Orlando College of Osteopathic Medicine

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Policy Title: KPGU/OCOM Campus Safety Policy

1. POLICY STATEMENT

This policy promotes campus safety and security for Drs. Kiran and Pallavi Patel Global University (KPGU) and the Orlando College of Osteopathic Medicine (OCOM) in alignment with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the "Clery Act," 20 U.S.C. § 1092(f); 34 C.F.R. § 668.46), the Higher Education Opportunity Act, and Florida postsecondary safety laws. It establishes clear distinctions between emergency notifications and timely warnings, sets forth comprehensive anti-hazing procedures, and codifies a tiered, objective reporting and multidisciplinary threat assessment framework for addressing behaviors or circumstances that raise an objectively reasonable concern for campus, peer, or patient safety.

2. PURPOSE

The purpose of this policy is to ensure KPGU/OCOM maintains a safe, supportive campus and clinical learning environment. The procedures below are designed to:

1. Provide the campus community with immediate **Emergency Notifications** of confirmed significant campus health and safety emergencies and **Timely Warnings** of reportable Clery Act crimes that pose a serious or continuing threat;

2. Establish objective, non-stigmatizing criteria and tiered reporting obligations for potential safety threats so that credible risks are promptly triaged without creating a hyper-sensitive environment that mutes genuine threats;
3. Provide for an initial professional safety screening prior to launching formal investigations or disciplinary referrals; and
4. Ensure that all safety assessments, interim protective measures, and fitness-for-duty evaluations adhere to procedural due process and federal disability non-discrimination laws.

3. APPLICABILITY AND GOVERNANCE SCOPE

This policy applies to all KPGU and OCOM employees (including full-time, part-time, and adjunct faculty, community-based clinical preceptors, administrators, and staff), students, and campus visitors, guests, contractors, and third parties. As detailed in Section 5.4(f), initial safety screening and emergency containment apply across all covered individuals, while subsequent administrative or disciplinary proceedings follow distinct governance tracks:

1. **Students:** Administered through the Office of Student Services and the Student Progress and Professionalism Committee (SPPC) under OCOM Policy D084 (Student Progress & Professionalism Policy), Policy D082 (Student Rights & Responsibilities), and Policy D002;
2. **Employees (Faculty and Staff):** Administered through the Director of Human Resources, the appropriate Department Chair/Associate Dean, and the Dean/Chief Academic Officer in accordance with the Employee Handbook, the Faculty Supplement, OCOM Policies D002 and D025 (Faculty Appointment & Advancement), and Board Policy B002 (Due Process); and
3. **Visitors, Contractors, and Third Parties:** Administered through Campus Security and the Director of Facilities under OCOM Policy D022 (Visitors Policy).

4. DEFINITIONS

4.1 Clery Act Notifications vs. Internal Safety Reporting

1. **a. Emergency Notifications (34 C.F.R. § 668.46(e)):** Immediate notifications broadcast without delay to the campus community upon confirmation of a significant emergency or

dangerous situation involving an immediate threat to the health or safety of students or employees occurring on campus (e.g., an active shooter/hostile intruder, bomb threat, building fire, gas leak, hazardous materials spill, or severe weather emergency). Emergency Notifications are assessed, authorized, and initiated by the **Director of Facilities**, or the **on-duty Campus Security Officer** (or the Director of IT if Security is unavailable), who shall inform the President and the Dean/Chief Academic Officer as time permits.

2. **b. Timely Warnings (34 C.F.R. § 668.46(g)):** Campus-wide notifications distributed via official @ocom.org / @kpgu.org email when a reportable Clery Act crime occurs within KPGU/OCOM's Clery Act geography, is reported to Campus Security Authorities (CSAs) or local law enforcement agencies, and is determined on a case-by-case basis to represent a serious or continuing threat to students and employees, enabling community members to protect themselves and aid in crime prevention. The determination to issue a Timely Warning is made by the **Director of Facilities (Clery Compliance Officer)**, the **Dean/Chief Academic Officer**, or the **President**, in consultation with the Director of Communications & Marketing when practicable.
3. **c. Internal Behavioral Safety Reporting:** Internal institutional reports of concerning behaviors or potential threats submitted under Section 5.4 for initial safety screening and multidisciplinary threat assessment. Internal safety reports do not automatically trigger a Clery Emergency Notification or Timely Warning unless the authorized officials above confirm that the statutory Clery criteria in Section 4.1(a) or (b) are met.

4.2 Clery Act Crimes

Murder and non-negligent manslaughter, negligent manslaughter, aggravated assault, arson, burglary, robbery, motor vehicle theft, rape, fondling, incest, statutory rape, liquor law violations, weapons possession, drug abuse violations, hate crimes, domestic violence, dating violence, stalking, and hazing.

4.3 Situations Raising Campus or Patient Safety Concerns (Objective Reasonable Basis Standard)

A situation raising campus or patient safety concerns means any observable behavior,

statement, communication (whether in-person, written, or via digital/social media platforms), or circumstance exhibited by a student, employee, or visitor that would lead a reasonable observer, based on objective, articulable facts, to perceive a credible risk of physical harm to campus safety, peer safety, self-safety, or clinical/patient safety. Examples include, without limitation:

1. **Firearms and Weapons-Related Conduct:** Unauthorized possession, brandishing, threatening display, or intimidating communications involving firearms, weapons, ammunition, or explosives on campus property, in clinical facilities, or in connection with institutional regalia/identifiers or clinical roles (in violation of OCOM Policy D010, the OCOM Emergency Action Plan, or Fla. Stat. § 790.115);
2. **Credible Threats of Physical Harm or Violence:** Express or implied threats, stalking (Fla. Stat. § 784.048), physical intimidation, or statements expressing an intent or foreseeable risk of inflicting physical harm or violence upon any patient, student, employee, or campus visitor; or
3. **Other Objectively Threatening Conduct:** Any other observable conduct or communication that establishes an objectively reasonable, articulable basis to believe an individual may pose a direct threat to the health or safety of themselves or others.

Non-Stigmatization and Mental Health Distinction: KPGU/OCOM is committed to a stigma-free learning and working environment (COCA Standard 9.3). Expressions of academic stress, emotional distress, non-violent personal opinions, or the disclosure or discussion of a mental health condition or disability—absent objective, articulable conduct or statements establishing a credible safety risk—do not constitute a campus safety threat and shall never be treated as a disciplinary violation. Such matters shall be supported through confidential counseling, wellness, or disability accommodation channels (OCOM Policy D055).

5. PROCEDURES

5.1 Dissemination of Emergency Notifications and All-Clear Notices

Upon confirmation of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees on campus, KPGU/OCOM will, without delay and taking into account the safety of the community, determine the content of the

notification and initiate the broadcast through the **Alertus Mass Notification System (Alertus/AlertAware)**, unless issuing a notification will, in the professional judgment of responsible authorities, compromise efforts to assist a victim or to contain, respond to, or otherwise mitigate the emergency. Dissemination methods include:

3. Wall-mounted Alertus Beacons with high-decibel sirens, flashing strobes, and digital text displays across all three floors of the OCOM building and the exterior quad;
4. SMS text alerts and mobile push notifications to registered cell phones and personal devices;
5. Emails to all users of the @ocom.org / @kpgu.org email system and override alerts on campus electronic displays;
6. Announcements via the campus public address (PA)/intercom system and postings to the OCOM website and official social media channels; and
7. Activation of physical Panic Buttons or Auditorium Lockdown Buttons in accordance with OCOM Policy D020 (Campus Lockdown Policy) and the OCOM Emergency Action Plan.

Names of victims, if any, are treated as confidential and withheld from emergency notifications. Status updates and an official **"All Clear"** notification (indicating the emergency has been contained) must be approved by the on-duty Campus Security Officer, or the Director of Facilities.

5.2 Annual Clery Act Reporting Requirements

In accordance with the Clery Act (20 U.S.C. § 1092(f); 34 C.F.R. § 668.46), the Director of Facilities (serving as Clery Compliance Officer) coordinates with Campus Security Authorities (CSAs) and the Orange County Sheriff's Office to compile, publish, and distribute the Annual Security Report (ASR) by October 1 each year. The ASR contains campus security policies, emergency response and evacuation procedures (tested at least annually), crime prevention and active shooter training programs, and three years of required crime statistics across OCOM's Clery geography, and is publicly accessible at ocom.org/security.

5.3 Anti-Hazing Policy and Procedures (Fla. Stat. § 1006.63 & Federal Stop Campus Hazing Act)

1. **a. Definition of Hazing:** "Hazing" means any action or situation that recklessly or

intentionally endangers the mental or physical health or safety of a student for purposes including, but not limited to, initiation into, admission to, affiliation with, or continuation of membership in any organization or group operating under the sanction of a postsecondary institution. Hazing includes, but is not limited to:

1.1. Physical brutality (e.g., beating, whipping, branding, exposure to the elements, or forced physical activity);

1.2. Forced or coerced consumption of food, liquor, drugs, or other substances;

1.3. Any activity that subjects a student to extreme mental stress, sleep deprivation, physical confinement, exclusion from social contact, or extreme embarrassment/humiliation; or

1.4. Coercing or pressuring an individual to violate state or federal law or University policy.

Consent of the victim is not a defense to hazing. Customary athletic events, trainings, or legitimate academic/extracurricular activities that do not endanger health, safety, or dignity do not constitute hazing.

2. **b. Mandatory Reporting and Medical Amnesty:** Any employee, faculty member, CSA, or student who witnesses or becomes aware of suspected hazing must report the incident immediately to Campus Security (321-878-9888), the Associate Dean for Student Services, or Human Resources (reports may also be submitted anonymously). Good-faith reporters are protected against retaliation under OCOM Policy D027. To prioritize health and life safety, any student who makes a good-faith report to 911 or Campus Security to obtain emergency medical assistance for an individual experiencing a hazing-related medical crisis will be granted medical amnesty from disciplinary sanctions for minor personal conduct infractions (such as alcohol consumption) discovered solely as a result of the call for help.
3. **c. Investigation Responsibilities and Sanctions:** All hazing reports shall be investigated jointly by Campus Security and the Office of Student Services (or Human Resources if employees are involved). Student violations are referred to the SPPC under OCOM Policy D084 and may result in individual sanctions up to and including immediate dismissal, as well as organizational sanctions (rescission of recognition under Policy D066). Where

hazing involves physical injury, criminal coercion, or potential felony/misdemeanor offenses under Florida's Chad Meredith Act (Fla. Stat. § 1006.63), Campus Security shall promptly notify the Orange County Sheriff's Office.

4. **d. Prevention Education and Clery Disclosure:** KPGU/OCOM provides mandatory annual anti-hazing prevention and bystander-intervention education to all students, faculty, staff, and Student Organization officers during orientation and via CollaborNation. All reportable hazing incidents and institutional findings are recorded in the Clery Act Annual Security Report and published in the Campus Hazing Transparency Report at ocom.org/security.

5.4 Tiered Safety Reporting, Initial Screening, Multidisciplinary Threat Assessment, Due Process, and Governance Procedures

4. **a. Tiered Threat Reporting Rubric (Preventing Reporting Fatigue):** To ensure immediate escalation of genuine safety threats while avoiding a hyper-sensitive environment that generates excessive referrals or mutes critical signals, KPGU/OCOM utilizes a three-tier reporting rubric aligned with National Behavioral Intervention Team Association (NaBITA) standards:
    - **Tier 1 — Imminent or High-Risk Threats (Immediate Emergency Escalation):** Conduct involving unauthorized possession or brandishing of firearms/weapons, explicit threats of physical violence toward campus constituents or clinical patients, active physical violence, or imminent suicidal/homicidal behavior. Any employee, student, or CSA observing a Tier 1 threat must immediately call 911 (if life-threatening) and notify both **Campus Security (321-878-9888 / 321-222-5583)** and the **Dean/Chief Academic Officer**.
    - **Tier 2 — Moderate or Emerging Safety Concerns (Prompt Security & Threat Assessment Triage):** Conduct involving veiled or ambiguous statements regarding safety, unusual displays or communications involving weapons in connection with institutional or clinical roles, stalking/intimidation, or marked behavioral volatility that establishes an objectively reasonable safety concern under Section 4.3. Tier 2 concerns must be reported promptly to **Campus Security** and the **Multidisciplinary Behavioral Threat Assessment Team (BTAT)** for initial professional screening.

- **Tier 3 — Low-Risk Professionalism or Wellness Matters (Standard Support Routing):** Non-threatening professionalism lapses, routine academic or workplace disagreements, or student/employee emotional distress or health concerns that present no objective risk of violence or harm. Tier 3 matters are routed directly to the **Associate Dean for Student Services**, **Student Counseling/Wellness**, or **Human Resources** rather than triggering a security investigation.

5. **b. Initial Professional Screening vs. Unilateral Informal Disposition:**
   - **Bar on Premature Unescalated Disposition:** No individual administrator, Associate Dean, Assistant Dean, faculty member, or staff member may unilaterally intercept, dismiss, or privately resolve a Tier 1 or Tier 2 safety concern as an informal "teachable moment" prior to notifying Campus Security and completing an initial safety screening.
   - **Initial Professional Screening (Triage):** Upon receipt of a Tier 2 report, Campus Security and designated BTAT leads shall conduct an immediate Initial Professional Screening to evaluate whether objective, articulable facts warrant a formal threat investigation (without delaying emergency protective action for Tier 1 threats).
   - **Post-Screening Educational or Counseling Resolution:** If the initial professional screening determines that no credible safety risk exists, a formal security investigation is not required, and the matter may appropriately be addressed through supportive counseling, wellness resources, mentorship, or informal educational coaching.
6. **c. Multidisciplinary Behavioral Threat Assessment Team (BTAT):** When an initial screening identifies an objectively reasonable safety risk (or immediately for Tier 1 threats), a formal threat assessment shall be conducted by a **Multidisciplinary Behavioral Threat Assessment Team (BTAT)** comprising the **Director of Facilities & On-Duty Campus Security**, the **Associate Dean for Student Services / Academic Affairs** (for student cases) or **Director of Human Resources** (for employee cases), **Legal/Compliance Counsel**, and **qualified Behavioral Health / Psychiatric professionals** as needed. To preserve the independence and neutrality of the **Dean/Chief Academic Officer** as the final appellate authority for student discipline under OCOM Policy D084, the Dean shall be briefed on campus safety status and may authorize emergency interim protective measures, but shall recuse from participating in or influencing SPPC disciplinary deliberations.

7. **d. ADA / Section 504 Non-Discrimination and Individualized "Direct Threat" Assessment:** Consistent with Title III of the Americans with Disabilities Act (42 U.S.C. § 12182; 28 C.F.R. § 36.208) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), safety assessments and fitness-for-duty evaluations shall never be based on generalizations, assumptions, or stereotypes regarding mental health diagnoses or disabilities. Any assessment of whether an individual poses a "direct threat" to the health or safety of others must be an individualized assessment based on reasonable medical/clinical judgment and objective observable evidence, evaluating: (i) the nature, duration, and severity of the risk; (ii) the probability that potential injury will actually occur; and (iii) whether reasonable modifications of policies, practices, or procedures will mitigate the risk.
8. **e. Interim Protective Measures and Fitness-for-Duty Evaluations (Criteria, Authority, Confidentiality, and Review):**
    - **Objective Criteria and Decision Authority:** Where objective, articulable facts indicate a credible potential threat to the safety of the campus community or clinical patients, the Dean/Chief Academic Officer (or designee), in consultation with the Director of Security and appropriate Student Affairs or Human Resources leadership, may enact narrowly tailored interim protective measures pending completion of the threat assessment or disciplinary process. Such measures may include interim suspension or administrative leave, temporary deactivation of campus badge/keycard and IT access, trespass notices, non-retaliation/no-contact directives (OCOM Policy D027), and a mandatory independent behavioral health or psychiatric fitness-for-duty evaluation conducted by an external, licensed board-certified specialist.
    - **Strict Confidentiality Safeguards:** All medical, psychological, and psychiatric evaluation records are strictly confidential, maintained in segregated compliance files separate from academic transcripts or general personnel records in compliance with HIPAA, FERPA, and the ADA, and reviewed solely to verify safety clearance.
    - **Prompt Review and Termination of Interim Measures:** Interim measures are temporary protective actions and shall be reviewed by the BTAT and appropriate decision authority within five (5) business days of imposition (and promptly upon receipt of clinical evaluation results) to determine whether they should be lifted,

modified, or continued.

9. **f. Due Process Protections and Parallel Governance Tracks (Students, Employees, and Visitors):**
    1. **Students (Conditional SPPC Referral & Due Process):** Student involvement in a safety inquiry does not automatically require disciplinary prosecution. A student shall be referred to the **Student Progress and Professionalism Committee (SPPC)** for formal disciplinary adjudication **ONLY when preliminary findings indicate a potential violation of the Student Code of Conduct or Professionalism Policies (OCOM Policies D002, D082, or D084)**. Any student subject to interim protective measures or SPPC referral is guaranteed prompt written notice of the specific basis for the action, a timely opportunity to respond and present information, expedited review of interim measures, an impartial SPPC hearing, a written initial determination by the appropriate Associate Dean, and the right to appeal in writing to the Dean within five (5) business days under OCOM Policy D084.
    2. **Employees (Faculty and Staff Governance):** When an employee is the subject of a safety investigation, any interim administrative leave, fitness-for-duty evaluation, or corrective/disciplinary action (up to and including termination of employment or revocation of faculty appointment) shall be administered by the **Director of Human Resources**, the appropriate **Department Chair/Associate Dean**, and the **Dean/Chief Academic Officer** in accordance with the Employee Handbook, the Faculty Supplement, OCOM Policies D002 and D025, and Board Policy B002 (Due Process).
    3. **Visitors, Contractors, and Third Parties:** When a campus visitor, guest, vendor, or third party raises a safety concern, **Campus Security** and the **Director of Facilities** shall address the matter immediately pursuant to OCOM Policy D022 (Visitors Policy), which may include immediate escort from campus property, revocation of visitor access privileges, issuance of a formal trespass warning, and referral to the **Orange County Sheriff's Office**.

6. RELATED DOCUMENTS

- OCOM Clery Act Annual Security Report (ocom.org/security)
- OCOM Emergency Action Plan

- OCOM Policy D010: Weapons and Firearms Policy
- OCOM Policy D020: Campus Lockdown Policy
- OCOM Policy D022: Visitors Policy
- OCOM Policy D084: Student Progress & Professionalism Policy
- Board Policy B002: Due Process

7. CONTACTS

- Director of Facilities & Campus Security (Clery Compliance Officer)
- Dean & Chief Academic Officer
- Associate Dean for Student Services
- Director of Human Resources

This policy shall be posted at ocom.org/policies and ocom.org/security.