the following situations within a 12-month period:

- 1) Failure to fulfill major work, school, or home responsibilities;
- 2) Drinking in situations that are physically dangerous, such as while driving a car or operating machinery;
- 3) Having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk; and
- 4) Continued drinking despite having ongoing relationship problems that are caused or worsened by the drinking.

Although alcohol abuse is basically different from alcoholism, many effects of alcohol abuse are also experienced by alcoholics.

What are the Signs of a Problem?

How can you tell whether you may have a drinking problem? Answering the following four questions can help you find out:

- 1) Have you ever felt you should cut down on your drinking?
- 2) Have people annoyed you by criticizing your drinking?
- 3) Have you ever felt bad or guilty about your drinking?
- 4) Have you ever had a drink first thing in the morning (as an "eye opener") to steady your nerves or get rid of a hangover?

One "yes" answer suggests a possible alcohol problem. If you answered "yes" to more than one question, it is highly likely that a problem exists. In either case, it is important that you see your doctor or other health care provider right away to discuss your answers to these questions. He or she can help you determine whether you have a drinking problem and, if so, recommend the best course of action.

Even if you answered "no" to all of the above questions, if you encounter drinking-related problems with your job, relationships, health, or the law, you should seek professional help. The effects of alcohol abuse can be extremely serious – even fatal – both to you and to others.

Alcoholism: Getting the Facts

For many people, the facts about alcoholism are not clear. What is alcoholism exactly? How does it differ from alcohol abuse? When should a person seek help for a problem related to his or her drinking?

A Widespread Problem:

For most people who drink, alcohol is a pleasant accompaniment to social activities. Moderate alcohol use – up to two drinks per day for men and one drink per day for women and older people – is not harmful for most adults. (A standard drink is one 12-ounce bottle or can of either beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounce of 80-proof distilled spirits). Nonetheless, a large number of people get into serious trouble because of their drinking. Currently nearly 14 million Americans – 1 in every 13 adults – abuse alcohol or are alcoholic. Several million more adults engage in risky drinking that could lead to alcohol problems. These patterns include binge drinking and heavy drinking on a regular basis. In addition, 53 percent of men and women in the United States report that one or more of their close relatives have a drinking problem.

The consequences of alcohol misuse are serious – in many cases, life threatening. Heavy drinking can increase the risk for certain cancers, especially those of the liver, esophagus, throat, and larynx (voice box). Heavy drinking can also cause

liver cirrhosis, immune system problems, brain damage, and harm to the fetus during pregnancy. In addition, drinking increases the risk of death from automobile crashes as well as recreational and on-the-job injuries. Furthermore, both homicides and suicides are more likely to be committed by persons who have been drinking. In purely economic terms, alcohol-related problems cost society approximately \$185 billion per year. In human terms, the costs cannot be calculated.

What is Alcoholism?

Alcoholism, also known as “alcohol dependence,” is a disease that includes four symptoms:

- 1) Craving: A strong need, or compulsion, to drink
- 2) Loss of control: The inability to limit one’s drinking on any given occasion
- 3) Physical dependence: Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, occur when alcohol use is stopped after a period of heavy drinking
- 4) Tolerance: The need to drink greater amounts of alcohol in order to “get high”

People who are not alcoholic sometimes do not understand why an alcoholic can’t just “use a little willpower” to stop drinking. However, alcoholism has little to do with willpower. Alcoholics are in the grip of a powerful “craving,” or uncontrollable need, for alcohol that overrides their ability to stop drinking. This need can be as strong as the need for food or water.

Although some people are able to recover from alcoholism without help, the majority of alcoholics need assistance. With treatment and support, many individuals are able to stop drinking and rebuild their lives.

Many people wonder why some individuals can use alcohol without problems but others cannot. One important reason has to do with genetics. Scientists have found that having an alcoholic family member makes it more likely that if you choose to drink you too may develop alcoholism. Genes, however, are not the whole story. In fact, scientists now believe that certain factors in a person’s environment influence whether a person with a genetic risk for alcoholism ever develops the disease. A person’s risk for developing alcoholism can increase based on the person’s environment, including where and how he or she lives; family, friends, and culture; peer pressure; and even how easy it is to get alcohol.

National Institute on Alcohol Abuse & Alcoholism (NIAA), July 2007.

<http://www.collegedrinkprevention.gov>

Illegal Drugs

Philosophy

The unauthorized use, possession, distribution, or sale of drugs are serious offenses under both Federal and State law. Centra College of Nursing upholds these laws and will not interfere with the legal prosecution of any member of the college community who violates them. The college is also supportive of considerable medical evidence that the use of drugs, except under medical supervision, may induce physical and emotional dependence, and that such use may be dangerously harmful to the user as well as seriously jeopardizing performance in the school environment. In light of these facts, the college will not tolerate the possession, sale, or use of narcotics and hallucinogenic drugs, or other controlled drugs or specific substances used for their drugging effects except when prescribed by a physician, and assures violators of this policy that they will face appropriate disciplinary action which may include suspension or dismissal from the college.

Policy/Procedure:

The following policies and/or procedures relate to the use of controlled or specific substances used for their drugging effects:

- A. The College of Nursing reserves the right to refer an individual for screening for substance abuse should a faculty member have cause to question that a student is under the influence of drugs or alcohol. The following behaviors are a basis for such screening: slurred speech, inappropriate behavior such as loud or violent, lack of coordination and/or manual dexterity, alcohol odors on breath, drowsiness or sleepiness.
- B. Any student who has factual evidence that another student is abusing drugs must report this immediately to the Dean, Assistant Dean, Admissions and Student Affairs, or a faculty member. The student should try to have another witness to the evidence.
- C. The faculty member making the initial assessment will notify the Dean and the Student Health Nurse immediately.
- D. The individual will be required to sign a statement that he/she agrees to be tested for drugs and/or alcohol. Failure to comply will result in immediate dismissal from the College of Nursing.

- E. The student(s) so accused will be requested to meet with the Dean to review the evidence. If the student tests positive, he/she will be dismissed from the College of Nursing. The facts will be documented, signed by the student and the Dean and placed in the student's file. Depending on the evidence and extent of the problem, action will be taken as to the individual's future in the College community. Care will be taken to preserve the rights of the accused.

Health Risks

The health risks associated with the use of illicit drugs and the abuse of alcohol are many and varied. These substances can cause physiological as well as psychological changes in the individual who consumes them. Addiction is a disease process with physical, social, and emotional implications. The Virginia Nurses' Association has established a Peer Assistance for Chemically Dependent Nurses (PACDN) Committee. The Fact Sheet compiled by that committee follows:

Fact Sheet Chemical Dependency and Nurses

This fact sheet was compiled by the Peer Assistance for Chemically Dependent Nurses (PACDN) Committee of the Virginia Nurses' Association:

PACDN Philosophical Beliefs -

- Addiction is a disease process with physical, social, and emotional aspects.
- There is hope in the treatment of the chemical dependent nurse.
- No nurse should lose job or license, until they have had opportunity for care.
 - A profession has a responsibility to regulate and control its own members and professional practice through assuring an advocacy role for impaired nurses by providing a network of supportive peers.

Are you aware that chemical dependency is an occupational hazard among nurses?
Occupational risk factors and myths:

1. High stress work environment.
2. Personal expectations - a nurse views herself as the giver not the receiver.
3. Easy access to medications.
4. Knowledge of drugs - pharmacological optimism.
5. Absence of education regarding addiction.
6. Peer protection.
7. Myth of immunity, "I'm a Nurse."

8. Myth of perfection, "I can control my behavior because I am a professional."
9. Myth of isolation, "This problem is mine and I can handle it alone."
10. Myth of entitlement, "My use of alcohol or any other drug is my right as an individual."

Incidence

Estimate - one in seven nurses will abuse and of these, one of five will develop the disease of chemical addiction.

Profile of Nurses Developing Dependency on Mood Altering Substances

- Usually occurs in adult life, not adolescence.
- Initial use did not take place for "kicks."
- Likely to have a chemically dependent parent or grandparent.
- Chemical usage is solitary not social.
- Continue to feel responsible about work and to try to meet work requirements.
- Street crime not generally resorted to as a means of obtaining drugs.
- Histories usually negative for childhood or adolescent delinquency problems.
- Conventional life attitudes.
- Demanding of selves; tendency towards denying or ignoring tension, depression, boredom, unhappiness.
- Expresses more guilt about drug use than general population.
- Male nurses and critical care nurses are at higher risk.

Behavioral Indicators

- Irritability
- Withdrawal/Isolation
- Mood Swings
- Uncharacteristic behavior
- Use of Mood Altering Substances
- Mental Status Decrements
 - impaired memory, blackouts
 - Inaccurate recall of events
 - Concentration declines, cover-ups, use of breath fresheners, unseasonal wearing of long sleeves, denies behavior changes

Indicators for Administrators

- Absenteeism and tardiness
- Job shrinkage
- Errors increase - Quality of record keeping changes, med errors, (wastage, broken vials, lost pills), impaired judgment

- Drug diversion - vials altered, narcotic count incorrect, signs out more controlled drugs than others, volunteers to be medication nurse, leaves unit and returns in a euphoric mood
- Patient and family report problems
- Handwriting changes
- Frequent trips to bathroom

Criteria for choosing an appropriate chemical dependency treatment program for health care professionals:

The committee does not see the criteria as all-inclusive. However, considering the following program components may be helpful in selection.

- Licensed by the State
- JCAHO Approved
- Program philosophy endorsing total abstinence from mood-altering Substance after detoxification
- Staff specifically trained in chemical dependency
- Supportive of Alcoholics Anonymous/Narcotics Anonymous, Al-Anon
- Family of concerned persons program
- Structured aftercare
- Stresses education regarding chemical dependency
- Separate program from psychiatric or medical units
- Disease model with holistic approach
- Individual and group counseling
- Health professionals support group
- Aware of reporting policy to the State Board of Nursing

Recovering Nurses Issues of Concern

- Attitudes and reactions
- Significant others (supportive, enabling, angry)
- Sense of guilt and feelings of shame about drug use
- Commonality of devastating experiences, e.g., arrests in Hospitals
- Decisions by the Board of Nursing
- Returning to work, difficulty obtaining a job, working around narcotics
- Anonymity issues

FEDERAL RULES AND REGULATIONS

Each individual must be aware of the Federal Rules and Regulations associated with the illegal possession of a controlled substance.

Federal Penalties and Sanctions for illegal possession of a controlled substance as well as a listing of Controlled Substances - Uses and Effects follow:

Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance.

21 U.S.C. 844(a)

1st Conviction: Up to 1 year imprisonment and fined at least \$1,000, or both.

After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500, or both.

After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000.

Special sentencing provisions for possession of crack cocaine: mandatory at least 5 years in prison, not to exceed 20 years and fined at least \$1,000 if:

- a. 1st conviction and the amount of crack possessed exceeds (5) grams.
- b. 2nd crack conviction and the amount of crack possessed exceeds (3) grams.
- c. 3rd or subsequent crack conviction and the amount of crack possessed exceeds (1) gram.

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

Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment (see special sentencing provisions re: crack).

21 U.S.C. 881 (a)(4)

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

21 U.S.C. 862 a,b

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

18 U.S.C. 922(g)

Ineligible to receive or purchase a firearm.

Miscellaneous

Revocation of certain Federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies.

Note: These are only Federal penalties and sanctions.
Additional State penalties and sanctions may apply.

Retrieved from: www.usdoj.gov/dea/pubs.csa.html

Additional Federal trafficking penalties may be viewed at:
www.usdoj.gov/dea/agency/penalties.htm

According to Virginia Code 4.1-305, the laws of Virginia prohibit persons under the age of 21 years to consume, possess or purchase or attempt to consume, possess or purchase alcoholic beverages. The penalty for violation of this code is a mandatory minimum fine of \$500 or performance of 50 hours of community service, and suspension of driver's license for not less than six months or more than one year.

Sexual Assault Prevention and Support Services

Beginning with the 1993-1994 school year, a Sexual Assault Prevention program was begun and has continued. With the passage of the Violence Against Women Act, a PowerPoint presentation was recently developed in cooperation with the Rape Counseling Center and posted on Moodle. All students enrolled at the college are required to complete this program and take a short quiz related to the information contained therein. This program outlines procedures students should follow if sexually assaulted including whom to contact, the importance of preserving evidence, the availability of counseling services, and the disciplinary action for alleged sex offenses. Students are also provided with access to the Virginia State Police website concerning registered sex offenders (<http://sex-offender.vsp.virginia.gov>).

Guidelines or suggestions to follow after a rape or sexual assault:

- Get to a safe place as soon as you can.
- Try to preserve all physical evidence – Do not wash, use the toilet, or change clothing if you can avoid it. If you do change clothes, put all clothing you were wearing at the time of the attack in a paper, not plastic, bag

- Get medical attention as soon as possible to make sure you are physically well and to collect important evidence in the event you may later wish to take legal action
- Contact the hospital Security Department or Lynchburg Police Department. If needed, the school will assist the victim in contacting the appropriate authorities.
- Talk with a counselor who will maintain confidentiality, help explain your options, give you information, and provide emotional support. You can reach a counselor by calling the Sexual Assault Hotline at
- Contact someone you trust to be with you and support you

It is important to seek immediate and follow-up medical attention for several reasons: first, to assess and treat any physical injuries you may have sustained; second, to determine the risk of sexually transmitted diseases or pregnancy and take preventive measures; and third, to gather evidence that could aid criminal prosecution. Physical evidence should be collected immediately, ideally within the first 24 hours.

The College Administration is responsible for disciplinary procedures following a report of rape or sexual assault involving students. Both accuser and accused are entitled to have an advisor present at all hearings and proceedings. Both parties shall be informed of the outcome of any disciplinary hearing. Possible sanctions for being found responsible include, but are not limited to, expulsion, suspension, probation, counseling, and other sanctions as deemed appropriate.

All convicted sex offenders coming to or in Virginia, including students, are required to register with the local police department for inclusion in the Virginia Sex Offender Registry. This registry may be viewed locally at the Lynchburg Police Department or accessed directly on-line at <http://sex-offender.vsp.virginia.gov>.

Crime Statistics

Definition of Terms

Sex Offenses Definitions: As per the National Incident-Based Reporting System Edition of the Uniform Crime Reporting Program

Sex Offenses – Forcible: Any sexual act directed against another person, forcibly and/or against that person's will; or not forcibly or against the person's will where the victim is incapable of giving consent.

A. Forcible Rape

The carnal knowledge of a person, forcibly and/or against the person's will; or not forcibly or against the person's will where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity (or because of his/her youth).

B. Forcible Sodomy

Oral or anal sexual intercourse with another person, forcibly and/or against that person's will; or not forcibly against the persons' will where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

C. Sexual Assault with an Object

The use of an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, forcibly and/or against that person's will; or not forcibly or against the person's will where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

D. Forcible Fondling

The touching of the private body parts of another person for the purpose of sexual gratification, forcibly and/or against that person's will; or, not forcibly or against the person's will where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

E. Incest

Non-forcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

F. Statutory Rape

Non-forcible sexual intercourse with a person who is under the statutory age of consent.

G. 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.

H. Dating Violence

Violence committed by a person –

- 1) who is or has been in a social relationship of a romantic or intimate nature with the victim; and*
- 2) where the existence of such a relationship shall be determined based on a consideration of the following factors:*
 - a. the length of the relationship*

- b. *The type of relationship*
- c. *The frequency of interaction between the persons involved in the relationship*

I. Domestic Violence

Includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by 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.

Crime Definitions from the Uniform Crime Reporting Handbook

Aggravated Assault: An unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm. It is not necessary that injury result from an aggravated assault when a gun, knife, or other weapon is used which could or probably would result in a serious potential injury if the crime were successfully completed.

Arson: Any willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling, house, public building, motor vehicle or aircraft, personal property, etc.

Burglary: The unlawful entry of structure to commit a felony or a theft. For reporting purposes this definition includes: unlawful entry with intent to commit a larceny or a felony; breaking and entering with intent to commit a larceny; housebreaking; safecracking; and all attempts to commit any of the aforementioned.

Motor Vehicle Theft: The theft or attempted theft of a motor vehicle. (Classify as motor vehicle theft all cases where automobiles are taken by persons not having lawful access even though the vehicles are later abandoned – including joy riding).

Murder and Non-negligent Manslaughter: The willful (non-negligent) killing of one human being by another.

Manslaughter by Negligence: The killing of another person through gross negligence.

Robbery: The taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force, violence, and/or causing the victim fear.

Weapon Law Violations: The violation of laws or ordinances dealing with weapon offenses, regulatory in nature, such as: manufacture, sale, or possession of deadly weapons; carrying deadly weapons, concealed or openly; furnishing deadly weapons to minors; aliens possessing deadly weapons; all attempts to commit any of the aforementioned.

Drug Abuse Violations: Violations of state and local laws relating to the unlawful possession, sale, use, growing, manufacturing, and making of narcotic drugs. The relevant substances include: opium or cocaine and their derivatives (morphine, heroin, codeine); marijuana; synthetic narcotics (Demerol, methadones); and dangerous non-narcotic drugs (barbiturates, Benzedrine).

Liquor Law Violations: Violations of laws or ordinance prohibiting: the manufacture, sale, transporting, furnishing, possessing of intoxicating liquor; maintaining unlawful drinking places; bootlegging; operating a still; furnishing liquor to minor or intemperate person; using a vehicle for illegal transportation of liquor; drinking on a train or public conveyance; all attempts to commit any of the aforementioned.

Location Definitions from the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act

On-Campus: (1) Any building or property owned or controlled by an institution within the same reasonably contiguous geographic area and used by the institution in direct support of or in a manner related to the institution's educational purposes, including residence halls; and (2) any building or property that is within or reasonably contiguous to the area identified in paragraph (1), that is owned by the institution but controlled by another person, is frequently used by students and supports institutional purposes (such as a food or retail vendor).

Centra College of Nursing has no residence halls.

Non-Campus Building or Property: (1) Any building or property owned or controlled by a student organization that is officially recognized by the institution; or (2) 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.

Centra College of Nursing has no off-campus housing or student organization facilities. The school does not have satellite facilities located away from the main campus.

Public Property: All public property, including thoroughfares, streets, sidewalks, and parking facilities, that is within the campus or immediately adjacent to and accessible from the campus.

The attached tables reflect crime statistics mandated by the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" that have been compiled by the Lynchburg General Hospital Security Department. These tables include all reports made to the Security Department as well as officials of the School of Nursing. The Public Property portion of the tables reflects those statistics that the Lynchburg Police Department provided.

Crime Statistics Mandated by the Jeanne Clery Act

Note: All numbers listed include attempted as well as completed crimes

Criminal Offenses – On Campus

Offense Type (includes attempts)	2012	2013	2014
Murder & Non-negligent Manslaughter	0	0	0
Negligent Manslaughter	0	0	0
Forcible Sex Offenses	0	0	0
Non-Forcible Sex Offenses	0	0	0
Incest	0	0	0
Statutory Rape	0	0	0
Robbery	0	0	0
Aggravated Assault	0	0	0
Burglary	0	0	0
Motor Vehicle Theft	0	0	0
Arson	0	0	0
Domestic Violence	0	0	0
Stalking	0	0	0

Criminal Offenses – Public Property

Offense Type (includes attempts)	2012	2013	2014
Murder & Non-negligent Manslaughter	0	0	0
Negligent Manslaughter	0	0	0
Forcible Sex Offenses	0	0	0
Non-Forcible Sex Offenses	0	0	0
Incest	0	0	0
Statutory Rape	0	0	0
Robbery	0	0	0
Aggravated Assault	0	0	0
Burglary	0	0	0
Motor Vehicle Theft	0	0	0
Arson	0	0	0
Domestic Violence	0	0	0
Stalking	0	0	0

Hate Crimes – On Campus

Criminal offenses that manifest evidence of prejudice based on race, religion, sexual orientation, gender, disability or ethnicity.
Category of bias for crimes reported in 2014

Offense Type (includes attempts)	2014 Total	Race	Religion	Sexual Orientation	Gender	Disability	Ethnicity/ National Origin
Murder & Non-negligent Manslaughter	0	0	0	0	0	0	0
Negligent Manslaughter	0	0	0	0	0	0	0
Forcible Sex Offenses	0	0	0	0	0	0	0
Non-Forcible Sex Offenses	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0
Larceny/Theft	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0
Destruction/Damage/ Vandalism of Property	0	0	0	0	0	0	0
Domestic Violence	0	0	0	0	0	0	0
Stalking	0	0	0	0	0	0	0

**Criminal offenses that manifest evidence of prejudice based on race, religion, sexual orientation, gender, disability or ethnicity.
Category of bias for crimes reported in 2013**

Offense Type (includes attempts)	2013 Total	Race	Religion	Sexual Orientation	Gender	Disability	Ethnicity/ National Origin
Murder & Non-negligent Manslaughter	0	0	0	0	0	0	0
Negligent Manslaughter	0	0	0	0	0	0	0
Forcible Sex Offenses	0	0	0	0	0	0	0
Non-Forcible Sex Offenses	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0
Larceny/Theft	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0
Destruction/Damage/ Vandalism of Property	0	0	0	0	0	0	0
Domestic Violence	N/A*						
Stalking	N/A*						

*Not required to report for this year

**Criminal offenses that manifest evidence of prejudice based on race, religion, sexual orientation, gender, disability or ethnicity.
Category of bias for crimes reported in 2012**

Offense Type (includes attempts)	2012 Total	Race	Religion	Sexual Orientation	Gender	Disability	Ethnicity/ National Origin
Murder & Non-negligent Manslaughter	0	0	0	0	0	0	0
Negligent Manslaughter	0	0	0	0	0	0	0
Forcible Sex Offenses	0	0	0	0	0	0	0
Non-Forcible Sex Offenses	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0
Larceny/Theft	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0
Destruction/Damage/ Vandalism of Property	0	0	0	0	0	0	0
Domestic Violence	N/A*						
Stalking	N/A*						

*Not required to report for this year

Hate Crimes – Public Property

Criminal offenses that manifest evidence of prejudice based on race, religion, sexual orientation, gender, disability or ethnicity.
Category of bias for crimes reported in 2014

Offense Type (includes attempts)	2014 Total	Race	Religion	Sexual Orientation	Gender	Disability	Ethnicity/ National Origin
Murder & Non-negligent Manslaughter	0	0	0	0	0	0	0
Negligent Manslaughter	0	0	0	0	0	0	0
Forcible Sex Offenses	0	0	0	0	0	0	0
Non-Forcible Sex Offenses	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0
Larceny/Theft	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0
Destruction/Damage/ Vandalism of Property	0	0	0	0	0	0	0
Domestic Violence	0	0	0	0	0	0	0
Stalking	0	0	0	0	0	0	0

**Criminal offenses that manifest evidence of prejudice based on race, religion, sexual orientation, gender, disability or ethnicity.
Category of bias for crimes reported in 2013**

Offense Type (includes attempts)	2013 Total	Race	Religion	Sexual Orientation	Gender	Disability	Ethnicity/ National Origin
Murder & Non-negligent Manslaughter	0	0	0	0	0	0	0
Negligent Manslaughter	0	0	0	0	0	0	0
Forcible Sex Offenses	0	0	0	0	0	0	0
Non-Forcible Sex Offenses	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0
Larceny/Theft	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0
Destruction/Damage/ Vandalism of Property	0	0	0	0	0	0	0
Domestic Violence	N/A*						
Stalking	N/A*						

*Not required to report for this year

**Criminal offenses that manifest evidence of prejudice based on race, religion, sexual orientation, gender, disability or ethnicity.
Category of bias for crimes reported in 2012**

Offense Type (includes attempts)	2012 Total	Race	Religion	Sexual Orientation	Gender	Disability	Ethnicity/ National Origin
Murder & Non-negligent Manslaughter	0	0	0	0	0	0	0
Negligent Manslaughter	0	0	0	0	0	0	0
Forcible Sex Offenses	0	0	0	0	0	0	0
Non-Forcible Sex Offenses	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0
Larceny/Theft	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0
Destruction/Damage/ Vandalism of Property	0	0	0	0	0	0	0
Domestic Violence	N/A*						
Stalking	N/A*						

*Not required to report for this year

Arrests – On Campus

Offense Type (includes attempts)	2012	2013	2014
Weapons: carrying, possessing, etc	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0

Arrests – Public Property

Offense Type (includes attempts)	2012	2013	2014
Weapons: carrying, possessing, etc	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0

Disciplinary Actions – On Campus

Offense Type (includes attempts)	2012	2013	2014
Weapons: carrying, possessing, etc	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0

Disciplinary Actions – Public Property

Offense Type (includes attempts)	2012	2013	2014
Weapons: carrying, possessing, etc	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0

Crime Prevention Programs

The Centra College of Nursing as well as the Lynchburg General Hospital Security Department and Centra Health promotes prompt reporting of all crimes to the appropriate police agencies. Several policies and programs are used to encourage this, including:

Orientation & Crime Prevention Programs:

The Sexual Assault Response Program's new PowerPoint presentation provides a sexual assault prevention program each year to the incoming students during orientation. In addition, the continuing education program for the hospital system requires all employees complete a class in workplace security and sexual harassment each year through an online program.

Crime Prevention Services:

The Lynchburg General Hospital Security Department officers perform security audits for the students periodically including recommendations for general safety procedures.

Daily Crime Log:

A printed daily log is maintained in the Security Department's office and is available for public review.

Crime Prevention Tips

Personal Safety:

- Walk or jog with a friend, not alone
- Avoid isolated areas
- Know your limits on dates and communicate them to your partner
- Know your limits with alcohol and do not accept drinks from others

Protection from Date Rape Drugs:

- Never leave your drink unattended. Because they are colorless and odorless, date rape drugs can be slipped into any type of beverage
- Do not accept drinks from anyone but a bartender or server
- Try to attend bars or parties with a group of friends, arranging beforehand to watch each other's drinks
- If you think your drink has been tampered with, seek medical attention immediately and request the hospital conduct toxicology testing

Campus Safety:

- Tell a friend where you are going and when you will return
- Carry a whistle or noise maker. Do not be afraid to scream if you need help.
- Be aware of your surroundings
- Report suspicious people to Security

Protecting Your Property:

- Keep your vehicle locked when it is parked and when you drive
- Consider installing anti-theft or alarm devices on your vehicle
- Do not leave textbooks, purses, book bags, or laptop computers unattended