Emory Safety Alliance

Safe Communities America Re-accreditation

2017

A Safe Place to Work, Teach, Study and Live!

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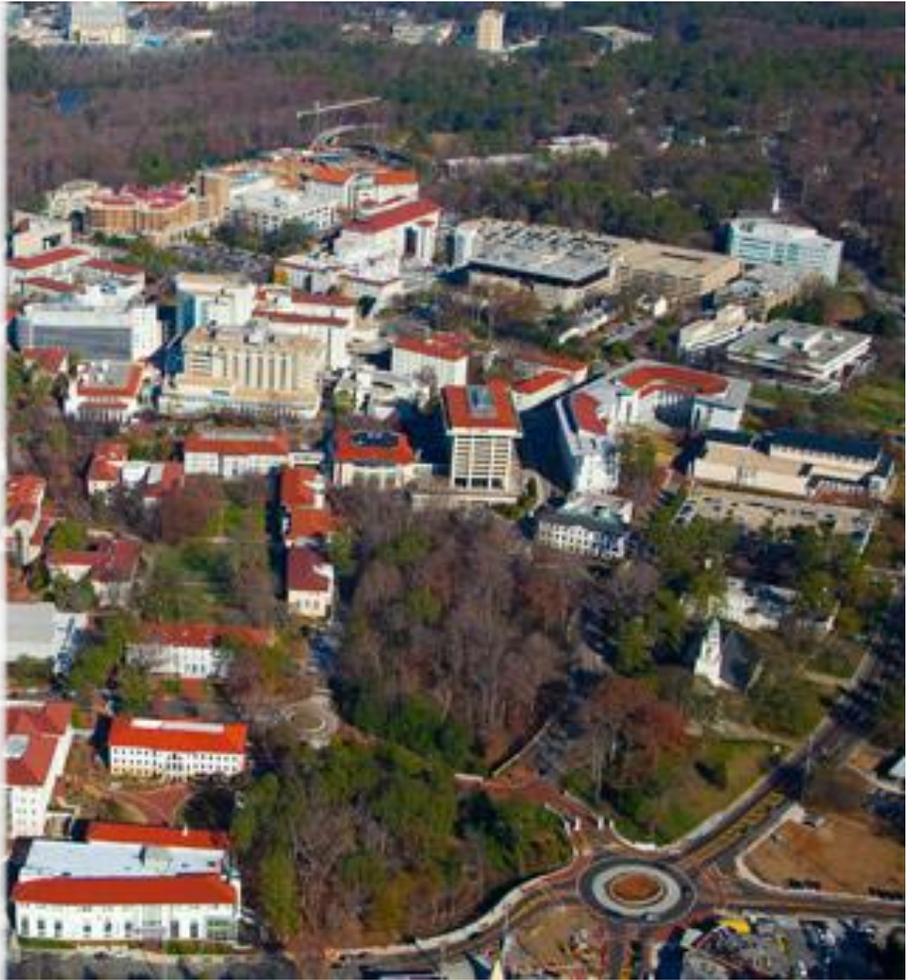
EMORY
UNIVERSITY

Emory Safety
Alliance

Toshiba

Application prepared by Paris Harper
26 April 2017

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Section 2: Community Description

<u>Who is the lead agency and why</u>

Emory University has a long-standing history of endorsing injury prevention and safety awareness on campus. Multiple agencies exist at Emory to promote awareness of topics related to injury and safety prevention. In May 2011, Emory Safety Alliance (ESA) became the centralized coalition on campus to unite these formerly disparate groups and eliminate redundancies in research and data collection.

Under the oversight of the Emory Center for Injury Control (now Injury Prevention Research Center at Emory [IPRCE]), ESA sought the Safe Communities America Designation for Emory University through the National Safety Council. In Spring 2012, Emory University became the second university to receive the Safe Communities America Designation. Safe Communities America (SCA) is an accreditation program that recognizes communities prioritizing safety. As a SCA Designee, Emory University is recognized for using a collaborative approach to injury prevention that brings together people who care about safety; uses data to identify leading causes of injury and death in the community; and makes plans to address the issues using proven methods for injury prevention.

<u>Brief summary of community</u>

Emory University, a top 20 research university located in Atlanta, Georgia, is an inquiry-driven, ethically engaged and diverse community whose members work collaboratively for positive transformation in the world through courageous leadership in teaching, research, scholarship, health care and social action. The University is recognized internationally for its outstanding liberal arts college, superb professional schools and one of the Southeast's leading health care systems.

Emory maintains an uncommon balance for an institution of its standing: it generates more research funding than any other university in Georgia, while still maintaining its traditional emphasis on teaching. The University is enriched by the legacy and energy of Atlanta, and by collaboration among its schools, units and centers, as well as with affiliated institutions.

<u>Why the community is seeking reaccreditation</u>

The Emory Safety Alliance is seeking reaccreditation for two purposes: 1) To continue improving the safety, health and wellness of the Emory community, including students, faculty, staff and visitors; 2) To continue implementing safety programs designed to increase safety and prevent injuries.

Section 3: Criteria to be a Safe Community

I. Sustained Collaboration

1. Name of Coalition

Emory Safety Alliance

2. Member names, organizational affiliations and email address

See Appendix A

3. Coalition Structure

See Appendix B

4. Organizational support

See Appendix C

5. Date group formed

May 2011

6. Meeting Minutes from time of Letter of intent submission until application submission

See Appendix D

7. Mission Statement

The Emory Safety Alliance seeks to foster a culture of safety for Emory University through a systematic, data-driven, and centralized approach of promoting safety, reducing injuries, and preparing our community for natural and human-generated disasters.

8. Communications Strategy

The Emory Safety Alliance (ESA) includes representation from a large number of community areas: healthcare professionals, first responders, mental health professionals, faculty and staff, students, researchers, health promotion/public health specialists, public safety professionals, and others (See Appendix A: Community Coalition Member List). ESA communication strategies include email, social media, the Emory Safety Alliance web site, Safe Communities America Conferences, Safe Communities America conference calls, Emory campus media, the Emory LiveSafe safety app, and additional communications opportunities. These varied strategies help ESA keep in touch with both coalition members and the public.

Email

One of the most common methods to communicate with coalition members is via email. The Emory Safety Alliance Coordinator uses a group listserv to communicate with all coalition members. The Coordinator generally uses email to notify members of upcoming meeting, events, and to share information that could be relevant to members including funding opportunities, updates from Safe Communities America, and safety campaigns from the National Safety Council. The Coordinator also uses email to provide coalition members with meeting agendas and minutes.

Social Media

The Emory Safety Alliance has a Facebook page and a Twitter page for communicating with stakeholders, the community (including students), and other organizations that share an interest in injury prevention. We share safety information from other organizations and information on relevant community events.

- The Emory Safety Alliance Facebook page: http://www.facebook.com/emsafecom
- The Emory Safety Alliance Twitter Feed: https://twitter.com/emorysafe

Emory Safety Alliance Website

The Emory Safety Alliance website, located at http://safetyalliance.emory.edu/ is hosted by Emory University. It serves as a central location to share information about the Safety Alliance, upcoming events, and coalition member profiles. We are currently working on a website redesign and creating an improved communication plan to enhance the usability of our website and social media pages.

Bi-annual Coalition Meetings

Once per academic semester, the ESA brings all coalition members together for a bi-annual conference. In our meetings, we discuss upcoming initiatives, provide progress reports, and facilitate collaborative between disparate offices.

Safe Communities America Annual Conferences

The Emory Safety Alliance has sent key members of our coalition to the past two annual Safe Communities America/National Safety Council conferences. The annual conferences provide an excellent opportunity to learn about new programs and initiatives, while providing a forum to network with coalition members from across the country. Following each conference, attendees share what they have learned with the rest of the coalition, either at one of our bi-annual meetings or through the coalition listserv.

In addition, at the last Annual Conference in August 2016, the Emory Safety Alliance/Emory University spearheaded a pre-conference breakout session for

University Safe Communities so that we might better share information and solutions to common problems that we share as a unique type of community.

Safe Communities America Conference Calls

The Emory Safety Alliance co-chairs participate in regular conference calls with Safe Communities America. These conversations include information about new injury prevention strategies, potential avenues for cross-university collaboration, program evaluation, annual report requirements, and accreditation requirements. Much like the annual conferences, the Emory Safety Alliance Coordinator passes relevant information on to other coalition members at meetings or via email.

Community Outreach

Whenever possible, Emory Safety Alliance participates in communication and outreach with the public at Emory University. The university hosts several events for students and visiting families promoting the variety of programs and opportunities available across campus. Whenever possible, Emory Safety Alliance and member organizations join these events to promote our current initiatives and drum up interest in student involvement. For example, for the 2016 Safe Communities America Day, ESA sponsored a Wonderful Wednesday, a weekly student event that draws a large crowd of students, faculty/staff and other community members. ESA used this opportunity to promote the new LiveSafe app initiative, while member groups including the Office of Health Promotion and Fire Safety joined the event to promote their own materials at the same time.

LiveSafe Mobile Safety Application

This year, Emory was proud to introduce a new safety communications tool: the LiveSafe mobile safety application. LiveSafe is a two-way communication tool that facilitates community members' communication with emergency services by allowing them to call, text, or leave a voicemail, video, or picture message alerting Emory police dispatchers to a risky situation or an area of concern. The app is also a shortcut to the gamut of Emory safety resources, including information on counseling services, health promotion programs, and emergency preparation tips. LiveSafe also facilitates communication with community members in the event of an emergency, allowing emergency responders to create geo-fenced zones to alert individuals to safety risks near them, and allowing us to communicate with all community members to inform them of recommended safety procedures.

Future Directions

Shall Emory be reaccredited as a Safe Community, ESA plans to engage and demonstrate more student involvement as coalition members and leaders. In addition, ESA to develop plans for leadership development, leadership succession, and communications. ESA also plans to keep a written record of coalition accomplishments

in order to have ready support material on hand for new members, media, and new university leadership.

II. Data collection and application

1. Demographic Data

The Emory Enterprise consists on nine schools, six hospitals, and a number of research facilities, including the Yerkes Primate Research Center. Our population is a diverse group of students, faculty, staff, and other professionals, some of whom live on campus, others in the city of Atlanta or the greater metro area. Emory also welcomes thousands of visitors to its campuses daily, including patients at Emory Healthcare facilities.

Students

Table 1. Racial/Ethnic Distribution of Students, Fall 2015

American Indian or Alaska Native	0.2%
Asian or Other Pacific Islander	15.2%
Black/African American	10.1%
Hispanic	6.3%
White	43.9%
Multiracial	2.5%

Figure 1. Fall 2015 Student Enrollment. Source: Emory Factbook

Fall 2015 Student Enrollment

- Undergraduates 7803
- Master's Degree 3027
- Doctor's -Research 1631
- Doctor's -Professional 1694
- Unclassified/Non-degree Undergraduates 98
- Unclassified/Non-degree Graduates 541
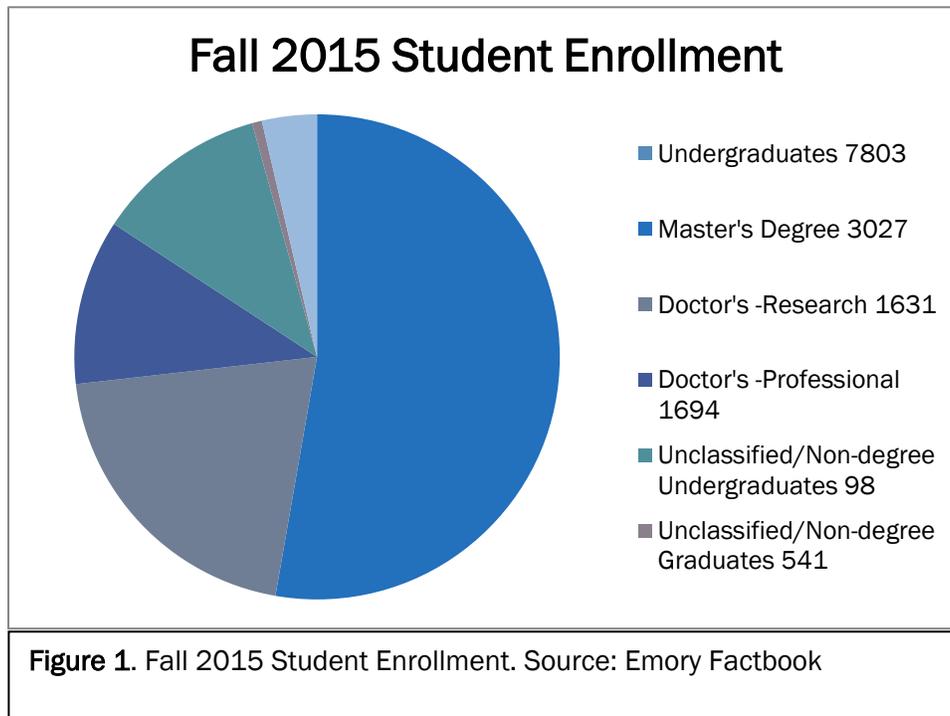
Faculty and Staff

Table 2. Regular, Full/Part Time, Faculty and Staff, Data as of February 24, 2017

Gender	Faculty		Staff		Grand Total
Female	1,757	**45%**	4,634	**67%**	6,391
Male	2,129	**55%**	2,266	**33%**	4,395
Grand Total	3,886		6,900		10,786

Ethnic Group	Faculty		Staff		Grand Total
American Indian	10	**0.3%**	12	**0.2%**	22
Asian	795	**20%**	583	**8%**	1,378
Black	297	**8%**	2,498	**36%**	2,795
Hispanic	125	**3%**	156	**2%**	281
Multi-ethnic	25	**1%**	106	**2%**	131
Not Specified			2	**0.0%**	2
Pacific Islander	4	**0.1%**	7	**0.1%**	11
White	2,630	**68%**	3,536	**51%**	6,166
Grand Total	3,886		6,900		10,786

Age Range	Faculty		Staff		Grand Total
< 30	37	**1%**	933	**14%**	970
30-39	1,095	**28%**	1,732	**25%**	2,827
40-49	1,121	**29%**	1,726	**25%**	2,847
50-64	1,210	**31%**	2,231	**32%**	3,441
65 and above	423	**11%**	278	**4%**	701
Grand Total	3,886		6,900		10,786

2. Injury and fatality data

Motor Vehicle Safety

Table 3. Motor Vehicle Collisions handled by the Emory Police, 1/1/2012 - 03/31/2017

Year	Total accidents	Accidents on private property (mainly Emory parking facilities)	Hit and run incidents (occupied or unoccupied vehicles)	Accidents involving unoccupied parked vehicles	Injuries
2012	487	N/A	N/A	133	17
2013	431	172	149	133	10
2014	425	219	155	143	6
2015	446	223	167	155	13
2016	384	216	108	92	8
2017	102	56	37	36	N/A

Notes: 1) Private property accidents were not fully distinguished from accidents on public streets in the reporting system until 2013. Thus, there is no information for 2012 private property accidents; 2) 2017 statistics cover January 1-March 31, 2017. Source: Emory Police

Falls/Concussions Prevention

Table 4. Concussions

Year	Total Visits	Total Patients	Avg. Visits/Patient
2015-16	98	62	1.58
2014-15	74	51	1.45
2013-14	87	63	1.38
2012-13	29	22	1.32
2011-12	38	30	1.27
2010-11	27	26	1.04

Source: Student Health Services, Emory University

Table 5. Athletic Injuries

Injury	2012-13	2013-14	2014-15	2015-16	2016*
Concussion	18	25	23	31	18
Breathing	6	4	40	6	3
Heat	5	10	1	3	1
General Medical	114	144	186	131	69

Contusion	22	34	22	13	9
Wound	11	7	16	9	4
Soft Tissue	275	401	334	325	221
Neuro	4	6	4	2	3
ACL	4	2	2	2	3
Bone/Cart.	24	16	23	32	4
Dental	1	1	1	3	0
Optical	4	4	7	6	4
Total	488	654	659	563	344

*Data collected between Aug. 1 through May 31 of the following year for all years except for 2016, which was collected between Aug 1 through Dec 14

Source: Emory University Office of Athletics

Substance Abuse/Misuse

Table 6. ACHA-NCHA (American College Health Association-National College Health Assessment) data: Sample 2011 and 2014 Survey Results (Injury related):

Within the last 12 months, have you experienced any of the following as a consequence of your drinking:						
Physically injured another person?						
		Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
		Male (n=333)	Female (n=794)	Transgender (n=4)	Unknown (n=0)	Total (n=1131)
2014	N/A - I don't drink	82 (24.6%)	174 (21.9%)	1 (25%)	0	257 (22.7%)
	No	248 (74.5%)	618 (77.8%)	3 (75%)	0	869 76.8%)
	Yes	3 (0.9%)	2 (0.3%)	0	0	5 (0.5%)
		Male (n=483)	Female (n=1070)	Transgender (n=1)	Unknown (n=0)	Total (n=1554)
2011	N/A - I don't drink	93 (19.4%)	227 (21.2%)	0	0	320 (20.6%)
	No	384 (80%)	840 (78.5%)	1 (0.1%)	0	1225 (79%)
	Yes	3 (0.6%)	3 (0.3%)	0	0	6 (0.4%)

Seriously Considered Suicide

		Male (n=333)	Female (n=794)	Transgender (n=4)	Unknown (n=0)	Total (n=1131)
2014	N/A - I don't drink	82 (24.6%)	174 (21.9%)	1 (25%)	0	257 (22.7%)
	No	241 (72.4%)	610 (76.8%)	3 (75%)	0	854 (75.5%)
	Yes	10 (3%)	10 (1.3%)	0	0	20 (1.8%)
		Male (n=483)	**Female (n=1070)**	**Transgender (n=1)**	**Unknown (n=0)**	**Total (n=1554)**
2011	N/A - I don't drink	93 (19.3%)	225 (21.1%)	0	0	318 (20.6%)
	No	385 (79.9%)	832 (78.2%)	1 (0.1%)	0	1218 (78.7%)
	Yes	4 (0.8%)	7 (0.7%)	0	0	11 (0.7%)

Physically injured yourself

		Male (n=333)	Female (n=794)	Transgender (n=4)	Unknown (n=0)	Total (n=1131)
2014	N/A - I don't drink	81 (24.3%)	174 (21.9%)	1 (25%)	0	256 (22.6%)
	No	223 (67%)	556 (70%)	3 (75%)	0	782 (69.1%)
	Yes	29 (8.7%)	56 (7.1%)	0	0	93 (8.2%)
		Male (n=483)	**Female (n=1070)**	**Transgender (n=1)**	**Unknown (n=0)**	**Total (n=1554)**
2011	N/A - I don't drink	94 (19.5%)	227 (21.2%)	0	0	321 (20.7%)
	No	339 (70.2%)	741 (69.3%)	1 (0.1%)	0	1081 (69.6%)
	Yes	50 (10.4%)	102 (9.5%)	0	0	152 (9.8%)

Workplace Safety

Table 7. Emory University Main Campus 2016 Annual Security Report

Offense	Year	On Campus	Non-Campus Property	Public Property	Total	On-Campus Student Housing*
Rape	2013	13	0	0	13	10
	2014	25	0	0	25	21
	2015	4	0	2	6	2
Fondling	2013	9	0	0	9	3
	2014	7	0	0	7	5
	2015	11	0	0	11	6
Robbery	2013	0	0	0	0	0
	2014	0	0	2	2	0
	2015	0	0	1	1	0
Aggravated Assault	2013	3	0	0	3	0
	2014	1	0	2	3	0
	2015	2	0	0	2	0
Burglary	2013	21	0	0	21	11
	2014	19	0	0	19	10
	2015	20	0	0	20	9
Motor Vehicle Theft	2013	5	3	1	9	0
	2014	14	0	0	14	0
	2015	9	1	0	10	0
Arson	2013	0	0	0	0	0
	2014	0	0	0	0	0
	2015	1	0	0	1	1
Domestic Violence	2013	7	0	0	7	1
	2014	4	0	0	4	1
	2015	1	0	1	2	0
Dating Violence	2013	3	0	0	3	0
	2014	9	0	0	9	4
	2015	3	0	0	3	2
Stalking	2013	11	0	0	11	2
	2014	11	0	0	11	0
	2015	17	0	0	17	3
Illegal Weapon Possession Arrests	2013	0	0	0	0	0
	2014	0	0	0	0	0
	2015	1	0	0	1	0
Drug Law Arrests	2013	8	0	0	8	4
	2014	13	0	1	14	7
	2015	27	0	0	27	6

Drug Law Violation Disciplinary Referrals	2013	36	0	0	36	30
	2014	85	0	0	85	76
	2015	55	0	0	55	49
Liquor Law Arrests	2013	0	0	0	0	0
	2014	2	0	2	4	0
	2015	2	0	0	2	1
Liquor Law Violation Disciplinary Referrals	2013	289	0	0	289	268
	2014	302	0	0	302	281
	2015	294	0	0	294	291

No hate crimes were reported at this location in 2013, 2014, or 2015
*Student housing facility incidents are included in the on-campus and total columns
Source: Emory Police

Table 8. Top Injuries for Emory Healthcare Staff, 2012-2016

2012		2013		2014		2015		2016	
Injury Source	#	Injury Source	#	Injury Source	#	Injury Source	#	Injury Source	#
Human	581	Human	979	Human	923	Human	705	Human	658
Patient Handling	311	Patient Handling	278	Bodily Motion	261	Bodily Motion	317	Bodily Motion	366
Bodily Motion	201	Bodily Motion	262	Patient Handling	234	Patient Handling	254	Patient Handling	219

Source: Office of Occupational Health and Safety

Table 9. Annual Fire Statistics, On-campus Student Housing Facilities, Jan-Dec 2015

January-December 2015				
Main Campus	Cause of Fire	Fire-related injuries	Fire-related Deaths	Property Damage
Clairmont Tower Apts 2425 Dooley Drive	Cooking	0	0	$0
Fraternity House 18 18 Eagle Row	Intentional Fire	0	0	$0
Clairmont Tower Apts 2425 Dooley Drive	Cooking	0	0	$0

Oxford College Campus	Cause of Fire	Fire-related injuries	Fire-related Deaths	Property Damage
Fleming Hall 702 Haygood Street	Smoking Material	0	0	$5

January-December 2014				
Main Campus	**Cause of Fire**	**Fire-related injuries**	**Fire-related Deaths**	**Property Damage**
Clairmont Tower Apts 2425 Dooley Drive	Unintentional-Cooking	0	0	$500
Turman Hall 640 Means Drive	Unintentional- Heated stove top burned microwave	0	0	$250
Fraternity House 14 14 Eagle Row	Oven fire from food build-up	0	0	$0
Clairmont URC A 2405 Dooley Drive	Unintentional-Unknown material left inside oven ignited during self-cleaning cycle	0	0	$0

Oxford College Campus	**Cause of Fire**	**Fire-related injuries**	**Fire-related Deaths**	**Property Damage**
Murdy Hall 600 Haygood Street	Unintentional- Student covering hot lamp with towel	0	0	$5

January-December 2013				
Main Campus	**Cause of Fire**	**Fire-related injuries**	**Fire-related Deaths**	**Property Damage**
Clairmont Residential E-H 2445 Dooley Drive	Unintentional- Electrical	0	0	$1,430
Turman Hall 640 Means Drive	Unintentional- Cooking	0	0	$0

Oxford College Campus	**Cause of Fire**	**Fire-related injuries**	**Fire-related Deaths**	**Property Damage**
Branham Hall	Intentional- Papers burned	0	0	$0

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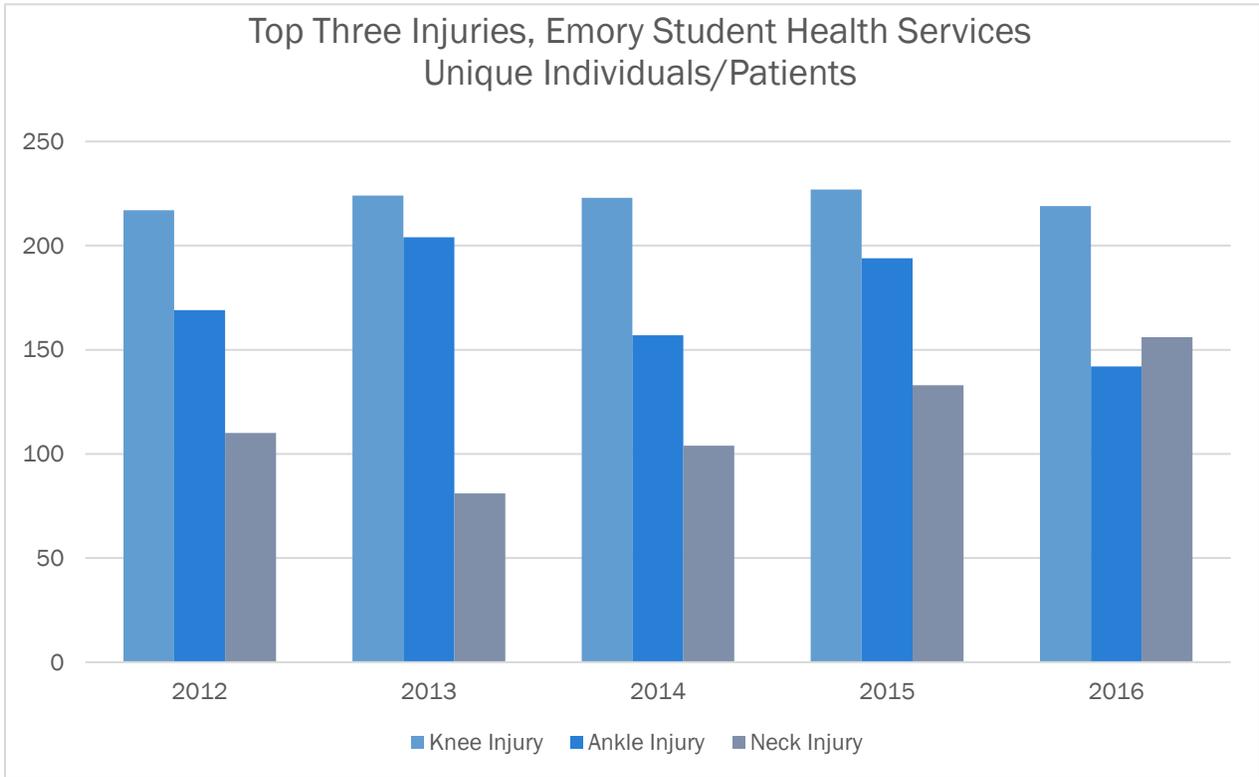
Figure 2. Top Three Injuries for students. Source: Student Health Services
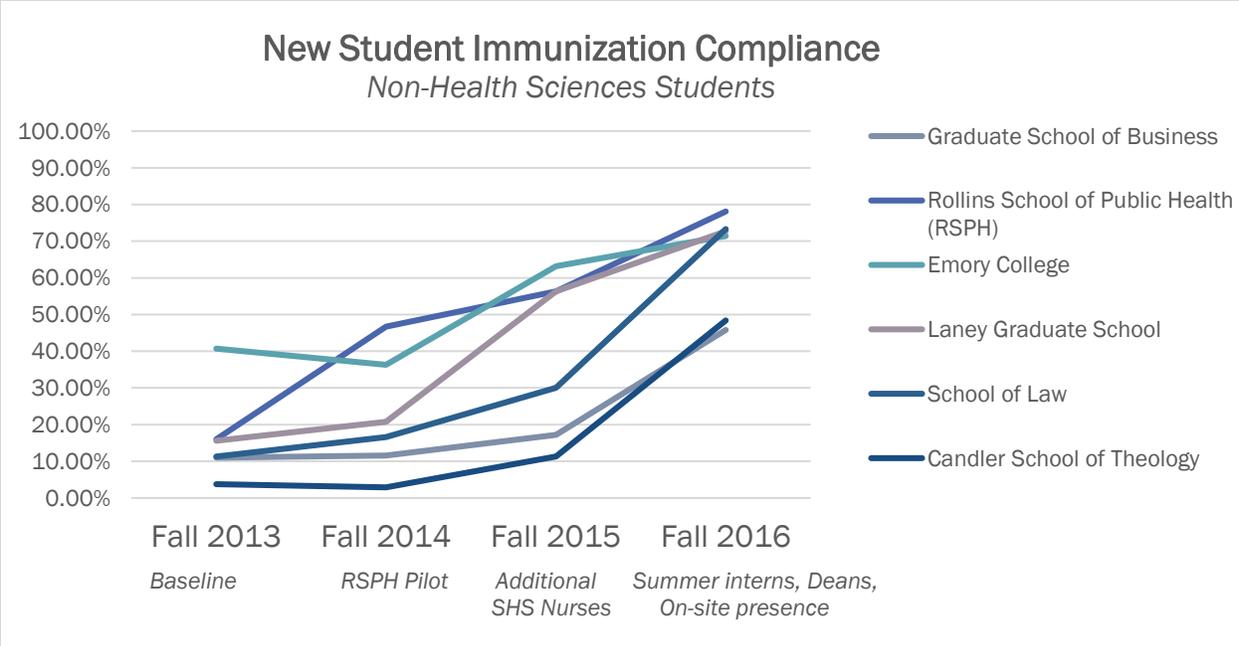
Figure 3. New Student Immunization Compliance. Source: Student Health Services

Violence and Suicide Prevention
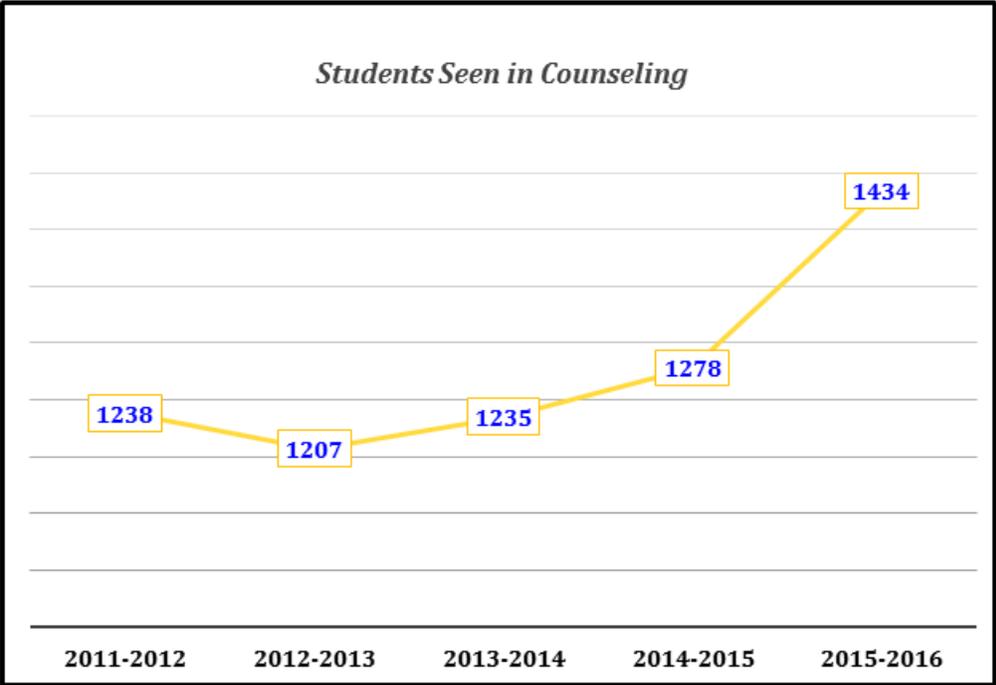
Figure 4. Students seen in Counseling, Source: Office of Counseling and Psychological Services (CAPS)

Table 10. Student Intervention Services Response Team activity, Fall 2015-Fall 2016

Total number of SIS responses	322
Total number hospitalization preventions	198
Hospitalized	32
Completed suicide	1

Source: Student Intervention Services (SIS)

Emergency Preparedness

Table 11. Emergency Events, 2014-2015

2015	Snow and Ice Response	
	Norovirus Response	
	Expanded commencement response secondary to threat with multi-agency involvement	
	Henderson Mill Water Main Response	
2014	Winter Weather Event (x2)	
	Ebola Transport and Security Coordination Mission (x5)	
	PUI Biosafety Response (>1)	
	Tuberculosis Contact Investigation	

Source: Office of Critical Event Preparedness and Response

3. Data summary

Motor vehicle safety

Emory Police have responded to about 200 motor vehicle accidents on private property per year for years 2013-2016 (Table 3). Of these, half generally involve unoccupied parked vehicles located in Emory University parking facilities. Half of these incidents are also classified as hit-and-run on either unoccupied or occupied vehicles, in which the perpetrator of the collision does not stop to assist injured parties or ameliorate property damage. However, the actual injury rates for motor vehicles collisions handled by the Emory police is fairly low, and may even be on the decline. Emory Police and the Emory Safety Alliance will continue to monitor injury data from motor vehicle collisions to determine whether incidence of injuries is declining or remaining even.

Falls/Concussions Prevention (Concussions/athletics)

Over the past several years, an increasing number of mTBIs (minor traumatic brain injuries) are being seen at Emory Student Health Services (EUSHS) (Table 4). As can be seen, EUSHS mTBI visits have nearly quadrupled, and total unique mTBI patients have more than doubled (2.3x) in the past 6 years. It is our impression that

these increases are due to both enhanced recognition of concussion in the University community and likely increasing frequency in our active student population. Due to this increasing recognition and reporting of mTBI to health care providers, we believe we have an opportunity and a need to improve our system of care for these students. Working with Emory Athletics in this initiative is critical, as a regular and significant number of concussion events occur in the context of Emory Athletics every year (Table 5). Concussions represent an average of 4.3% of all athletic injuries annually.

<u>Substance abuse/misuse</u>

Substance abuse and misuse data comes from the American College Health Association's National College Health Assessment (ACHA-NCHA), which is administered to Emory University students every three years. Data from 2011 and 2014 is shown (Table 6). There is little variation between the two data sets. Approximately 21% of students from both years do not consume alcohol. Very few students (n = 5-6, 0.4-0.5%) physically injured another person as a consequence of alcohol consumption. Few students (n= 11-20, 0.7-1.8%) seriously considered suicide as a consequence of alcohol use. A concerning number (n= 93-152, 8.2-9.8%) physically injured themselves as a consequence of alcohol use. This last measurement is one metric we are addressing through the E-CARE concussion program (described below), as many students fail to identify the symptoms of concussions sustained while under the influence the alcohol. While unintentional injuries sustained as a result of substance abuse and misuse remain the focus of our programming in this area, we continue to pursue metrics on substance use in our community in order to expand our programming to meet the needs of community members.

<u>Workplace safety</u>

Workplace Safety data comes from Emory Police, the Office of Occupational Health and Safety, and Fire Safety. Emory Police has provided the 2016 Annual Security Report (Table 7), which includes incidents that occurred between 2013-2015. From this data we can see that Rape, Burglary, Drug Law Violation Disciplinary Referrals, and Liquor Law Violation Disciplinary Referrals are the most commonly reported Clery Act violations. In response to this pressing need, Drug and Alcohol initiatives continue to be an ongoing project of Emory Safety Alliance member groups, as well as programs that advocate for rape victims, and promote active bystander awareness amongst all Emory students. These programs are listed in the community inventory, below.

Table 8 lists the top three injuries that occurred amongst Emory Healthcare Staff between 2012-2016. Human injury includes incidents caused by contact with another human such as needlesticks, respiratory infections and dermatitis, as well as contusions resulting from assault. Patient handling includes conditions such as a strained back caused by lifting or assisting a patient, and bodily motion injuries includes falls. In Figure

2, we have charted the top three injuries for Emory students seen at Student Health Services from 2012-2016. As we can see, injuries to the knees, ankles, and neck are the most common, and have remained fairly stable over time.

Table 9 lists the annual fire statistics from 2013-2015. Fire-related injuries and deaths are not a demonstrated problem at Emory. There is a pattern of accidental fires resulting from cooking or improper use of cooking equipment, but these events are uncommon.

Lastly, Figure 3 detailed an important strategy for keeping our community and its workplaces safe. Student pre-matriculation immunization compliance is critical to containing risks associated with potential outbreaks of communicable disease. Emory requires the CDC-recommended pre-matriculation immunizations for Measles/Mumps/Rubella, Diphtheria/Tetanus, Hepatitis B and Varicella. In addition, health-sciences students and international students must have screening for Tuberculosis.

A pilot was completed in the fall of 2014 with Rollins School of Public Health where we achieved a two-fold improvement in receiving immunization records for RSPH students. In the fall of 2015, additional nurses were hired to assist in the compliance efforts, and in Fall 2016 there was additional summer administrative intern help, buy-in from Student Affairs Deans and an increased presence at individual school/college orientation events. Improvements, and in some cases marked improvements, were shown in all non-health sciences schools/colleges. In Fall 2017, we will add 2 additional 6-month nurses to aim for 80% full compliance (with the remaining 20% of students catching-up on multi-dose vaccine series) for all new non-health sciences students by December 2017.

Violence and suicide prevention

Figure 4 reflects the growing clinical demand for counseling services at the Emory Office of Counseling and Psychological Services (CAPS) over the past five years. This data does include students seen for psychiatric appointments at Emory Student Health Services. Between the 2011-12 and 2015-16 academic years, students receiving counseling have increased from 1,238 to 1,434, with an increase of over 12% occurring between the 2014-15 and 2015-16 academic years. Making counseling services available and accessible to our students is an important component of Emory's suicide prevention strategy. In addition, Table 10 demonstrates the number of response team activities from Student Intervention Services between Fall 2015 and Fall 2016. The SIS team provides support to students in crisis, including those experiencing mental health challenges. In the 2015-16 year, SIS responded to a total of 322 student crises, including 198 hospitalization preventions. Overall, 32 students were hospitalized due to mental health crises, and one student completed suicide. Given the relatively higher number of events overall, we can hypothesize that the number of hospitalizations

and completed suicides would be much higher without SIS interventions, indicating the importance of continuing this program and expanding our data records.

<u>Emergency Preparedness</u>

Table 11 lists the events necessitating emergency responses from the Office of Critical Event Preparedness and Response (CEPAR) in 2014 and 2015. CEPAR is equipped to respond to a variety of emergency situations, ranging from winter weather events to Ebola transport and security coordination. To maintain the efficiency and efficacy of our first responders at Emory, we are proposing a new training program to promote a holistic response to emergency care, detailed below.

4. Data sources

Demographic and Injury and Fatality Data were provided by multiple Emory University Offices including:

- The Emory Factbook
- Office of Human Resources
- Student Health Services
- Office of Athletics
- Office of Occupational Health and Safety
- Emory Police
- Counseling and Psychological Services
- Student Intervention Services
- Office of Critical Event Preparedness and Response

5. Project goals—should align with what is stated in "effective strategies" section

The Emory Safety Alliance has numerous projects occurring simultaneously at any given time. For a list of these, see the Community inventory included in this application. Project goals are influenced by recent data, evidence-based practices, available funding sources, and the mission of the individual office that is leading the project. Given the data above, our project goals currently include,

- Increasing the diagnosis and treatment of concussions
  - E-Care Project
- Increasing the efficiency of First Responders throughout campus and promoting a holistic response and coordination of care

- First Responder Unified Training
- Increasing the communication between community members and emergency services and increasing the response speed towards safety risks
  - LiveSafe Mobile Safety App

6. How data will be used to develop new strategies

The Emory Safety Alliance uses data collected and compiled by member groups to inform decisions related to program evaluation and development. As a research institution, every project we do has a rigorous evaluation process that we use to inform future projects. Through our diverse member groups, we are able to collect fine-grained data across a variety of injury areas, so much so that when we began aggregating data for this application, the challenge was not finding sufficient data, but finding ways to simply and summarize the data we already have.

The data above reflects injury-prevention activities (Figure 4. Students Seen in Counseling), health behaviors (Figure 3. New Student Immunization Compliance), incidence of injury (Table 5. Athletic Injuries), and emergency events (Table 9. Annual Fire Statistics). All of these types of data are important when considering areas for intervention and program development. One excellent example of data being used to develop a new strategy is the E-CARE program, which is also detailed below as initiative 2. In seeing the increasing numbers of diagnosed concussions amongst Emory student non-athletes, Student Health Services saw an opportunity to collaborate with the Office of Athletics, the Office of Health-promotion, and Emory Healthcare, all Emory Safety Alliance member groups, to use their concussion diagnostic and treatment strategies for students who sustained head injuries outside of the sports field.

Collecting injury and fatality data for this application also reflected potential areas of growth for the Emory Safety Alliance, specifically in the enhancement of our existing communications strategies and the potential development of an injury reporting system that would make group-specific injury data more easily accessible to other members of the coalition. While each member organization is superior at addressing safety needs within their focus area, sharing information to invite opportunities for collaboration will greatly enhance the efficacy of our future initiatives. By keeping the lines of communication open and sharing data between out coalition members and partner organizations, we will be able to better avoid the duplication of efforts, and we will improve our ability to quickly respond to the needs of the Emory community.

7. Future Directions

Shall Emory be reaccredited as a Safe Community, ESA plans to systematically organize current data sets and identify new data sets. In addition, Emory will develop a benchmark university surveillance system that surveys the primary injury areas of concern to the campus.

III-IV. Effective Strategies to Address Unintentional and Intentional Injuries, Evaluation Methods

Effective Strategy to Address Unintentional and Intentional Injuries 1	
Project Name	LiveSafe Mobile Safety Application
Project Goal	Our goal is to implement an Emory Safety app which will allow students greater ease of access to emergency services, and increase communication between students and staff regarding safety hazards
Description	LiveSafe is a mobile safety application which can be used on a tablet or smart phone. It's features include Quick Tips for police dispatch to become aware of and responsive to safety risks identified by users, and an emergency notification system which can quickly communicate with users in specific high-alert areas.
Evidence	There is insufficient evidence supporting the use of mobile safety applications because they are a relatively new form of technology.
Target Group	Entire campus community
Length of Project	Ongoing
Partners	Office of Health Promotion, Office of Critical Event Preparedness and Response, Environmental Health and Safety Office, other offices at Emory University
Evaluation Methods	
Activities	Download and use assessment
Indicators	Number of app downloads, number of tips reported through the app.
Outcomes	30% campus adoption by 09/2017
Method	Data is collected and reported back by LiveSafe
Length	12 months
Results	938 users; 13 tips (Drug/Alcohol 6; Safety Hazard 3; Suspicious Activity 2; Theft 1; Suggestion 1)

Effective Strategy to Address Unintentional and Intentional Injuries 2	
Project Name	Emory Eagles Comprehensive Concussion Approach for Return to Excellence (E-CARE)

Project Goal	• Improve the on campus health care of students with concussions/mild traumatic brain injuries (mTBIs) and address the concern of increasing number of mTBIs on Emory's campus as documented by Emory University Student Health Services' (EUSHS) self-study from 2010-2015 • Introduce the use of neurocognitive testing (ImPACT) to all students with mTBIs (not just Emory athletes), to help better evaluate and treat these students. • Introduce static and dynamic balance testing using the Biodex Balance System SD into the plan of care for all students with mTBIs. • Increase patient contacts through the addition of athletic trainers into a more collaborative approach of mTBI healthcare. • Educate students on the negative effects of mTBIs on learning and exercise participation, as well as safely guide them back into the classroom and desired exercise activities
Description	Over the past several years, an increasing number of mTBIs are being seen at Emory Student Health Services (EUSHS). EUSHS mTBI visits have nearly quadrupled, and total unique mTBI patients have more than doubled (2.3x) in the past 6 years. It is our impression that these increases are due to both enhanced recognition of concussion in the University community and likely increasing frequency in our active student population. Due to this increasing recognition and reporting of mTBI to health care providers, we believe we have an opportunity and a need to improve our system of care for these students. We would like to take the current level of care that we deliver to our Emory student-athletes and create a model by which this care can be provided for all students on campus. To implement this project, EUSHS and Emory Sports Medicine/Athletic Training would collaborate with the Office of Health Promotion and Residence Life to educate their RA and SA staff on the resources available to their students
Evidence	NCAA recommendations, Zurich guidelines, and other sports medicine healthcare best practices, including protocols used at Children's Healthcare of Atlanta (CHOA)
Target Group	Emory Students (non-intercollegiate athletes)
Length of Project	3 years, then continuation into the future
Partners	Department of Athletics, Student Health Services, Office of Health Promotion and Department of Orthopedics and Sports Medicine/Emory Healthcare

Evaluation Methods	
Activities	Data Collection from Student Health Services
Indicators	- Annual patient visit data - Number of mTBIs seen on our campus - Reimbursement of services rendered
Outcomes	- Increase average patient mTBI visits per injury at Student Health Services to 2.0 and visits with the Athletic Training staff to 2.0 or greater contacts per injury. - Achieve sustainability through billing medical insurance for neurocognitive (CPT code 96120) ImPACT testing, Biodex Balance Testing (CPT code 97750) and athletic trainer-supervised return-to-participation protocol (Therapeutic Exercise billed in 15-minute increments)
Method	- Collect data on annual patient visits at the end of each academic year - Evaluate number of mTBIs seen on our campus compared to a new survey that will begin in 2017 by the Center for Disease Control and Prevention's (CDC) "National Concussion Surveillance System" - Collect total reimbursement of services rendered Collect this data annually and determine cost-effectiveness of program
Length	Ongoing
Results	Project is currently in the planning and pre-implementation stage.

Effective Strategy to Address Unintentional and Intentional Injuries 3	
Project Name	First Responder Unified Training
Project Goal	1) Increase awareness of institutional resources for acute crises among Emory first responders by 70% one month after completion of the program 2) Increase referral skills by 70% among Emory first responders one month after completion of the program 3) Build capacity among Emory first responders to provide holistic care and referral services in acute crisis situations 4) Increase perceptions of safety and support at Emory University among Emory students

Description	This project is a combined online training for first responders. This training will incorporate an integrated and unified structure in first responder training and combat the siloing of disparate emergency resources, strengthening Emory's ability to respond to emergencies through a holistic system of care. The program content will consist of baseline information on the responsibilities and specialties of different first responder units across the enterprise. Our collaborators will assist with developing content for the training curriculum, and will recruit first responders in their individual divisions to participate in the program.
Evidence	McEntire, D.A., Fuller, C., Johnston, C.W., & Weber, R. (2000). A comparison of disaster paradigms: The search for a holistic policy guide. *Public Administration Review* 62(3), 267-281. Trauma-Informed Approach and Trauma-Specific Interventions. (2015). Retrieved December 16, 2016, from https://www.samhsa.gov/nctic/trauma-interventions Wilson, B., & Nochajski, T. H. (2016). Evaluating the Impact of Trauma-Informed Care (TIC) Perspective in Social Work Curriculum. *Social Work Education*, *35*(5), 589-602.
Target Group	First responders across the Emory Enterprise
Length of Project	13 months
Partners	Emory Campus Life, Environmental Health & Safety Office, Emory Police Department, Fire Safety, Emory Emergency Medical Services, and on-call providers from Emory Student Health Services, Counseling and Psychological Services, Emory Student Health Psychiatry, The Respect Program Sexual and Relationship Violence Response Team, Campus Life Student Intervention Services, and Emory Residence Life.
Evaluation Methods	
Activities	Pretest/posttest
Indicators	We will use the following items on the NCHA 2020 Instrument: 1) Feel safe on this campus (nighttime)?; Feel safe on this campus (daytime)?; and Emory cares about my wellbeing?; with responses ranging from strongly disagree to strongly agree.
Outcomes	Increase knowledge from baseline to posttest of first responder resources at Emory for all participants

Method	The course will begin with an opening video, thanking participants for their service and highlighting the importance of the first responder role at Emory. Additionally, the video will acknowledge the extensive training that many first responders have already received for their specific areas, and then further emphasize the importance of having comprehensive knowledge about the institutional resources in acute crises. The introductory video will end by outlining what will be covered in the rest of the module. After the introductory video, participants will complete a brief pre-test and survey to assess their baseline knowledge of institutional resources, referral skills, and trauma informed care. Then they will go through the respective modules on institutional resources, referral skills, and trauma informed care. Each module will have an introductory video describing the content to be covered in each. The referral skills and trauma informed care modules will include scenarios to which participants will have to make informed decisions about next steps and receive feedback on their responses. At the end of the training participants will be given a post-test and satisfaction survey. The entire module should take participants approximately 60 to 90 minutes to complete and will be mostly self-paced. Approximately a month and a half after completing the assessment, participants will receive a follow up test to see if and how they had the opportunity to use the skills they learned through the training.
Length	Approximately a month and a half after completing the assessment, participants will receive a follow up test to see if and how they had the opportunity to use the skills they learned through the training.
Results	TBD

Future Directions

Shall Emory be reaccredited as a Safe Community, ESA plans to continue to look at campus data using coalition member input to guide program implementation. ESA will also create evaluation reports that are suitable for public consumptions. Finally, ESA will continue to seek opportunities to distribute reports on evaluation outcomes to partners, university officials, media, the Safe Community network, etc.

Section 4: Community Inventory

1. Uses table format to outline programs, policies and practices under each of the six injury areas. Includes names of initiative and target audience(s) for each item listed in table.

Motor Vehicle Safety		
Lead Organization	**Initiatives (Programs, policies and practices)**	**Target audience**
Transportation and Parking Services	Pedestrian Safety Campaign	General audience
Emory Police	PRIDE Class	Emory Community and general community, University and Healthcare including family members
	Safety Seat Checks by Child Passenger Safety Technicians	Emory Community and 3 targeted day care centers on Emory Campus
Injury Prevention Research Center	IPRCE Transportation Safety Task Force	Researchers, public health officials, healthcare providers, and the general public
Enterprise Risk Management	Driver Safety Training course	Students and faculty/staff users of Emory-owned vehicles
	Electric Cart Training	Students and faculty/staff users of Emory-owned vehicles
Emergency Preparedness		
Lead Organization	**Initiatives (Programs, policies and practices)**	**Target audience**
CEPAR	LiveSafe Implementation	Staff, Students, Faculty
	Preparedness Education	Staff, Students, Faculty
	Emergency Notification System	Staff, Students, Faculty
CEPAR + Many additional University Offices	Annual Community Disaster Drills	First Responders

Fire Safety	Severe Weather Response Training	Staff, Students, Faculty
Emory Police	Community Education Programs on Emergency Preparedness	Staff, Students, Faculty
	Table Tops for First Responders	First responders, including dispatchers
	Advanced Training and professional development in FEMA emergency management	Managers in the Police Department
Athletics	Athletic facility emergency response plans	Athletic facilities staff

Violence and Suicide Prevention		
Lead Organization	Initiatives (Programs, policies and practices)	Target audience
Counseling and Psychological Services	Suicide Prevention	All Emory Students
	Question, Persuade, and Refer (QPR) training	Faculty, staff, students
	Interactive Screening Program	All Emory Students
CEPAR (with many additional university offices)	Threat Assessment Team (include list of members)	Faculty, staff, students
CEPAR	Active Shooter Preparedness Training (Online and in-person)	Faculty, staff, students
Emory Police	Intimate Partner Violence and Domestic Violence training (with FSAP)	Emory Staff
	DeKalb County Task Force on Domestic Violence	DeKalb County Residents
	Fulton County Taskforce on Domestic Violence	Fulton County Residents
	Workplace Violence Training Program	Human Resources Representatives

Injury Prevention Research Center	Violence Prevention Task Force	General Georgia Population
Respect Program	RespectCon	Emory faculty and students
	Haven Online Module	Emory students
	Bystander Intervention Training	Emory students
	Sexual Assault Peer Advocacy (SAPA) Training	Emory students
Division of Campus Life	Creating Emory	Emory first year students
Faculty Staff Assistance Program (FSAP)	Referrals to community providers	Faculty and Staff
	Counseling Services	Faculty and Staff
	Understanding Depression Video Project	Faculty and Staff
Office of Undergraduate Education	Pre-major Advising Connections at Emory (PACE)	Emory Students
Workplace Safety		
Lead Organization	Initiatives (Programs, policies and practices)	Target audience
CEPAR	AED Program	Enterprise-wide
Fire Safety	Occupant Emergency Response	Staff, Students, Faculty and visitors
	Fire Safety Training	Staff, Students, Faculty and visitors
	Fire Drills	Staff, Students, Faculty and visitors
Emory Emergency Medical Services (EEMS)	EMT/AEMT Training Course (also EEMS as a program, also CPR training to community)	Student volunteers for EMT program
Emory Healthcare	Healthcare Learning Center Training (electrical, fire, harassment)	All staff and employees

Office of Injury Management, Student Health Services	Vaccination Initiative and Annual flu shot campaign	Emory Healthcare Staff, Emory students
Human Resources	Workplace Violence Online Training	Emory Faculty and Staff
Risk Management, University Conferences	Summer camp trainings: Keeping Minors safe on Campus	Emory Faculty and Staff

Falls Prevention

Lead Organization	Initiatives (Programs, policies and practices)	Target audience
OHP/Athletics/Student Health Services	E-CARE, TBI/Concussion Prevention Initiative	All students
Emory Safety Committee of Campus Services	Falls Prevention classes	Emory Students, Faculty, Staff
Injury Prevention Research Center	IPRCE Falls Prevention task Force	Children 0-4; elderly in Georgia
Residence Life/Student Housing/Student Health Services	Preventing Falls in Residence Halls Initiative (Bedrails Initiative)	Emory Students in residence halls

Substance Abuse/Misuse Prevention

Lead Organization	Initiatives (Programs, policies and practices)	Target audience
OHP	Party Crashers 2.0	Sorority and Fraternity affiliated Students
	Opioid overdoes prevention initiative	All Emory Community Members
	AlcoholEDU	All incoming undergraduate students
	Substance Abuse Risk reduction Counseling	All Emory Students
	Medical Amnesty Counseling and Protocol	All Emory Students
	Restart Collegiate Recovery Program	Emory Students in Active Recovery

	If You Drink, Drink Like Dooley Campaign	All Emory Students
Emory Police	Knock and Talk Program	Emory Students
Injury Prevention Research Center	IPRCE Drug Safety Task Force	Opioid users seeking treatment
Emory EMS/ Student Health Services, FSAP, OHP, Residence Life, CEPAR, Emory Police	Project to have Emory first responders carry Naloxone as part of their emergency medications (in preliminary phase, plan to implement in 2017-18)	Emory students, faculty and staff
FSAP	Workplace training on substance use and response	Employees
	Referrals to treatment	Employees

Appendix A: Emory Safety Alliance Members

Lastname, Firstname	Organization	Title	Email
Bannister, Willie	Office of Health Promotion (OHP)	Assoc. Dir., Substance Abuse Risk Reduction	wbannis@emory.edu
Barnhard, Rachel	Emory Emergency Medicine Services (EEMS)	Dir. of Emory Emergency Medical Services	rachel.barnhard@emory.edu
Coleman, Raphael	OHP	Assoc. Dir. of Community Well-being	raphael.coleman@emory.edu
Collins, Wanda	Emory Counseling and Psychological Services (CAPS)	Asst. VP of CAPS	wanda.collins@emory.edu
Crawford, Kevin	Office of Spiritual and Religious Life	Prog. Coor.	kevin.crawford@emory.edu
Dawson, Lisa	Injury Prevention Research Center at Emory (IPRCE)	Assoc. Dir. of Community Outreach	lisa.dawnson@dph.ga.gov
Doctor, Arthur Jr.	Sorority and Fraternity Life	Assoc. Dir. of Sorority & Fraternity Life	arthur.doctor@emory.edu
Drew, Rus	Emory Police Department (EPD)	Chief of Police	rus.drew@emory.edu
Endale, Mahlet	CAPS	Licensed Psychologist, Suicide Prevention Coordinator	mahlet.endale@emory.edu
Gomes, Paula	Faculty Staff Assistance Program (FSAP)	Director	pgomes@emory.edu
Heron, Sheryl	IPRCE	Associate Director of Education & Training	sheron@emory.edu
Howard, Vickie	IPRCE	Administrative Assistant	vhoward@emory.edu
Huey, Mike	Student Health Services	Asst. VP & Exec. Dir.	mhuey@emory.edu
Huskey, Robin	FSAP	Manager, Education & Outreach	rhuskey@emory.edu

Isakov, Alex	Critical Event Preparedness and Response (CEPAR)	Executive Director	aisakov@emory.edu
Johnson, Darrell	EPD	Officer	djohns9@emory.edu
Kaslow, Nadine	Department of Psychiatry and Behavioral Sciences	Professor	nkaslow@emory.edu
King, Del	Human Resources	Interim Co-VP	del.king@emory.edu
Mourau, Bridget Steele	Fire Safety	Director	bridget.steele@emory.edu
Nieb, Sharon	IPRCE	Assoc. Prog. Director	sharon.lynn.nieb@emory.edu
Olinger, Patty	Environmental Health and Safety Office (EHSO)	Director	patty.olinger@emory.edu
Onorato, Suzanne	Campus Life	Asst. VP for Community	Suzanne.onorato@emory.edu
Reeves, Paul	Parking and Transportation Office	Business Operations Manager	paul.reeves@emory.edu
Rengarajan, Kalpana	EHSO	Associate Director	krengar@emory.edu
Shartar, Sam	CEPAR	Senior Administrator	samuel.shartar@emory.edu
Slaughter, Adrienne	Student Intervention Services	Dir. of Student Success Programs and Services	adrienne.slaughter@emory.edu
Smith, Kim	Sleep Center	Prog. Coor.	kimberley.smith2@emory.edu
Steele, Danielle	Office of LGBT Life	Assoc. Dir. of LGBT Life	danielle.m.steele@emory.edu
Swahn, Monica	IPRCE	Academic Director	mswahn@gsu.edu
Swan, Wanda	OHP	Dir. for the Respect Program, Survivor Advocate	wanda.swan@emory.edu
Thompson, Julia	Student Conduct	Dir. of Student Conduct	julia.thompson@emory.edu

Vienna, Mike	Athletics and Recreation	Director of Athletics	mvienna@emory.edu
Watson, Craig T.	Office of Public Safety	Director	CWATS02@emory.edu
Wilkins Hall, Carol	EHSO	Assistant Director	cjwilki@emory.edu
Williams, Katharine	School of Nursing	Student	katharine.williams@emory.edu
Wright, David W.	IPRCE	Interim Director, Vice Chair of Research	david.wright@emory.edu
Wysner, Kevin M.	Enterprise Risk Management	Insurance Coordinator	kevin.wysner@emoryhealthcare.org
Young Ross, Bridgette	Office of Spiritual and Religious Life	Dean of the Chapel and Spiritual Life	b.y.ross@emory.edu
Zoberman, Max	Student Government Association	President	max.zoberman@emory.edu
Chiseri, Kate	OHP	Asst. Dir. Of Community Well-being	kate.chiseri@emory.edu
Rupp, Jonathan	IPRCE	Executive Assoc. Dir.	jonathan.rupp@emory.edu
Winfrey, Paul	Fire Safety	Fire Safety Coordinator	mpwinfrey@emory.edu

Appendix B: Coalition Structure

External Collaborators
- Georgia Dept. of Public Health
- DeKalb Fire Rescue

Environmental Health & Safety

Enterprise Risk Management

Public Safety
- Emory Police
- Emergency Medical Services
- Fire Safety

Parking and Transportation Services

Emory Healthcare
- Sleep Center
- Injury Prevention Research Center

Emory Safety Alliance
Executive Officers
Chair: Raphael Coleman
Co-Chairs: Michael Huey and Patty Olinger

Critical Event Preparedness and Response

Student Health Services

Office of Religious Life

Counseling and Psychological Services

Faculty/Staff Assistance Program

Human Resources

Campus Life-Community
- Student Success Programs & Services
- Office of LGBT Life
- Residence Life
- Office of Sorority & Fraternity Life
- Office of Student Conduct
- Office of Health Promotion
- Student Intervention Services
- Office of Athletics

Appendix C: Letters of Support
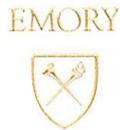
EMORY

Claire E. Sterk, PhD
PRESIDENT

March 15, 2017

Safe Communities America
National Safety Council
Attention: Director
1121 Spring Lake Drive
Itasca, IL 60143

Dear Safe Communities America Team:

I am writing to support the Emory Safety Alliance's application for recertification with the Safe Communities America network.

As a destination for path-breaking researchers, renowned teachers, superb students, and dedicated, competent staff, Emory University strives to help its community members fulfill their highest aspirations. Since becoming an accredited safe community, the Emory Safety Alliance has taken tangible steps to improve safety and well being on campus, serving to strengthen the academic experience for our students as well as serving faculty, staff and visitors in our community.

The Emory Safety Alliance has also worked to promote partnerships throughout the Emory Enterprise. This year, we are particularly proud to announce the launch of LiveSafe, a mobile application which promises to increase our ability to protect and serve our community members and enhance connectivity between community members and emergency personnel both on campus and in the surrounding Atlanta area.

In the coming months and years, the Emory Safety Alliance will play a valuable role in driving key university priorities, including strengthening the academic experience and promoting a deeper engagement with Atlanta. It is of paramount importance to me that we keep Emory a safe place to work, teach, study and live, so that we can help our community members to realize their full potential. Emory's commitment to safety is more than just a passing ideal; it is woven into the very fabric of our community.

EMORY UNIVERSITY

OFFICE OF THE PRESIDENT
201 DOWMAN DRIVE
ATLANTA, GEORGIA 30322
TEL 404-727-6013
FAX 404-727-5997
CSTERK@EMORY.EDU

EO/AA/Disability/Veteran Employer

I sincerely thank you for granting Emory University its Safe Community America designation in 2012 and I hope you will look favorably on our recertification application. Please feel free to contact me if you have any questions or concerns about our application.

Yours truly,
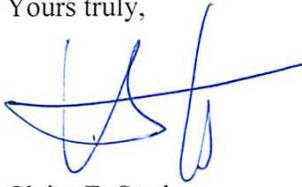
Claire E. Sterk
President, Emory University

EMORY UNIVERSITY | **Student Health Services**
Campus Life

March 14, 2017

Carrie Nie
Director, Safe Communities America
National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143-3201

Re: Re-designation of Emory University as a Safe Community

Dear Ms. Nie:

It is my great pleasure to write this letter of support for the re-designation of Emory University as a National Safety Council "Safe Community."

As a major research university and healthcare provider in Atlanta, Georgia, a city often referred to as the "public health capitol of America," Emory University <u>must</u> be a safe and welcoming environment for the tens of thousands of students, faculty, staff, patients and visitors who study, work, teach, live, visit and receive healthcare on our campuses every day. Emory's mission is to apply knowledge in the service of humanity, and to send forth its students, faculty and staff to "positively transform the world." It is a lofty mission indeed, and it starts here, in Atlanta, through the collaborative efforts of many individuals and organizations, in our <u>safe</u> University community.

Since our original designation in 2012, Emory University has been justifiably proud to be recognized as a Safe Community. Emory is dedicated to sustaining this culture of safety within our community, and "Safe Community Emory" and the Emory Safety Alliance serve to keep our collective eyes on that goal. Thank you for considering Emory University for this prestigious re-designation. Should you choose to re-designate us, we pledge to continue to work every day to earn that trust.

Yours very truly,

Michael J. Huey, MD
Assistant Vice President and Executive Director
Emory University Student Health Services
Associate Professor, Family and Preventive Medicine
Emory University School of Medicine

Co-Chair, Emory Safety Alliance

President-elect, American College Health Association

ACHA American College
Health Association
advocacy•education•research

Accredited by
Accreditation Association for Ambulatory Health Care, Inc.

March, 14, 2017

Carrie Nie
Director, Safe Communities of America
National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143-3201

Re: Re-designation of Emory as a Safe Community

Dear Ms. Nie:

I am pleased to write this letter of support for Emory University's re-designation as a National Safety Council "Safe Community".

Emory is a major Research University and healthcare provider located in Atlanta, Georgia. As an academic medical research institution, safety promotion and injury prevention are incorporated into our framework. Our top down approach to injury prevention is advantageous in keeping Emory a safe place to work, teach, study and live. Emory has implemented an Environmental Health and Safety (EHS) Management System to provide a methodical approach to identifying opportunities to continually improve EHS performance. This system provides direction to ensure that corporate EHS values are consistently applied across the institution by providing a common framework that connects business planning, implementation, measurement and performance improvement.

Emory is proud of the Safe Communities Designation we achieved in 2012. We are committed to sustaining our culture of safety throughout all of Emory. We appreciate your consideration for re-designation and should you choose to re-designate, we pledge to work every day to earn that trust.

Sincerely,

Patty Olinger, JM, RBP
Assistant Vice President Office of Research Administration
Executive Director EHSO
Emory University

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EMORY UNIVERSITY SCHOOL OF MEDICINE | *Emergency Neurosciences Laboratory* *Department of Emergency Medicine* | ✚ **Grady**

March 15, 2017

Carrie Nie
Director, Safe Communities America
National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143-3201

Dear Ms. Nie:

Emory University has a long-standing history of supporting injury prevention and safety awareness on campus and within the state of Georgia. The Injury Prevention Research Center at Emory, which is part of a national injury prevention research effort, and the only center of its kind in Georgia, is working to mitigate, and where possible eliminate, the staggering impact of injury in Georgia. IPRCE is a collaborative, multi-institutional center that uses a data-driven approach to address our most significant injury challenges in Georgia and the surrounding region through research, advocacy, and evaluation.

Under the oversight of IPRCE, the Emory Safety Alliance (ESA), a campus safety and injury prevention coalition, sought the Safe Communities America Designation for Emory University through the National Safety Council. In the spring of 2012, Emory University became the second university to receive the Safe Communities America Designation. As a SCA Designee, Emory University is recognized for using a collaborative approach to injury prevention that brings together people who care about safety, and use injury data to identify and address campus safety issues.

 Although university campuses are often intertwined within local communities, the university is responsible for providing a safe and injury free environment. The Emory Safety Alliance is a valued partner providing expertise in campus safety and injury prevention. The ESA brings together departments such as the Center for Women, Critical Event Preparedness and Response, Emory Cares 4 U, Emory Police Department, Emory Sports Medicine, Environmental Health and Safety, Faculty Staff Assistance Program, Fire Safety, Injury Prevention Research Center at Emory, Intimate Partner Violence Working Group, Office of Lesbian/Gay/Bisexual/Transgender Life, Parking and Transportation, and Student Health and Counseling.

Thank you for considering Emory's continuation of this prestigious designation. We view our Safe Communities of America partnership, and the role it plays in setting the tone, increasing the dialogue, and ultimately changing behavior to embrace a culture of safety at Emory as an incredible value and fundamental part of our community. The IPRCE leadership and over 75 IPRCE task force members strongly support Emory's application for continued certification as a Safe Communities America

Designee. We believe that Emory's continued growth and development of safety awareness and injury prevention will ensure a safe campus environment for many years to come. Thank you for the opportunity.

Sincerely,

David W. Wright, MD, FACEP
Associate Professor
Vice Chair for Innovation and Discovery
Director, Emergency Neurosciences
Director, Injury Prevention Research Center at Emory
Department of Emergency Medicine
Emory University School of Medicine
FOB Suite 126
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Appendix D: Meeting Minutes

Emory Safety Alliance Meeting Minutes, 03/29/2017, 12-2pm

Meeting Chair: Paris Harper

Attendees:

Paris Harper	Craig Watson, Public Safety
Wanda Collins, CAPS	Robin Husky, FSAP
Mike Huey, SHS	Kevin Wysner, Risk Management
Kate Chiseri, OHP	Lauren, GA DPH
Kevin Crawford, Religious Life	Johnathan, Injury Prevention Research Center
Arthur Doctor, Sorority & Fraternity Life	Bridget & Paul, Fire Safety
Wanda Swan, Respect Program	Suzanne Onorato, Campus Life

Review Coalition Structure
- Paris created a structure (see visual on slide)
- Everything in Campus Life is light green
    - CAPS is in Campus Life – change to light green
    - Spiritual & Religious Life is in the President's Office (not Campus Life)
    - Add GA Department of Public Health
    - Athletics is also in Campus Life – change to light green
    - Student Health is in Campus Life – change to light green
- do we want to have a big box for outside collaborators?
    - GA DPH, CDC, DeKalb Fire Rescue, etc.

Review data
- Injury and fatality data from last 5 – 10 years
    - Occupational Health & Safety (workplace injuries at Emory Healthcare)
    - Annual Security Report
    - Concussions
    - Fire Statistics
    - Student Health injuries
    - Students seen in counseling
    - Immunization compliance
- **Paris – update chart for ankle/knee injuries from Dr. Huey/SHS**
- Spiritual & Religious Life – they have to report the number of fatalities on campus
- FSAP - will provide counseling data for staff/faculty
- Change Office of Counseling Services to "Counseling & Psychological Services"
- Kevin - What happens to visitors inside the hospitals (security report)? Are we interested in that as an enterprise? (Campus Safety Report does not currently capture this)
    - Paris: Wouldn't hurt to have the data, may look more into it in the future
    - Kevin will look into their falls & other injury data

- Dr. Huey/Craig: Emory EMS call data, this data could be useful to know what EMS is called about
  - Only barrier to getting this data might be time

Community Inventory
- Sent via GoogleForm
- Motor Vehicle Safety
  - Required training of all employees and students, online course
  - Driver Safety Training course through United Educators, Kevin can get data
  - Electric cart training? Not included if there is no tag
- Emergency Preparedness
  - Emory Sports Medicine/Athletic Training has put together emergency plans for all of the venues (with EEMS) – safety for participants as well as fans/attendees – "Athletic Facility Emergency Response Plans"
- Violence & Suicide Prevention
  - (for Threat Assessment Team) CEPAR (with many additional offices)
    - Include list of members & their departments
  - Change OHP to Respect Program
    - Bystander Intervention Training (ABS), SAPA (Sexual Assault Peer Advocates) Training, Confidential* Student Advocacy
    - Add Haven online training
  - Add Creating Emory (orientation for first year students) – Division of Campus Life
  - Add to FSAP
    - Collaborate with EPD to do Intimate Partner Violence training, individual counseling services, referrals to community providers, self-assessment screening tool for depression, Understanding Depression video
  - SIS – Student Intervention Services - (Suzanne will ask Adrienne to send details to Paris)
  - Campus Life Professionals (CLP), respond to situations on campus
  - PACE (Pre-Major Advising Connection at Emory), add this but it is very surface level
  - IPVWG (Intimate Partner Violence Working Group) – keep this
  - HR – online workplace violence training (may not be up and running yet, but is in the works)
  - CEPAR – Active Shooter Preparedness Training (in-person & online)
- Workplace Safety
  - EEMT Safety Training
  - EEMS exists as an EMS provider (the only student run EMS in the state)
    - Teach CPR to the Emory community

- - -
  - Emory Healthcare Staff & Employees - All Emory Healthcare employees annually, have to go through Healthcare Learning Safety Program that covers a lot (electrical safety, fire safety, workplace harassment, etc.)
  - Vaccination – Healthcare providers are required to have a series of vaccines for their safety and safety of patients; annual flu shot campaign (Student Health, Office of Injury Management)
  - Risk Management & University Conference Centers- Keeping Minors Safe on Campus: Summer camp program
- Fire Safety Training
  - Occupant Emergency Response (keep under Workplace safety)
- Falls Prevention
  - Ladder Safety programs – maybe Campus Services versus Emory Police
  - "Residence halls" instead of "dorms" – call it Bedrails initiative
- Alcohol & Substance Misuse
  - Emory EMS/Student Health - Naloxone (plan to implement in 2017-2018)
    - Also ad OHP, Residence Life, CEPAR, take out FSAP
  - FSAP – workplace training for substance use, referrals for treatment

3 key initiatives
- First Responder Unified Training
  - We have a lot of different first responders across campus, not all in communication with each other, not receiving the same training
  - Looking to have a single unified training about who are first responders, some situations
  - Thinking a short online training, repeat as needed
  - Tried to get some funding for this project (NACHA grant, Bridge Funding – received neither)
  - Will be an initiative moving forward
  - Will there be videos? Interactive content? Audio?
    - Or slides? Text?
    - Slides with optional audio??

LiveSafe
- A month ago, there were almost 1,000 users – which is great since there isn't a real serious push until the fall
- How much traffic are we getting to the dispatchers? A few, not overwhelming
- How will we measure the effect of the app?
  - Measuring use (downloads, usage of reporting tips)
  - Modified items from NCHA regarding perceptions of safety on campus

Concussion Awareness & Prevention (E-CARE)
- Student Health Services, Sports Medicine, OHP, Emory Healthcare
- E-CARE (Emory Comprehensive Concussion Approach for Return to Excellence)

- Number of reported concussions increased, but average visits per patient have not increased as significantly
- Where we want to be: widely known that there is a collaborative effort, the default will be for everyone to ask "are you in E-CARE?"
- Goal: all students will receive the level of care that student athletes get (lots of testing, symptom scoring, increase contacts, balance testing, safely guide students back into the classroom)
- Point of entry will be Student Health (then referred to Athletic Training)
- This project received bridge funding–yay! $16,000 over 3 years (very front heavy)

Campus Security Act (CLERY Act)
- 1990 as the Student Right to Know and Campus Act
- Annual security reports available each October
- Identification of CSA's (Campus Security Authorities) – goes beyond just police, security, etc.; they include anyone who is in a position working with students, where a student might come to them and report being a victim of a crime (RAs, RDs, Athletic Team Coaches, Dr. Huey unless acting as a healthcare provider, student organization advisors)
- Dept. of education recommends training to the CSAs on campus – about 1,200 across the Emory Entity
- Initiated a training program about 3 weeks ago, contracted with an outside vendor to do the training
- As a CSA, if you are in a CSA role and the student does not want to report it to the police → CSAs still have to report (can be without providing the student's name), can do so via the online reporting form on clery website
  o When you submit the online report ,it goes to Craig Watson, Title IX, and 2 people in the police department to do stats
  o **submitting this form does not mean there will be a police investigation into the crime – this is JUST reporting for CLERY requirements**
- Questions:
  o If you submit, can you send a copy to yourself (not sure – maybe do a Print Screen before submitting)
  o A CSA should first recommend to a student that they do file a police report/report a crime if they are told about an incident
RespectCon – it is happening!
- Friday is PreCon (for professionals only)
- Saturday is the conference (for professionals & students)
House Bill 51 was recently tabled
- Basically a bill that was written and presented that would limit some jurisdiction of Title IX, would require all members of secondary institutions to report instance of potential felonies; would affect confidentiality issues for survivors and reporting
- Has been a priority within student activists across the state

- Senate Bill 71 in the House now, that addresses body cams on police officers, Earl has decided to attach HB51 to that so now we are back where we were

Campus Carry
- Any possibility that campus carry legislation could affect private institutions?
- Craig – it is possible, but seems unlikely for this year and the future

Safe Community Designation is a really big deal!
- This is a really big deal for our community and shout-out to Paris and Raphael

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Emory Safety Alliance Meeting Minutes, 03/07/2017

Attendees: Paris Harper, Raphael Coleman, Sam Shartar, Mike Huey, Patty Olinger, Sharon Nieb, Craig Watson

Reaccreditation Meeting

1. Letters of Support
   a. Sam getting comments from Vince
   b. Second letter: David Wright or Patty & Mike. Draft needed?
2. Demographic Data
   a. Emory Factbook provides data on admissions, enrollment, and racial/ethnic distribution. Data is separated for college and graduate programs. There is no data for staff.
   b. Does it make more sense to use census data?
3. Injury and Fatality data
   a. Occupational Health & Safety (Who is the contact)
   b. OHP (NCHA injury data)
4. Data Summary Statements
   a. Sharon Nieb & Evan Glassberg for city & county-level data
   b. MV safety: Risk management
   c. Falls prevention
   d. Substance abuse/misuse
   e. Workplace Safety
   f. Violence and suicide prevention
   g. Emergency preparedness
5. Effective Strategies & Evaluation Methods
   a. LiveSafe- Paris & Sam
   b. Concussions- Kate & Mike
   c. First Responders- Paris & Raph
6. Community inventory
   a. Motor Vehicle safety: Risk management, transportation and parking services
   b. Falls Prevention: Student Health, residence life, Occupational health & safety
   c. Substance Abuse/misuse: Faculty/Staff Assistance, OHP

  d. Workplace safety: occupational medicine, Environmental Health & Safety

  e. Violence and suicide prevention: Respect, interpersonal violence working group (how to reach out to them?), CAPS, FSAP, CEPAR threat assessment team

  f. Emergency preparedness: CEPAR, residence Life, Fire Safety

To Dos

<u>Paris</u>

1) LiveSafe Effective Strategies Summary

2) Survey for community inventory data

<u>OHP</u>

1) NCHA Injury data

  Collect Injury data from the past 5-10 years from the NCHA. Consider trends by Age, gender, and race.

2) Community Inventory data on Substance Abuse/Misuse

3) Community inventory Data on Violence and Suicide Prevention

  Create a list of initiatives and the target audience for each.

<u>CEPAR</u>

1) LiveSafe evaluation summary

  Whatever data we can get on results and/or outcomes

2) Community Inventory Data on violence and suicide prevention

3) Community Inventory data on emergency preparedness

  For these, just a list of initiatives and the target population for each

<u>Student Health</u>

1) Concussions effective strategies & evaluation methods summary

2) Community Inventory data on Falls Prevention

3) Community Inventory Data on violence and suicide prevention

<u>IPRCE</u>

- City & County level

<u>Risk Management</u>

- Motor Vehicle Safety Data summary
- Community Inventory data on Motor Vehicle Safety

<u>Transportation & Parking</u>

- Community Inventory data on Motor Vehicle Safety

<u>Residence Life</u>

- Community Inventory data on Falls Prevention

<u>Occupational Health & Safety</u>

- Community Inventory data on Falls Prevention
- Community Inventory Data on Workplace Safety

<u>Faculty/Staff Assistance</u>
- Community Inventory data on substance abuse/Misuse
- Community Inventory Data on violence and suicide prevention

<u>EHS</u>
- Community Inventory Data on Workplace Safety

<u>Fire Safety</u>
- Community Inventory data on emergency preparedness

Emory Safety Alliance Meeting Minutes, 11/17/2016, 12-2pm

LiveSafe Safety App – Patty Olinger & Sam Shartar
- Everyone download it! Tell all your colleagues/students/friends – "push your peers"; the more people who use it, the greater the benefit to the community
- Something that can grow and change as time goes on
  - "walk with me", safety issues by capturing via camera, spills
  - Can urgently call/message Emory police, can be anonymous or identify yourself
  - Can push notifications through it
  - Ability to geo-fence areas and get accountability on people who may be there
- **if you let us know who you are, we will know. They can Geotag you, but won't track you/follow you unless you ask**
- Lots of benefits to increase safety, decrease response times
- For emergency notification, all depts need to update phone numbers they provided
- Will not replace RAVE, will not ever be mandated
- Where can you see what departments have been included?
  - Under "Resources"
- Ways to get downloads
  - Provost take 1 day to have all faculty tell their students to download
  - Scott Rausch (ResLife) is having RAs give out the cards
  - Trying to get the IT people to put a slide on the electronic kiosks
  - Continue to push through Social Media
  - Include in Orientation Events (undergrads and grad schools)
- Request to add a big button for "Medical Emergency" – looking for an easier option than having to go through multiple steps
- Respect Program – listed in Resources, but website isn't listed and the most updated program isn't there
- Report tips: you can pick tips, a non-emergency report, can attach photos and be geo-tagged, can send anonymously
- For staff/faculty and in addition to students! (and visitors and parents)
  - Includes Oxford, other Emory enterprises

Reaccreditation - Raphael Coleman
- Emory was designated a Safe Communities Enterprise in 2012
- Primarily for unintentional injuries, but as more universities join there have been conversations around the unique nature of injuries on college campuses

- 2nd university to be designated, first isn't recognized anymore (go us!)
- Reaccreditation year (2017) – lots of people were here for the original application period, process is similar to original application process
    o still need to do a program inventory
    o Also a COST! Initially funding was from a grant, that grant is over
- Deadline will be Summer 2017
- Benefits of maintaining designation:
    o Recognition
    o Network of other universities/organizations who are doing similar work
- More smaller meetings will be coming up as we get closer to the reaccreditation deadline
- Question: is there a format that will be needed; how will priorities be designated?
- From CAPS – students who talk about considering suicide mention jumping from buildings (happened at GA State a month ago), can we do some type of analysis of risks regarding certain buildings?
- City of Atlanta is also applying – part of what contributed to a failed application was the lack of evidence of a working coalition (so we have to demonstrate
- Entire cost of reaccreditation = $1,200
- other costs in general:
    o graduate student worker (Paris)
    o cost to travel to conference
    o David Wright & Dr. Huey estimate for how much it takes across the university per year ($15,000 - $20,000)
- Funding – one thought is Bridge Funding
    o Can go towards reaccreditation, then look at costs later on

Bridge Funding – Wanda Swan
- Wanda is one of the members of the Bridge Funding Committee
- Initiative through Emory Campus Life
- It may help with Strategic Plan, ideally the requests are for new/enhanced initiatives
- Needs to be approved by Bridge Fund Committee, funds range from $1,000-30,000
- Need at least 2 campus life people/departments on every proposal (we are find here)
- Guidelines
    o Coordinated collaboration (initiative should bridge the ECL departments internally and consider external engagements, including partners beyond the university)
    o Stewardship of resources (efficiency, develop sustainable programs)
    o Assessment (promising practices, transparency)
    o Innovation (completing/presenting a proposal with "thoughtful risk-taking")
    o Engagement (developing life-long citizens, inviting and encouraging discussion around complexities, etc.)
- Proposal
    o General information, project description, the need, outcomes, connection to strategic plan, timeline, $$,

- o Application has been available since Nov. 2nd, due Jan. 5th
  - o Initial feedback: mid-January
- If you are in a dept. outside of Campus Life, you will need at least 2 campus life partners
- Unlikely to fund existing programs/pay for continuation. What we should do is put in funding requests for new initiatives that we've wanted to take on.

Opiod Overdose presentation (Katharine Williams, Nursing Student)
- In Accelerated Nursing program
- Emory doesn't currently have much regarding opiod use policy
- Full project is for non-medical bystanders who happen to witness someone overdosing; supposed to be for those without medical training
- Program: "Be a Hero! How to Prevent an Opiod Overdose"
- Prescription opiods are likely to be the focus for us on campus (as opposed to heroin, although we don't want to overlook it)
- Focus of the program
  - o Names of commonly abused opiods
  - o Signs and symptoms of an opiod overdose
  - o This would be a lecture based portion, some teachback
- Return demonstration portion – what do we want them to learn
  - o Give a sternal rub
  - o Call emergency services
  - o Rescue breathe
  - o Place in recovery position
  - o Deliver naloxone (STILL have to call 911 immediately, even if they wake up from naloxone)
- What do we want people to know about Naloxone (Narcan)?
  - o In a perfect world, it would be readily available
  - o Naloxone doesn't have a negative repercussions if you give it to someone who isn't having an overdose
  - o Want them to know: what it is, how it works, how to administer, how long it lasts in the body
  - o Basics of the Georgia 911 Medical Amnesty Law
    - If you call 911 you cannot be arrested (you or the person suffering) because you are doing it for a medical reason
    - If you are found with small amounts of drug or medical paraphernalia you cannot be arrested (large amounts are a different story)
    - If you administer naloxone in good faith you cannot be arrested/sued
- Let's add Opiod Overdose Prevention to LiveSafe!!
  - o Other apps: NarcanNow, OpiRescue
- ACHA Guidelines for Prescribing Opiods in College Health
- Most important component – prevention! We don't have a major problem yet, and we want to keep it that way
- Question: are we looking at it from a staff perspective? Or a student perspective?

- o There currently isn't anything policy for students, staff, anyone
- o Could go many ways
- o Great skill to send students out into the world so they know
- o Timeline: would be about an hour, we would want to get it in front of as many groups as possible
- o Police Chief – firm believers in carrying naloxone
    - ▪ Was some apprehension early on, but Emory & UGA have had some says
- o Dr. Huey – some discussion about including narcan in the AED cases (which would be a huge cost, since there are 300 cases around campus)
- - Emory EMS does not currently carry naloxone, maybe around summer time? Have looked into it and everyone on staff is able to administer
- - Katherine will go in front of ResLife during the winter to present, would like to get it in front of other groups
- - Lots of people in the nursing school would like to volunteer for a number of things

EPD and Public Safety (Craig Watson & Rus Drew)
- - Craig Watson now serving as Assistant Vice President of Public Safety
    - o EMS and Fire are now stand alone departments, still under Craig Adminstratively
- - CLERY Compliance Programs
    - o Now have a standalone CLERY webpage
    - o Restructured the safety report
- - Campus security authorities
    - o 800 – 900 people across campus who qualify for this, will be doing training for them
        - ▪ Police officers, security, also includes RAs and SAs, athletic coaches, etc.
- - Working on increasing physical safety (merges, contract security personnel)
- - New Police Chief Rus Drew
    - o 3rd week on the job
    - o Chief of Police for 30 years, 3 different colleges/universities in Georgia
    - o Would like to come to staff meetings
Collaboration Multiplier Activity
- - Think about what your office does, what expertise do you bring, what are some resources that you have to bring to the space
When think about how you can share some resources to start multiplying, get closer to our priorities as a coalition

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Emory Safety Alliance Meeting Minutes, 03/14/2016, 12- 2pm

Meeting Chair: Mike Huey
- - Emory Campus life is going through strategic planning process, SHS's number 1 priority is safety – individual and community
Safe Communities America Update (Raphael)
- - Emory Safety Alliance is part of a larger network, part of our job is to maintain our designation…we need to get re-designation in 2017

- Need to be actively involved with other safe communities (some are university based, others are based in towns)
- Brief updates from last meeting/call
  - o Adding another university based safe community – West Virginia University (having site visit now)
  - o Started partnering with APHA, hopefully safe communities will be able to present there
  - o 2015 report due soon
    - ▪ Highlights were pedestrian safety and ways to present interpersonal violence
  - o Safe communities is sponsoring Safe Communities America Day – to promote community level safety; will be providing toolkits to do programs – OCTOBER 5TH, 2016
    - ▪ Want to highlight a lot of what we are doing at Emory, what respective programs are doing
    - ▪ More to come about this!
  - o Next Safe Communities America Meeting in Chicago: August 8-9th 2016
    - ▪ If you and your departments go, go! No conference registration fee, just have to pay for travel and lodging
    - ▪ August 7th Emory will be hosting a Safe Communities university based conversation in Chicago – very exciting and more reason to come!!
      - • They are giving us the entire day, we will be planning the agenda for that – send Raphael ideas!
    - ▪ There are 5 safe communities that are universities
      - • 1 went lapse, 1 is working reaccreditation
      - • We were the 2nd, and the first on the East Coast
      - • We will send out a list of those universities – stay tuned!

Emory Updates
- • Mitigating Violence Video Project (Holley Butkovich via Paris)
  - o Objectives: intended for general Emory audience (students, faculty, and staff)
  - o Key messages: recognizing signs of trouble, where to get help, what numbers to call when in an emergency, assessing threatening situations
  - o Gives strategies for de-escalating threatening situations, Run/Hide/Fight (we already have the video for this)
  - o In video series, there will be many 2 – 3 videos that will be hosted on a website (not CPAR website), but a diff. website
    - ▪ Wanda Collins, Suzanna Onorato, Adrienne Slaughter, Emory Police, and others are all doing 1 of the sessions
    - ▪ Run Hide Fight video is on youtube at emergency.emory.edu
  - o As of today, all scripts have been submitted, and are meeting March 16th
    - ▪ Filming with LITS, and looking for suggestions about filming locations
    - ▪ CPAR is funding the videos

- Working with Emory Communications for the Emory messaging component
- Looking for support financing the website – would be greatly appreciated
  - Goal = to have it launched before graduation in may
  - Will be publicized via Emory Report and Emory Communications
  - Thoughts from the group:
    - Would love to see something involving students (can students join in with one of the sessions? Or have students run a session?)
    - Location: newly renovated Rare Books location on the top floor (quiet, great lighting); Carlos Hall (building next to Carlos Museum (quiet and lighting can be good, especially for a nice bannister shot)
- Safety App (Paris Harper)
  - Mid-February – met to see some product demonstrations
    - LiveSafe and RaveGuardian/Rave Alert
      - All really impressed with the LiveSafe product, what we are getting behind
      - One of the main reasons – takes on a lot of functions pertinent to everyday life…we don't want an app that no one installs because they don't think they need it OR they install it and never use it
    - LiveSafe will provide Marketing support for us, and they work towards great uptake
    - There is a Dashboard that can be made to a number of staff members
    - Tip Board – so if there is an emergency, it can be directed to the correct people/unit…very versatile
    - Like the geo-fencing feature, builds upon the GPS functionality of cell phones now
      - Could say everyone in this region of campus evacuate shelter in place
    - Also has the Safe Walk feature (LifeSafe said this is the most used feature)
  - Now – we are in the negation phase with LiveSafe…we think we can get it below $20,000
    - Kennesaw got it for $23,000 and GSU got it for $21,000….we have a smaller student body than GSU
    - Will allocate some money from mental health fee, some from campus life, but want to get the price figured out more before we decide on funds allocation
  - Want to get support from coalition, students, etc.
  - Max – have they sent over concept art for Emory version for the app? Wants to send the work out to the student body; also consider SGA for a funding source
    - Raphael can send a mock-up of the Dashboard if you are interested

- o Ben – will the geographic aspects/components apply to Oxford/Midtown/hospitals?
    - ▪ Yes!
    - ▪ Could still use the features even if you are not on campus?
        - • Dr. Huey – talked about the tragedy in Paris – could have been applicable in that situation; text feature for 911…can make a silent contact to 911 if you were in a situation where speaking could identify your location to someone
    - ▪ Wanting to increase the thought of the app as a Safety & Wellness app – looking to make it more of a daily-use app
    - ▪ Lots of options!! More than 200 features
        - • Trees in the road, wellness promotion, 911 text feature, etc.
    - ▪ Max – comparison to App Armour (the app SGA was looking at)
        - • He thinks students would actually use this one more than the other one…almost looks like uber
- • Hoverboard Safety (Julia Thompson)
    - o Ben, Elaine Turner (Housing), Scott (Res. Life)
    - o Ben has edited the policy about Hoverboards
    - o Hoverboards have dwindled down but there is a motorized vehicle policy, also in the DUC (the 2 places that things are being edited) – also looking in Athletic Facilities
        - ▪ Looking to put the edit for Consumer Board safety approval – Hoverboards have not been approved yet
        - ▪ Asking that use or storage not happen in residence life areas until there is UL or Consumer Board approval
            - • UL is more open to doing testing of hoverboards – appears that there may be some changes coming up, but as of now nothing has been approved
            - • SO as of now, hoverboards are not approved in residence halls
            - • A little harder on the street/just around
    - o What is the presence on campus? Consensus was that we really have only seen 1 (or very few)
    - o Does the policy address other motorized toys? (it says motorized vehicles – includes scooters, segways, etc.)
- • Concussions (Mike Huey)
    - o Tracking of concussions and improving response, intervention, and prevention at Student Health
        - ▪ We need to see people back!
        - ▪ Looked at the average # of visits – looked at the students who presented with concussion at SHS…the average was 1.3, we would like to see at least 2
            - • Sometimes we are not the first visit, so maybe they have been seen at the ER, another health care facility, etc.
            - • For some of them, they may already be better, they may be looking more for documentation

- Goal is for 2.0 visits per concussion may not be a goal we are able to achieve because of it
  - New goal of 1.8 – what we will be communicating to our colleagues
  - o Important that every student we see actually gets the concussion handouts
    - Understanding that for every student, it may not be their first visit (it talks a lot about the first 48 hours)
    - Would like to see 98% of students at their first visit get the handouts
  - o Met with ResLife – is the issue lofted beds
    - Is the issue students falling out of lofted beds? Not always
    - Often it is substance related? But not always
    - Brought the issue to ResLife late spring 2015/early summer
      - ResLife purchased a large number of bedrails and created handouts, mentioned it at orientation – don't have the number of students who chose this option, but Dobbs Hall had all of the beds lofted – data is still pending
    - Bed rails - some go missing by the end of the year??
    - We would like to see 100% of freshman bunk beds railed in residence halls
      - Our preference is that more 2nd year students would prefer to have their beds railed
  - o Ben – keep on Housing/Residence Life during "refresh" period – it is MUCH cheaper to buy lofts with the new beds
    - Make sure they are included with the inventory at the beginning of the year, so they can be replaced the same way a missing mattress/bed frame/dresser would be replaced upon checkout
    - Ben will follow up with Housing/Res Life and connect with Mike Huey
  - o # of concussions in athletics has NOT gone up – the increase has been among student body at large
- Zika Virus (Mike Huey)
  - o Group of people from CPAR, SHS, Environmental Health and Safety, Emory Comm., etc. looked at notification of general campus community about Zika
  - o Rather than trying to create an Emory-specific place for Zika, we thought it made more sense to link to CDC website
  - o Went with relatively short all-campus notice about Zika Virus – wanted to get notice out BEFORE spring break…knew we had a large number going to central and south America and the Caribbean (some for pleasure, others on organized humanitarian trips)
  - o Travel clinics – SHS travel clinic and Travel Well clinic (@Midtown) added info about Zika and Mosquitos
    - Decided that we wouldn't exclude adjacent countries that aren't yet on the list

- We have people coming back (as of this moment we are not aware of people with symptoms, rash, etc. but it is only Monday)
  - o With the ISOS alerts that go out to the travelers, but it also does regional alerts
- Craig Watson – Vice President of Public Safety
  - o Now Assistant Vice President of Public Safety
  - o Under new structure in Public Safety Role, they will be hiring a new Police Chief
    - Police Chief, Director of Fire Safety, Director of EMS will report to Craig Watson
  - o We will be taking on more oversight of security functions that doesn't happen now (changes happening over the next few months)
    - Including electronic access control
    - Contract security officers in some buildings (managing contracts)
    - Serving as Cleary compliance point person for the University
    - Providing administrative oversight for Fire, Safety, and EMS
    - Funding extra positions internally (not adding to the budget)
    - Nothing changes in terms of the level of services you receive now
  - o Question – electronic access control…potential to condense the number of badges/cards we need to carry? Eventually yes!
  - o Question – when are standards coming into play? – there is a standard now for any new construction.
  - o Shout-out to Max – got funding for 4 new blue light phones!
  - o Thanks/Shoutout from Heather & Question – search and timeline? – new position has been posted, internal search firm…process has JUST started, will likely take months (end of school year/summer is the guess)
  - o Question – Clearly Committee – what's the timeline? Hopefully sooner than getting the police chief position filled; will be working with compliance
  - o Question – Contracting for security guards – will that be enterprise-wide or will healthcare be separate? – Healthcare is separate! (Emory Healthcare Department of Public Safety; officers are armed in 2 Emory hospitals); they provide Law Enforcement at the clinic here

Discuss Next Steps – Paris
- Sharon Nieb(Emory Center for Injury Control)
  - o Strategic planning process update – have formed 5 task forces
    - Transportation (vehicle crashes and pedestrian injuries)
    - TVI/Concussion
    - Prescription Drug Overdose (has overtaken MVC for #1 killers in Georgia for people ages 1 – 44)
    - Falls
    - Violence – first meeting is this Friday
      - IPV and general forms of violence
  - o These topic areas are the most prevalent and top issues in Georgia as the result of the data that we have been able to get; will come back with updates
- Wanda Swan - RespectCon

- o April 1st and 2nd – nationally recognized and award winning conference, now in year 4
  - o Best minds on the front lines of reducing, strategizing, and advocating for survivors of sexual assault and violence
  - o Discounted rates from those from the Emory Community
  - o Grown as a conference – so big we had to leave the DUC…will be at the Emory Conference Center
  - o If you are interested in attending or being a sponsor – wanda.swan@emory.edu
- Emory Denim Day – Wednesday, April 20th
  - o Flo the Flourishing Hippo
  - o Denim Day is an awareness program that came about from a 1992 Italian Supreme Court Decision that was overturned because that survivor was wearing jeans, so it was deemed that the sex was consensual…case was eventually overturned again in 2008 but it is a national day of protest and support for survivors
  - o Wear denim on Wednesday, April 20th and take a picture and send to any of the following:
    - Email: respect@emory.edu
    - Instagram: @Respect_Program
    - Facebook: facebook.com/RespectWekk
    - Twitter: @RespectWell
  - o The more denim, the better!!

Emory Safety Alliance Meeting Minutes, 10/27/2015, 12-2pm
Introductions: Mike Huey
- Explains origination of Safe Communities @ Emory
- Emory is the third University to be designated as a Safe Community, and is currently one of only 5 safe university communities (the other safe communities are counties and townships)

Attendants asked to introduce selves and affiliations, express their goals for the ESA
Mike Huey, Student Health and Counseling
Patty Olinger, Environmental Health & Safety
Raphael Coleman, OHP
Paris Harper, OHP
Cheryl Ritchie, Risk Management
Paula Gomes, Faculty Staff Assistance Program
Suzanne Onorato, Campus Life
Julie Thompson, Student Conduct
Laura Smith, OHP
Wanda Swan, OHP
Wanda Collins, Counseling and Psychological services, threat assessment team
Adrienne Slaughter, Student intervention services
Danielle Steele, Office of LGBT life, center for women
Paul Reeves, transportation and parking services

Drew Rizzo, OHP, RESPECT Program
Sharon Nieb, Center for Injury Control
Willie Bannister, OHP, Alcohol & drug abuse
Dani Smith, OHP, Active bystander skills workshops
Kevin Crawford, Office of Spiritual and Religious life

Emory Safety Alliance and Safe Communities America (Raphael Coleman)
National Safety council wants to provide technical assistance to institutions like us
5 priorities: 1) workplace injuries; 2) distracted driving; 3) car crashes; 4) prescription drug misuse; 5) Developing Safe Communities

Expectations for Safe Communities
1. Prioritizing safety
2. Deliver Local solutions: what are the needs of our community, including the university and healthcare
3. Partnering with every sector of the community: we've done this! check out our 25 diverse partner groups
4. Designating and accrediting communities as Safe Communities
   a. Emory one of the few and one of the first Universities to be designated
      i. Priorities that we addressed to get our designation
         1. showing that we're leaders in safety promotion
            a. Ex: CEPAR, protecting vulnerable populations
         2. Current data collection: we are still working on this, possibility of developing a centralized surveillance system. We should be constantly evaluating ourselves
         3. Network participation: engaging with National Safe Communities. Marketing ourselves as a Safe Community.

ESA History (Mike Huey)
Winter 2008: ECIC sent a letter of intent to apply for a safe community designation.
Spring 2011: Initial group of 15 stakeholders came together to finalize the application and to formally establish the ESA. The original members represented groups including, American Red Cross Campus Club, Bike Emory, Center for Women, CEPAR, Emory Cares 4 You, ECIC, EEMS, Emory Police, Sports Medicine, Environmental Health and Safety, Faculty Staff Assistance Program, Fire Safety, Intimate Partner Violence Working Group, LGBT Life, Parking and Transportation Services, Student Health and Counseling Services
Fall '11: Emory Safe Community application was drafted and submitted in winter '11
Fall '12: Emory receives designation!
Spring '14: Coalition leadership leaves. ESA reorganized under OHP

Annual Report: review of past initiatives and key issues

Participants review their role in the Emory Safety Alliance Collaborative partners list

ASAP: Will follow up with new description of ASAP, change it to RESPECT program. List ASAP & similar programs within RESPECT. Role will stay largely the same.
Athletics & Recreation: (MH) Concussions are important to this office.
Bike Emory: not represented
Center for Women: (DS) healthy masculinities initiative, men stopping violence, data collection for strategic plan. Paula Gomes asks about women of Faculty & Staff, does CWE offer services for them as well? -an opportunity for growth.
CAPS: (WC) Asked about Injury Surveillance System. Add QPR training, helpline service, threat assessment team
CEPAR: (MH)
Emory Cares 4 You: (WC) Grant money has run out, move this program under CAPS
ECIC: (SN) Interested in concussions, traumatic brain injury, intimate partner violence, vehicle crashes. In the midst of strategic planning process. SN will report back with ECIC's new strategic plan. Very excited that the ohp has taken on the ESA.
EEMS: (MH) Follow up for comments. EEMS has been a strong supporter ESA
EPD: not represented
Senate Subcommittee on Safety: who is current chair?
Senate Subcommittee for Sexual Violence: (DR) New group! Providing data from student survey, faculty and staff survey to follow
Enterprise Risk Management: (Cheryl Ritchie) will rewrite description.
EHSO: (PO) Will rewrite description. National callout to university presidents, re: laboratory &overall campus safety, November 2015
FSAP: (PG) will send comments. Also involved in suicide prevention b/c of increased rates of suicide among staff, also conflict mediation, intimate partner violence prevention, critical incident response team will be revived by Robin Husky. Other areas of focus; physician's services
Fire Safety: not represented
Human resources: not represented
Injury free coalition: not represented
Intimate partner violence working group: Relocate to FSAP
Office of religious life: (KC) provides community of care, records of campus deaths.
OHP: (RC) needs to be updated. Holistic health and well-being. collecting data always.
LGBT life: (DS) everything looks accurate
OSFL: (SO) Anti-hazing week, safe Greek communities - Safe Greeks is a new program working towards sexual violence prevention and active bystander skills. All greek organizations have agreed to take part.
Parking: (PR) Pedestrian safety campaign, just started this year. Meerkat pictures, "look out for each other!" ***Pedestrian safety would be good area for ESA focus.*** implemented Safe Ride on Demand program. data coming back on implementation and adoption of that program. Carpool program change to "Commute options" - inclusive of other commute options.
Sleep Center: not represented
Student Conduct: (JT) will edit description. alcohol &drugs are a key focus area.
Student Health Services: (MH) will rewrite - role in ESA is beyond data collection. Also interested in concussions.

Final Points
Recertification is in 2017
Next meeting is in spring 2015
How can we incorporate more representation for/from Emory Healthcare?
Invite April Flynt of Healthy Emory to join the Alliance

CDC/NSC/SCA Meeting, 10/22/2014, 11am-12pm

Atlanta Meeting
Wednesday, October 22, 2014
11:00 am -12:00 pm
CDC Chamblee Campus, Building 106

I. **Welcome/Introductions**
    Deb Houry, MD, MPH, Director, National Center for Injury Prevention and
    Control, welcomed attendees to the meeting (see attached list). Attendees
    introduced themselves and described their role in safety and injury prevention at
    their respective organizations.

II. **CDC vision and priorities for Injury Prevention and Safe Communities**
    Deb Houry, Sara Patterson and Amy Peeples reviewed the vision and priorities
    of the CDC Injury Prevention and Control Program and how that mission
    intersects with Safe Communities America and the National Safety Council.
    During her first year as Director, the CDC IPCP will focus on expanding support
    for key programs that aid states in preventing prescription overdose and better
    reporting of violent death statistics.

III. **NSC vision and strategy for Injury Prevention and Safe Communities**
    Deborah A.P. Hersman, President and CEO of the National Safety Council,
    presented a PowerPoint presentation and answered questions. The NSC has
    275 employees nationally and 20 state chapters. NSC focuses on evidenced
    based safety and prevention efforts, with the current top three priorities being
    motor vehicular accidents, prescription drug overdose and falls. The NSC
    national meeting will be September 26-30, 2015 in Atlanta and will be attended
    by workplace safety professionals from across the country. Ms. Hersman noted
    "Each year, over ten thousand safety professionals attend the National Safety
    Council Congress and Expo to gather the knowledge and the tools they need to
    influence safety in their workplaces. The goals of our education sessions and the
    Best-in-Show product displays are to support safety leaders on their journey to
    safety excellence and reduce preventable injuries and deaths."

IV. **Brief updates:**
   a. **Emory Safe Communities**
      Michael Huey, co-chair of the Emory Safety Alliance, noted that Dr. Houry was the founding Chair of the Emory Safety Alliance and chaired the original Safe Communities America designation for Emory University. He thanked her on behalf of the University and the Emory Safety alliance and congratulated her on her new CDC role. Dr. Huey noted that Emory is focusing on student alcohol use/high risk drinking, sexual assault education and prevention, including bystander intervention training, and working with Safe Communities America on creation of a University SCA consortium.

   b. **Atlanta Safe Communities**
      Denise Quarles from the City of Atlanta reviewed current safety priorities, including distracted driving and workplace safety.

V. **Potential collaborations between CDC and NSC (e.g., prescription drug abuse, violence, safe communities)**

   The attendees discussed potential collaborations between CDC and NSC, including domestic violence prevention and suicide prevention. It was stressed that it was important to get buy in from organizations in the community, especially business leadership. Michael Huey noted that there could also be potential collaborations with the American College Health Association.

Respectfully submitted,

Michael J. Huey, MD
Assistant Vice President and Executive Director
Emory University Student Health Services
Associate Professor, Family and Preventive Medicine
Emory University School of Medicine

Attendees

Centers for Disease Control and Prevention

Deb Houry, MD, MPH
Director, National Center for Injury Prevention and Control

Sara Patterson, MA
Associate Director for Policy, National Center for Injury Prevention and Control

Amy Peeples, MPA

Deputy Director, National Center for Injury Prevention and Control

City of Atlanta

Denise Quarles
Director of Sustainability

Emory University

Michael J. Huey, MD
Assistant Vice President and Executive Director, Emory University Student Health and Counseling Services
Associate Professor, Family and Preventive Medicine Emory University School of Medicine

National Safety Council

Deborah A.P. Hersman,
President and CEO

Jim Boyle
Senior Director, Sales

Emory Safety Alliance Meeting Minutes, 06/19/2014
Meeting Chair: Deb Houry

ESA Members Present: Michael Huey, Patty Olinger, Natasha Southworth, Kia Colbert, Bridget Steele-Mourao, Maureen Thompson, Megan Janasiewicz, Ben Perlman, Sam Shartar, Jessica Hill, Marlon Gibson, Scott Rausch, Matt Klopman, Mahlet Endale, Rachel Barnhard, Paula Gomes, Mark McLeod

I. **Updates**
   - Emory Center for Injury Control: ECIC has not heard back from CDC about their Injury Control Research Center Grant. They built into their grant a part-time staff person (Residence Life Director Fellow) for management of Safe Communities Emory. The University has pledged a commitment to funding ½ this person's salary, which is contingent upon the ECIC receiving the Center Grant.

   - Office of Health Promotion: Jessica Hill gave an update on the AOD (alcohol and other drug) prevention strategies for the student population. She described current activities focusing on the individual level, relationship level, and community level. Emory is doing well with individual and relationship-focused initiatives; however, as a group we need to help support and generate ideas to address community-level prevention. Specifically, we need improved data collection, increased

visibility/enforcement of our underage drinking policies, increased visibility/enforcement of the drunk-driving laws, and we need to assess our own campus events with alcohol as well as create a campus/community coalition.

The group discussed the need to screen for alcohol every time someone comes in with an injury. Dr. Mike Huey gave an update on the AOD Dashboard initiative that the ESA supported. He has spoken with Emory University Hospital's IT department about creating a mandatory field under vital signs asking if someone is an Emory student. This would be a Yes/No checkbox that is a searchable field, which could be paired with various alcohol-related codes and possibly mental health issues. Our target is currently Emory University Hospital (where most students end up) but if we can get Healthcare on board, we could include Midtown and St. Joseph's. Unfortunately, Dr. Huey has not head back from IT on the status of adding this field. Someone asked about Oxford students and it was mentioned to check-in with Amanda Yu regarding this.

Dr. Huey and Jessica Hill brought a new idea to the group, which would reward business establishments that check IDs and monitor intoxication of Emory students. The idea is to encourage continuing compliance by giving them a certificate or visible sticker on their door or near register. This designation could come from the ESA and possibly the greater Safe Communities Network. Jessica explained that she has good contact with Emory Village businesses but does not know a coordinating body for Emory Point. We could also create a MOU between the businesses and Emory's Safe Community, something that states they will make a special effort to take care of the Emory community. There was discussion about revoking the certificate if we have an issue with a business based on observation, the number of fines they have received, etc. Unfortunately, it would be difficult to get hard data on each business and that could lead to unintended negative consequences. Dr. Ben Perlman offered to check with a business owner in the Highlands and get his opinion on this idea.

Emory does have an alcohol policy, which includes storage of alcohol for Emory events but enforcement has been an issue. The group agreed that we need to look internally and clean up our University first before examining others.

The Clifton Community Partnership is a group that we could tap into regarding this issue. Sam Shartar suggested we have a conversation with Betty Willis about underage alcohol use in the community.

- Student Counseling Center: Dr. Mahlet Endale, the Suicide Prevention Coordinator, shared information about current initiatives in the Counseling Center. She mentioned the Jed Foundation's Campus Program, which

helps universities to promote emotional well-being and mental health programming. Emory took the self-assessment survey and though a few holes were identified, Emory qualified for a membership seal. Below are three initiatives Dr. Endale shared with the group:

1. **Interactive Screening Program** (ISP): This is an online assessment that provides personalized responses from Emory professionals. In the 2012-2013 academic year, about 400 students completed the assessment, most found the link on their own. In 2014, about 234 students completed the assessment. Students seem more likely to complete the assessment if they find the link on the own rather than being told about it. The Counseling Center has met with over 100 individuals for follow-up based on these assessments. The main issue is figuring out how to reach the other population of students who are not seeking out this assessment on their own.

2. **QPR Gatekeeper Training**: QPR stands for Question, Persuade, and Refer. This suicide prevention gatekeeper training is offered to anyone at Emory (faculty, staff, and students). In 2013, 84 community members were trained and in 2014, 155 people were trained.

3. **Emory's Helpline**: This student-run helpline is open 7 days a week from 8:30pm – 1am. Students complete a rigorous training process to be on the helpline. In the 2012-2013 academic year they received 141 calls, 10 with suicidal ideation. Most of the calls came from marginalized students and international students who did not know where to find resources.

In total, there have been three suicides this year in our community (a faculty, staff, and student). The ESA discussed the need for more resources for Asian students and international students in general. Another gap identified was veterans, especially those that are faculty or staff. We need trainings for supervisors on how to respond to the needs and challenges that veterans face, as well as how to support them and welcome them into our community. It was recommended that FSAP seek advice from the Student Veteran Group on campus, which has inspiring leadership and may be able to help faculty and staff.

II. Focus Areas

- Annual Report: Our Annual Report was due in February 2014, which consisted of two parts, an online form and program matrix. The online form reported our community data, our coalition priority areas and contact information. The program matrix was a detailed description of the programs in place that address our top three priority areas. Thank you to everyone who was able to send Natasha data on such short notice. The top three causes of injury (based on the data sent) were falls, AOD-related injuries, and sexual assaults. The ESA's top three prevention priority

areas are sexual assaults and Title IX requirements, AOD-related injuries and overdoses, and suicide prevention. These priority areas were determined by community consensus at previous ESA meetings as well as the general need for work in these areas.

- Data Collection Issues: One of ESA's goals was to create an Emory Injury Surveillance System. This is still the case and was very apparent during the collection of data for the annual report. Unfortunately, we do not all collect data on the same timeline nor do we collect all data by person or event. As a group, we talked about ways to streamline our data collection process so reporting would be easier and would allow us to have a solid baseline measurement. Each group will think of three indicators that they would be able to report on each academic year. It was mentioned that this might be hard since some departments have so much crucial information, such as EMS. The more precise we are with what indicators we collect the better.

- Access Database: The ESA has an administrative database, which stores information that may be useful to any one of us. It has an ESA member listing, stores ESA meeting dates and attendees, and shows Emory programs, which can be sorted by department, audience, and injury type.

III. Sub-Committees
- Dr. Houry mentioned the Senate Sub-Committee on Safety & Security and whether or not it is needed. In the past, that committee used to focus on specific themes not overall safety. As it stands now, it is too similar to the ESA and is not necessary.
- The group discussed the need for creating ESA sub-committees to accomplish some of our goals. Each committee would meet monthly or every other month and report to the greater ESA body. The sub-committees proposed were:
    1. Surveillance/Evaluation Committee
        - Rachel Barnhard
        - Jessica Hill
        - Sam Shartar
    2. Business Community Committee
    3. Violence Prevention Committee
    4. AOD Prevention Committee

IV. Safe Communities America Networking Conference – Aug 13-14th 2014
- Dr. Ben Perlman, Director of the DUC, offered to attend the conference this year. Unfortunately, he is unable to go and it looks like Emory will not have a representative this year.

V. Next Meeting – October 2014
- ECIC's CDC Grant Results

- Strategic Planning Exercise led by ECIC's Deputy Director, Shakiyla Smith
- Finalize Sub-Committees
- Discuss AOD-related Community Initiative (ask local businesses their opinion regarding a certificate or MOU)

Emory Safety Alliance Meeting Minutes, 02/02/2013

Meeting Chair: Dr. Huey

ESA Members Present: Michael Huey, Patty Olinger, Deb Houry, Natasha Southworth, Kia Colbert, Lauren Hudak, Louis Brown, Ivan Maddox, Virginia Plummer, Del King, Craig Watson, Rachel Barnhard, Robin Huskey, Shannan Palma, Jessica Hill, Lauren Bernstein, Holly Butkovich, Rebecca Dillard, Kathryn Yount, Daniel Mercer, Danielle Dempsey-Swopes

Updates:
- Emory EMS 20th Anniversary – there will be a reunion for EMS April 6th
- Office of Health Promotion 20th Anniversary
- ECIC 20th Anniversary
- New Project Unspoken Video focuses on victim blaming
- April – Sexual Assault Awareness Month
- FSAP is creating a support group for employee victims of intimate partner violence, seen an increase lately. Tragic example of a recent case - murder/suicide of employee at Wesley Woods
- Title IX – theme for Women's History Month

VI. Alcohol and Other Drugs
- AOD Dashboard Update: As discussed at our last ESA meeting, one of this year's focus areas would be to assist with the development of an Alcohol and Other Drug Dashboard at Emory. The plan is to develop a series of indicators to allow Emory to chart our interventions. Currently, we work by anecdotes, we receive bits of information. Emory has age-related information but cannot connect this to see if the patient is an Emory student. A committee is looking at new charting procedures. The committee's charge is to have a series of recommendations by the end of spring semester.
- New Hire: The Office of Health Promotion recently hired a new health promotion specialist for prevention strategies looking at alcohol and other drugs on campus. We are thrilled to welcome Ms. Jessica Hill to Emory and the Emory Safety Alliance. Previously, Ms. Hill worked for the Safe States Alliance and CDC's National Center for Injury Prevention and Control. She is meeting with people on campus now and seeing what she can build upon**.**

VII. Suicide Prevention

- Prevalence: Dr. Mark McCleod is looking at the negative outcomes related to mental health: suicide, suicide attempts, so we are not missing information. This is hard to capture if anything happened outside of Emory (i.e. while a student was home). We will address this after our work on AOD Dashboard.

VIII. RespectCon
- Respect Program Conference, April 12th 2013, Kickoff with Andrea Gibson at Glenn Memorial the night before. Goal is to 1) raise capacity of student work 2) increase capacity of faculty and staff and showcase best practices 3) Showcase our work. The focus is on interpersonal violence on campus settings. There will be presenters from 13 states, from New York to Washington. This should be an engaging event with theater and music. The maximum cost is $30/person. The agenda is being finalized. During the opening session, and ESA chair will be part of the welcome highlighting the collaboration at Emory. We will also have a table at the conference for the ESA and display our new banner.

IX. Campus Resilience Pilot Program
- The Department of Homeland Security announced a Campus Resilience Pilot Program, https://www.dhs.gov/news/2013/02/01/dhs-announces-campus-resilience-pilot-program-colleges-and-universities. Patty mentioned this Pilot Program to the group and Holly mentioned that CEPAR has this application on their agenda. Emory must first apply then get vetted. We may have an in since Patty is on the selection board.

X. Emory's Gun Violence Resolution
- Emory has not made a public stance yet, like Ogelthorpe University on HB 29: Georgia Campus Carry Act of 2013. This bill would repeal the prohibition on carrying firearms "on the campus of any private or public technical school, vocational school, college, university, or institution of postsecondary education." (http://www.legis.ga.gov/Legislation/en-US/display/20132014/HB/29) The group discussed possibly making a statement around safety in general after examining HR reporting, awareness of firearm presence. The Athletics Department.

Emory Safety Alliance Meeting Minutes, 10/02/2012

Meeting Chair: Debra Houry

ESA Members Present: Michael Huey, Patty Olinger, Natasha Southworth, Lee Helmken, Lauren Hudak, Timothy Cartwright, Maria Mendez, Nicole Reagan, Robin Huskey, Megan Janasiewicz, Rebecca Dillard, Ivan Maddox, Mark McLeod, Shannan Palma, Amanda Feldpausch, Lauren (LB) Bernstein, Alex Isakov, Sharon Pine

Upcoming Events:
- October – month-long Healthy Relationships Blog
  - Contact LB to submit a blog: lauren.bernstein@emory.edu

- Oct. 10th – Safety Fair at the DUC (EPD and Fire Safety)
- Oct. 11th – National Suicide Prevention Screening Day (FSAP)
- Oct. 16th, 2-3:30pm – Safe States Webinar on Safe Communities
- Oct. 17th – Film Screening "Kinyarwanda" (Rwandan genocide) at White Hall 206, 7-9:30pm
- Oct. 23rd, 11:45am – 1pm – National Collegiate Alcohol Awareness Day (FSAP and Student Health)
- Nov. 1st – "Send Silence Packing" Exhibit on Emory's Quad (Active Minds Group)
- Nov. 8th – Film Screening "To Kill a Kelpie" at RSPH (CDC and ECIC)
- Nov. 12th - Take Back the Night on Emory's Quad

I. **Safe Communities America Networking Conference**
- *Rx Drug Abuse*: Natasha attended the SC America Networking Conference in August 2012. The conference focused on prescription drug overdoses with presentations from experts in the field: Dr. Len Paulozzi (CDC, National Center for Injury Prevention and Control) and Jacqueline Hackett (White House Office of National Drug Control Policy). Individual Safe Communities gave presentations on what their communities were doing to address this issue. Action plans included education for parents, patients, and healthcare providers, state-run drug monitoring systems, and disposal programs. The ESA discussed how our Safe Community is unique and one of the major problems at Emory is legal prescriptions being shared by students. Student Health and Counseling is currently interviewing for a Coordinator of Prevention Strategies, ATOD. We want to make a big difference quickly in relation to drug abuse on our campus. Emory's community does not accept the norm of sharing prescriptions and is focusing on changing the culture from individual to community-focused.
- *Collaboration*: The conference was a great opportunity for the 20 Safe Communities to network and plan for future collaborations. The ESA discussed presenting at the next American College Health Association (ACHA) Conference with the University of Southern California and Murray State. Heather will be presenting with Paula Swinford from USC at NASPA Alcohol, Other Drug Abuse, and Violence Prevention and Intervention Conference in Jan. 2013.
- *Logic Models*: Communities reviewed their logic models and the National Safety Council encouraged each community to create their own to help with planning and outlining goals and objectives. The ESA discussed working on such a logic model; LB from the Respect Program and Robin from ??? offered assistance to help with this effort. Also, EHSO has an expert in concept mapping who may be able to help.

II. **ESA Focus Areas 2012 – 2013**
- *Alcohol and Other Drugs*: One focus area was identified by Dr. Huey which focuses on the creation of an alcohol and other drug dashboard at Emory. This system would be able to capture the patients transferred between our hospitals; it would capture our numbers more accurately and give us an

indication if we are making an impact in alcohol/drug prevention. Right now there is no diagnostic code for Emory students and we want to create one. EMS captures some of this data; they log the affiliation of every person they see, students, staff, faculty, etc. So far, Emory's President's Cabinet is interested in this initiative. Along these lines, Student Health and Counseling is planning a response for the recent article on binge drinking: http://abcnews.go.com/blogs/health/2012/08/20/binge-drinking-college-students-report-being-happier/.

- *Suicide*: Another topic area discussed was suicide prevention. Emory has just hired a Suicide Prevention Coordinator, Mahlet Endale, who we hope will be part of the ESA.

III. ESA Communication/Awareness

- *Social Media*: The group discussed creating a Facebook page, Twitter account, and blog for the ESA to share information and create awareness in our community. One group member did not recommend a blog but felt Facebook and Twitter were more valuable. The creation of a "Tweet Deck" (a dashboard application that manages Facebook and Twitter accounts) may be helpful in saving energy for posting in social media.
- *Calendar*: We discussed adding a Trumba calendar to the ESA website and linking it with all the group member sites. The group identified 3 departments in the ESA who currently have Trumba calendars. The main concern is the cost of the calendar and its ongoing management.
- *Wonderful Wednesday*: One idea was to host a Wonderful Wednesday each year on safety/injury prevention. This could coincide with EPD's Safety Fair each October.
- *Visibility*: The Safe Communities flag we received from the National Safety Council should be hung in a prominent place on campus. The plaque we received should also be visible to visitors, prospective students and staff, perhaps in the Admissions Building or at Human Resources. The group also talked about the light post banners on campus and possibly purchasing a few.
- *Listserv*: The ESA listserv is currently only used by a few who have admin rights. The ECIC is looking into a way that we can all use it to share information with each other (EMSAFECOM@LISTSERV.CC.EMORY.EDU)

IV. Sustainability

- The group discussed the need for a Safe Communities Coordinator to help lead our safety efforts at Emory. Dr. Huey had the idea of hiring a Res Life Fellow for 20hrs/week beginning in July 2013. This would be a great opportunity to increase visibility throughout Emory and have a dedicated staff member to help support the ESA. Rebecca Dillard, from the Center for Health in Aging, suggested we have senior residents from Wesley Woods serve as volunteers. This would also be helpful in spreading awareness of this population on our campus. The seniors could help with tabling events or safety campaigns. EMS has a community outreach arm with volunteers who could also help out with various initiatives. LB mentioned an emerging group

called "Grads Against Violence". These graduate students may also be able to assist ESA.

V. **Other Updates**

   - Deb Houry announced the new University Course on Violence this spring semester. She is co-convening the course with Drs. Pamela Scully and Nadine Kaslow and it will be open to all students, faculty, and staff. There will be a social media component (the course will be videotaped) and community component and perhaps the ESA could be involved.
   - LB shared information on "Project Unspoken," a powerful video series that addresses prevention and response to sexual assault and relationship violence created by the Respect Program's intern Caleb Peng. LB encouraged ESA members to be part of the third video in the series focusing on prevention strategies.
   - Patty Olinger will be stopping by the National Safety Council Conference in Orlando, FL at the end of October.
   - The National Safety Council plans to hold a Prescription Drug Overdose Stakeholder Meeting in Atlanta, March 2013.
   - A new ESA member, who was unable to make it to the meeting, would like the group to focus on pedestrian safety at Emory's main campus and Midtown. Specifically, she is interested in educational campaigns. Bike Emory should be consulted because they may be doing work around this issue.

Next Meeting: Spring Semester 2013, TBD

Emory Safety Alliance Meeting Minutes, 12/02/2011, 12-1pm

Rollins School of Public Health
Claudia Nance Rollins, Room 5001

Meeting Chair: Deb Houry
Participants: Deb Houry, Michael Huey, Patty Olinger, Natasha Obolensky, Lauren Hudak, Asa Revels, Lauren Bernstein, Carol Wilkins-Hall, Bridget Steele-Mourao, Rachel Barnhard, Robin Huskey, Lee Helmken, Alex Isakov, Melissa Rosen, Joan Reed, Sharon Pine, Maria Mendez, Mark McLeod

I. **Updates**

   - Dr. Houry updated the group on the summary of the past ESA meetings, which have aligned well with applying for the Safe Communities Designation. These meetings have consisted of: formally establishing the ESA, reviewing programs, data collection methods, and how we evaluate our programs. Dr. Houry reviewed the meeting agenda: go over a few ESA and departmental updates, finalize the Safe Communities application, and plan for the Safe Communities America site visit.
   - ESA Updates

- The ESA logo proofs were presented to the group, which will be featured on the ESA website and application, as well as any products/initiatives we create as a group. See sample below:

- The Cascade Webpage is approved; however Natasha and Lauren are having difficulty setting up training in order to begin working on the site. Dr. Huey suggested that they go through Campus Life, and if necessary, use his information through campus life to receive the appropriate permissions. Likely the issue was related to Natasha, Lauren, and the ECIC being School of Medicine affiliated. Once the webpage is created, we can link all the ESA member pages, highlight initiatives, and detail our group's functions, and progress on the Emory Injury Surveillance System
- Dr. Houry updated the group on the Senate Subcommittee on Safety & Security's progress. The subcommittee will be the formal avenue in which the ESA can perform community outreach and gain Emory support.

II.   Safe Communities Application

- Dr. Houry updated the group on the Safe Communities Application progress and discussed some of the overarching issues that we have encountered in applying for the designation. More specifically, the format is dictated by Safe Communities America, so the sections are tailored to their specific requests, and are occasionally repetitive. Lauren will send a copy of the draft to the Safe Communities America representative to ensure completeness before we formally submit the document. She also mentioned that we need ESA group feedback on the sections, especially those pertaining to their separate departments. She asked that any errors, suggestions, modifications, or interesting photos/graphs/figures be sent to Lauren so that we can make the application as accurate and visually appealing as possible. Please send these changes to Lauren by December 9th at 5pm. Dr. Houry thanked the group for their involvement and edits so far.
- Application Details
  Lauren and Natasha went over the main points of the application, which is summarized as follows:
  1. **Community Description**: Designed to give an overview of Emory, its history, highlight interesting facts, showcase the University broadly
     Recurrent Themes throughout application: Top→Down Approach to Safety Promotion, Evidenced Based Approach to Injury Prevention on Campus
  2. **Indicator 1:** Details the start of the Emory Safety Alliance, and our group members. Each of your departments (with contact information) is highlighted in this section, so make sure it is correct! Pictures? Graphs?

3. **Indicator 2:** Broad Overview of Safety Promotion and Injury Prevention at Emory. This is a summary section for the next indicators (so might seem repetitive later).
4. **Indicator 3:** This is a brief section on how we define our "vulnerable populations". We discussed this list in our June ESA meeting, and tried to justify the list with supporting evidence. If you have any suggestions on how to make this information stronger please let us know. A comment was made during the review of this section. Dr. Huey would like to add cyclists to the vulnerable populations list. The group discussed re-framing how we mention these particular groups; suggestions were made to refer to the sections that discuss the programs that target these populations.
5. **Indicator 4:** This section is all about data collection. We detailed the information we gathered from you at separate times, mainly through email and our August ESA meeting (please let us know if your information is correct and complete). We attempted to be as basic and broad as possible. We also discussed the development of the Emory Injury Surveillance System in the future. During the discussion of this indicator, a member mentioned Emory's Tobacco Free Initiative and indicating how it ties with Fire Safety and the rates of fires/reduction of fires or lack of fires on campus.
6. **Indicator 5:** We compiled the feedback from our last meeting on Program Evaluation, and summarized the info in this section, highlighting a few key groups who gave us great material. The detailed information is provided in the Appendix.
7. **Indicator 6:** Participation in larger safety networks is the theme of this section, so we did our best to highlight the ones we knew about. Thank you EPD for your beautiful pictures! If you would like to have your collaborations with other safety groups outside of Emory featured, please feel free to email Lauren your information.
8. **Appendix:** This is the part of the application where we attach all the nitty gritty information, and it is quite long. Please review your department's information in the sections to ensure accuracy. The sections are as follows:
   - A. Emory Safety Program List
   - B. Sample Injury Data
   - C. Safety Program Evaluation Results
   - D. Sample Program Evaluation Report: Office of LGBT Life Safe Space Program
   - E. Sample ESA Annual Report - CEPAR
   - F. Most Recent ESA Meeting Minutes

III. **Site Visit Tentative Agenda (March 2012)**
   - Dr. Houry discussed the prospective site visit from Safe Communities America, and hoped that the visit would take place this coming March. In this visit, 2 representatives will come from Safe Communities, and the ESA should plan an

agenda that will allow us to best showcase Emory's efforts! From our understanding, we must have an ESA meeting to be considered for the designation. We discussed at the last meeting the CEPAR disaster exercise, and Dr. Isakov hopes to have the date set for this event before the University breaks for the holidays. He will keep us posted; however, it might occur during spring break.

- The group agreed that the CEPAR exercise would be a great event to highlight, and we can arrange tours of the separate facilities around the exercise. The group hopes to have one representative see the events at the command center, while the other go to the site and see the actual exercise. Dr. Houry asked if there is a dinner event, and about the rest of the visit, and Lauren mentioned she would call the Safe Communities Rep to confirm the details. Other options and ideas included having a Threat Assessment Team meeting, dovetailing with the EHSO Oversight Committee meeting, and walking through an emergency response exercise. Melissa and Joan mentioned that the Athletics tour should be held late in the afternoon to capture the most athletes/action. The other departments (Student Health and Counseling, Office of Health Promotion, FSAP, Parking and Transportation, etc). Lauren will call the Safe Communities Rep and update the group on the agenda as more information becomes available. The group agreed that we should have Oxford College representation during the site visit because the Safe Communities reps will not have a chance to visit the Oxford campus.

IV. Future Direction

- Dr. Houry mentioned that our next meeting will coincide with the Safe Communities site visit, so our spring meeting time is TBA. She also mentioned that we will make progress as a group to discuss the Emory Injury Surveillance System and funding options at that time. We will determine the timing of the ESA meetings to coincide with EHSO Oversight Committee meetings as well as the Senate Subcommittee on Safety and Security. The ESA chairs thanked the group for their efforts.

V. Group Photo

- A group photo and photo of ESA chairs was taken for the application and use on the ESA website.

VI. Next Meeting

- March 2012 - Safe Communities America Site Visit (specific date TBD)

Action Items
- Deadline for application changes - due Fri. Dec. 9th
- ESA website development
- Finalize date and agenda for site visit

Emory Safety Alliance Meeting Minutes, 10/06/2011, 2-3pm
DUC 355

Meeting Chair: Patty Olinger
Participants: Mike Huey, Deb Houry, Sheryl Heron, Shakiyla Smith, Sharon Pine, Amy Lee, Danielle Pine, Lauren Bernstein, Melissa Rosen, John Berg, Holley Butkovich, Natasha Obolensky, Lauren Hudak, Cheryl Elliott

VII.   Review of Last Meeting &Updates
a. Senate Safety and Security Subcommittee
  i. Dr. Houry mentioned that the University Senate meeting 9/27/11 was successful. The Senate Sub-Committee on Safety and Security was previously less active, and the ESA provided a great new opportunity to give our group a University base. She discussed the Safe Communities Application, as well as the plans for the Emory Injury Surveillance System. President Wagner was also at the meeting, and is aware of our group's efforts.

b. Emory Injury Surveillance System (EISS) Updates
  i. HIPAA and IRB updates
    1. Natasha said that EISS is in HIPAA compliance after speaking with Kristin West (Office of Research Compliance). If we use unique identifiers we will have to re-evaluat. The unique ID will allow us to track suicidal behavior without double counting, which is of interest to our community. We are waiting to hear back from her.
    2. Dr. Houry said that IRB approval will be expedited/exempt.
  ii. Contacts with vaccination surveillance group at UVA
    1. Jennifer Bauerle (UVA), gave us her IRB proposal which allows us to view their College Health Surveillance System, designed to coordinate 20 universities (incl. Emory) vaccination rates. Dr. Huey said we give them our medical record information; they de-identify it, and collect data.
  iii. Suicide Surveillance at - University of Illinois, Michigan
    1. Emory Cares4U has made contacts with suicide surveillance systems, including the University of Illinois (Paul Joffee). The University of Illinois has a system of mandatory reporting of threats, attempts, and significant suicidal ideation to create a culture of caring within their institution. By collaborating with their office, we hope to institute a similar system at Emory.

c. Injury Definitions
  i. Lauren and Natasha created an "Emory Safety Alliance" webpage within the ECIC website, which includes a section listing out the framework for defining injury. Shakiyla Smith mentioned that the group was unclear on the definition of injury and what "injury" entailed, so this framework should guide us in our future discussion. Injury prevention practitioners distinguish "intentional"

(violence related topics) topics from "unintentional" (MVCs, drownings, falls, etc).

    ii. Dr. Huey mentioned that tying the E-Codes and ICD-10 codes to the injury definitions would be very helpful for future surveillance. Adding the codes could also promote more physician/provider reporting of injury related diagnoses.

    iii. Please refer to the website to review the definitional framework: http://www.emorycenterforinjurycontrol.org/community/safety/definitions/

d. 2011 Campus Security Report

    i. Lt. Elliott from the EPD updated the group on the most recent version of the campus security report (now available online).

    ii. In terms of specific trends, she mentioned that burglary went up this year, likely secondary to the increase in construction on campus. Additionally, she mentioned that sexual violence increased, with ~7 anonymous reports. Please see the report online for more details: http://www.emory.edu/home/security/.

    iii. Again, we would like to expand on these topics with our EISS to include suicides, MVCs, and other topics of interest.

e. Group Updates

    i. ESA is supporting "Take Back the Night Emory" Mon. Oct. 24 on the Quad at 5:30pm. There will be a a speak-out at the start of the event, and they will relocate after the Quad meeting to the Callaway Center. They will be taking community suggestions on how to end sexual violence on our campus.

    ii. The Safety Fair, hosted by the EPD, had great turnout on Oct 5.

    iii. Patty Olinger updated the group on the EHSO Oversight Committee, and they have narrowed down the list of occupational medicine physicians for Emory.

    iv. Amy (Center for Women) announced a Men Stopping Violence workshop on stalking. The workshop will target undergrad males and will focus on technologic and other forms of stalking. Dr. Sheryl Heron (IPVWG, ECIC) said that working to get a representative undergraduate male population (rather than the female population) would ensure the workshop's success. The event will take place Thurs. Oct. 13th in the Few Multipurpose Room G27 from 6-8pm.

    v. Holley Butkovich (CEPAR) discussed the Red Cross Campus Club's efforts to gain more campus support. They have a video contest to promote campus awareness about responding to emergencies and the "Just in Time" campaign is happening this fall.

VIII. Safe Communities Application: Where are we now?

a. Patty Olinger mentioned that we have already drafted Indicator 1-4 out of 6, so we are progressing very well.

b. Now on Indicator 5: Program Evaluation
c. Need to describe how we currently evaluate programs by:
  i. Describing changes in community: (knowledge of injury risks, attitude towards injuries, behavior, patterns of injury) that result from our programs
  ii. Describing how we evaluate programs, what tools do we use? (annual reports, compliance documentation, meeting minutes, etc)
  iii. Describing how we use the results to improve our activities and safety promotion
d. In order to discuss this issue, the group discussed program evaluation and the handout. (attached to end of minutes)

IX. Program Evaluation
a. Discussed the handout- (attached)
  i. Program evaluation can help departments show the progress, demonstrate effect, and justify the existence of their programs
  ii. The handout is a resource for departments if they need assistance developing a program evaluation model
  iii. Please contact Lauren if you need more information or are interested in formally evaluating your Emory program
b. Current efforts
  i. Natasha and Lauren requested the group to fill out the Excel sheet final 2 columns (program reach and change) for the Safe Communities Application
c. Future Plan for evaluation
  i. The group decided to continue current efforts
  ii. New centralized evaluation tool? The group feels comfortable with their current level of evaluation.

X. Future Direction
a. Safe Communities Site Visit Ideas- As part of the application process, a site visit will take place after the paper application is submitted (scheduled for December 2011). There is a month long turn around on the application, and they can be available to visit starting in late January/early February.
b. The group mentioned that we should aim for an earlier site visit in order to keep the designation in line with the graduation ceremony. Ideas discussed includes:
  i. CEPAR disaster exercise option- CEPAR will have a table top discussion about a campus shooting simulation that might take place in the Spring. If feasible, the event will likely take place during spring break (March 2012). It might be a good event to showcase for the site visit.
  ii. Scheduled department visits (clearly planned out day) with ESA meeting in the morning and separate department visits after.
  iii. Discussed possibility of another Safety Fair, or EMS demonstration

   c. The group supports the idea of having the designation ceremony coincide with Graduation. Dr. Huey mentioned that the group should brainstorm ideas for the honorary degrees, since it would be strategic to include a high profile nominee of a safety promotion/injury prevention practitioner/researcher to further bolster the safety theme.

 XI. **What ECIC Needs From You—Please send Lauren your materials!**
   a. Complete last 2 columns of the Excel spread sheet
   b. Provide your departments evaluation materials (annual reports, compliance info, etc)
   c. Review draft of Safe Communities Application for the next meeting
   d. Send Lauren and Natasha your ideas about site visit

 XII. **Next Meeting—December 2nd, 2011**
   a. Current and Future Involvement in Safe Community America Network
   b. Draft Site Visit Agenda
   c. Finalize the Application

Overview of Program Evaluation

Many public health programs do tremendous work, but may not have their accomplishments fully recognized by the public, by other professionals, or even by the people who benefit directly from the program. Often program directors strongly believe that their work is valuable, but do not have data to demonstrate their success. Evaluation addresses this important issue!

According to the CDC, program evaluation is: "The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or make informed decisions about future program development."

Evaluation will help you:
- Measure program outcomes and impact over time
- Demonstrate accountability
- Assess how a program is put into effect

Evaluation can:
- Help validate the program's existence and make a case for continued program support
- Guide new programs toward success & help existing programs to be successful
- Give an understanding of the impact programs have on the community

Sample Evaluation Plan

Program Name	
1. Describe Your Program	Program Goal:
	*Logic Model:
2. Define Your Evaluation	Program Activity:
	Stakeholders:

	Evaluation Purposes (General)	Process (inputs, activities, and outputs)	Outcome (short term, intermediate, and long term)
	Evaluation Questions		
	Indicators (tracking measure)		

*Note: A "Logic Model" is a graphical depiction of the relationships among resources used, activities taking place, and benefits or changes that result from a program.

3. Collect Data	Process		Outcome	
	Evaluation Question(s):	Data Collection Method(s):	Evaluation Question(s):	Data Collection Method(s):
		Data Collection Tool(s):		Data Collection Tool(s):
		Sample Population:		Sample Population:

4. Analyze and Interpret Data	Process		Outcome	
	Evaluation Question(s):	Analysis Strategy:	Evaluation Question(s):	Analysis Strategy:
	Indicator(s):		Indicator(s):	

5. Report Findings	Process	Outcome
	Report Goal(s):	Report Goal(s):
	Report Audience:	Report Audience:
	Report Type:	Report Type:

References:
Centers for Disease Control and Prevention, 2011
Fundamentals of Evaluation, Two-Day Workshop, Tobacco Technical Assistance Consortium 2006.

Emory Safety Alliance Meeting Minutes, 08/10/2011, 12-1:30pm

RSPH, CNR 5001
Departments Represented: Religious Life, Office of Health Promotion, Georgia Department of Public Health, Emory Center for Injury Control, Sorority and Fraternity Life, Emory Cares 4 U, Department of Athletics, Emory Center for Women, Emory Police Department, Emory Emergency Medical Services, Rollins School of Public Health-Department of Epidemiology, Critical Event Preparedness and Response, Emory Fire Safety, Faculty Staff and Assistance Program, Emory University Student Health and Counseling, Office of Environmental Health and Safety, Campus Life

I.   **Introductions**

II.   **Review of Last Meeting**

III.   Updates
  A. Examined/Discussed Emory Safety Alliance Website
       http://www.emorycenterforinjurycontrol.org/community/safety/
  B. Discussed the University Senate Committee on Safety and Security
    – Dr. Houry asked for 10-20 volunteers to serve on the committee, one representative from each department.
    – The committee will have a different function than the ESA, but will report to the University Senate on the status and work of ESA - goal is to avoid redundancy.

IV.   Power Point Presentation
  A. Purpose of Injury Surveillance Systems
  B. Scope of Injuries at Emory
  C. Current Data Collection at Emory
    1. EPD comments on data collection:
      ▪ Collection of data depends on the incident itself, often they collect more than what is mandated.
      ▪ EPD commented that they occasionally get calls from individuals who are concerned about another's suicidal behavior. EPD will respond to these calls by going out to assess the situation. EPD calls these "Safety Checks." They are performed either by the EPD or Dekalb Police. In data reports these incidences are translated as an information reports or assisting another agency (typically these calls are from off-campus). They are not labeled as suicide attempts. With some minimal research, it can be determined whether or not these incidences were suicide attempts. So far this month (August), EPD has responded to 3 of these calls. Lt. Elliott mentioned that they could formalize the process by including suicidal ideation in the "comments" section of the incident report.
    2. EMS comments on data collection:
      ▪ Currently updating website.
      ▪ EMS has more recent reports (although in a slightly different format than prior years).
      ▪ EMS has the ability to generate many types of data reports (age, injury, location, etc.)
    3. Student Health comments on data collection:
      ▪ Currently Emory has no good reporting method for suicide attempts.
      ▪ However, many other university campuses have developed a systematic approach for reporting suicide attempts which is mandated from top down (University of Michigan). In these systems, everyone on the campus is a mandatory reporter. This approach promotes creating a culture of caring within a compassionate community, which aligns well with the Emory Safety Alliance "culture of safety" mission.
      ▪ Dr. Kaslow commented that Emory has better services for undergraduates than graduate students, though graduate students tend to have a higher rate of suicide.

- The group briefly discussed the threat assessments team's role in collecting data relate to suicides attempts.
- EMS commented that during the summer their department is closed. As a result, some incidences related to the Emory community that EMS would normally respond to are sent directly to county agencies. Consequently, this data is not captured.
- Comment that ICD-9 codes for suicides and attempts are very broad.
- Comment that when developing the database, we need to educate individuals on these codes. Suggestion to develop a list of commonly used codes, with definitions, to assist individuals whom are inputting data.
- FSAP expressed concerns with data duplication - it would be necessary for them to utilize codes as well.

4. Athletic comments on data collection:
   - Current data collection is only on intercollegiate athletes. A huge portion of the Emory population participates in club and/or intramural sports. There was a comment that they can easily begin collecting data for club sports.
   - They are not able to collect data on race.

5. EHSO comments on data collection:
   - Currently, data is available to the public on a limited extent (Feb1-March31, yearly) as required by OSHA. The department can generate very non-specific data reports.

6. Religious Life comments on data collection:
   - Deaths reported in data may be on or off-campus.
   - Deaths only include the University, not Emory Healthcare.

V. Proposed Emory Injury Surveillance System
A. Reviewed Core and Additional Variables
   - Student Health commented that process of collecting and electronically reporting some of the data discussed would be very cumbersome for the department. Suggestion that students seen at the health center could fill out a survey/report that covers the necessary variables; however, this may be unrealistic.
   - In terms of the variable outcomes, reporting such things as disability may be too difficult as this could happen many years later. There was a suggestion to change this to immediate disposition.
   - There was a question on whether or not departments should still report data if they are missing some of the variables. Answer - Yes

B. Interest/Feasibility
   - In general, the group seemed to have a positive attitude about the development of the Injury Surveillance System, although many expressed that the process would be very complex.
   - The initial collection of data is envisioned as an aggregate database (ideally auto-populated from a software program from external consultant) from existing data sources
   - Likely, based on financial constraints, data will be aggregated manually twice a year.

- Further development will ensue when all data sources are identified, variables defined, and HIPAA/IRB issues determined (see below).
  C. Annual Report
  - Data would be collected each semester and reported annually

VI. Logistics
  A. Data Sources
  - Asked group about any other known data sources not already discussed. There is data collected, as required by the Cleary Act, in the department of Student Judicial Affairs. Representative from Campus Life mentioned that their system would be online in approximately one week.
  B. Access to data
  - We plan to have the data de-identified and password protected and available to all members of the ESA (and potentially other individuals/groups). We would like to collect data 2X year and develop an annual report.
  C. Sustainability
  - The ultimate goal is for the University to eventually fund the Emory Safety Alliance (database management, coordination, evaluation of programs, staffing etc.). Currently, the ECIC is funding this effort.
  D. HIPAA
  - ECIC is still in the process of identifying what we can and cannot do. The ESA can follow/model the methods used by the College Health Surveillance Network (developed by the National Norms Institute-University of Virginia) to develop our surveillance system. Currently the system is working with 20 Universities, including Emory. Request from EMS for a detailed list of types of injuries with definitions that will be used in the surveillance system. Natasha will be speaking with Kristin West, Associate V.P. & Director of the Office of Research Compliance to discuss the University's policies and procedures.

VII. What ECIC Needs From You
  - History of your department and safety programs (i.e. date programs and/or department were established, dates and descriptions of significant events, etc.)
  - Injury Data Report
  - Current program evaluation tools

VIII. Next Meeting - October 6th 2011, 2 - 3pm, Location: TBA
  Topic: Program Evaluation

Emory Safety Alliance Meeting Minutes, 06/13/2011, 11:30-12:35pm
I. Introduction:
  - Lisa Dawson began the meeting by introducing herself and explaining the initiation of the Safe Communities Project.

- Ms. Dawson explained that the initial funding of $5,000 for the Safe Communities Designation project came from the CDC and was originally given to her department.
- Upon receiving this funding, Ms. Dawson looked throughout the community but was unable to identify any organization (one in which maintained a centralized database of injury and violence-related data as well as engaged in a coordinated effort with other organizations in the community to enhance violence and safety prevention) which met the criteria described within the Safe Communities application.
- Ms. Dawson identified Emory University as being the most ideal candidate to seek the designation and met with Dr. Deb Houry to discuss the opportunity.
- Ms. Dawson finished by thanking ECIC for all of their work and for bringing together this collective network of campus organizations.
- Dr. Huey concluded the introduction of the meeting by asking all attendees to identify themselves and the organization they represented.

II. Addressing Indicator 1:
- The first issue addressed in the meeting was what the purpose of the ESA will be after receiving the Safe Communities Designation.
  - Dr. Huey began by reading the proposed topics listed on the meeting to-do list.
  - Dr. Huey asked for group suggestions but received no comments.
  - He concluded this topic by saying that it will be a daunting task of collecting data. He commented that Student Health Services does not currently have an effective system for producing, collecting, and/or documenting injury data.
- The second topic addressed was the proposed ESA mission statement.
  - Lauren began by giving a background on how the current mission statement was drafted. She stated that it was a hybrid of the Emory mission statement and the Safe Communities mission statement.
  - Comments/suggestions from the group:
    1. As is, the statement does not include any reference to other individuals who frequent campus besides faculty, staff, and students. Other individuals found on campus include: visitors, contracted workers, construction workers, parents, etc. Group suggested rephrasing statement to "a culture of safety for the Emory Community"
    2. The group did not like the phrase "man-made disasters." Suggested rephrasing to "human based disasters."
    3. The group felt more language from the overall mission statement needs to be incorporated. They suggested including an initial clause, "As an ethically engaged community, ESA seeks to foster a....."
    4. The group referenced defining safety. Suggested including something referencing injury prevention.
  - Revised Mission Statement: "As an inquiry-driven and ethically engaged community, the Emory Safety Alliance seeks to foster a culture of safety for Emory University through a systematic and centralized approach of

promoting safety, reducing injuries, and preparing our community for natural and human-generated disasters."

- The next issue the group discussed was the sustainability of ESA after receiving the Safe Communities Designation.
    - Lauren began by explaining that the purpose of the next few ESA meetings is to finalize application materials. The ESA needs some type of role after we receive the designation. She brought up the idea of pairing with the EHS oversight committee and meeting once a semester.
    - Patty Olinger then described the EHS Oversight Committee and its functions.
- The next topic discussed in the meeting was the role of each of the members in the ESA.
    - <u>Group Comments:</u>
    1. Dr. Huey stated that Student Health and Counseling maintains many programs which relate to injury and safety prevention. Most of these programs focus on alcohol and drug abuse. He stated the role of his department would most like fall into health education and promotion.
    2. EHSO focuses on occupational safety. Its primary function is to work with faculty and staff in the development of programs that address their needs. EHSO also has a wealth of injury and safety data from an employee standpoint.
    3. The role of ECIC will be to help convene the group, fund pilot grants, as well as offer brown bags on injury and safety promotion.
    4. The Athletic Department is open to helping in any way possible. They are willing to host events as well as share any information on their department.
    5. CEPAR offered to involve the Safe Communities representatives in a disaster training exercises.
    6. EPD stated that because they work with multiple departments to collect data on campus, their main role in ESA would be to contribute any relevant information and provide statistics/data on injury and safety related events on campus.
    - Lisa Dawson stated that she wants Emory to set the bar high in terms of injury data collection and usage. She would like to eventually see this done on all Georgia university campuses. She also wants information on how data is reported out and what policies come about as a result of the data findings.

III. Addressing Indicator 2:
- The next topic discussed was the list of injury/violence prevention programs.
    - Dr. Huey referenced Campus Life's Professional on call, a program not included on the current list. These individuals assist students with emergencies. Their role includes helping transition students at after a serious event, speaking with parents, going to emergency rooms etc. The individuals are on call 24-7.
    - Dr. Huey also referenced other programs sponsored by campus life and resident life (judicial hearings, student conduct).

- FSAP also referenced a 24 hour on call system for those staff and faculty who have an emergency.
- FSAP mentioned the Threat Assessment Team is missing from the current list. This group is led by Chief Watson of the EPD, and Dr. McCleod mentioned this group as part of the mental health group of collaborators.
- EPD mentioned the Pedestrian Safety program. This project occurs in the fall and works to identify high risk intersections. These intersections are monitored for several days for data collection purposes. After this, officers set up tables and spend several days handing out pedestrian safety information. They also issue warnings to any violators. Intersections at Clifton and Lowergate, Clifton and Asbury circle, and Houston Mill Rd (extending from Clifton Road to Mason Mill Road) have been identified as high-risk intersections.
- EHSO stated that programs do not necessarily have to focus on injury and safety. We should incorporate the community and cultural aspect as well (suggested including such wellness programs as yoga).

IV. Addressing Indicator 3:
- The next topic discussed by the group focused on high-risk and vulnerable populations.
  - <u>These groups were identified by the ESA as being high-risk:</u> intramural and varsity athletes, community members who drink, animal care workers (potential to be bitten), commuters—those who ride bikes and scooters, pedestrians, custodial staff (occupational injury), any staff or student who has a restraining order against another individual, 1st year students most vulnerable for sexual assault and/or abuse encounters
  - EHSO representative stated that occupational high-risk groups are easy to identify, due to compliance with OSHA

V. Other Topics of Discussion:
- John Carter expressed his concern with the Injury Surveillance System.
  - He stated, "Where's the definition of the scope of the problem? How big is the issue of injury at Emory University?" He thought we need to look at existing data to develop a bench mark.
  - Mr. Carter supports the development of an injury surveillance system. He suggested using students at the Rollin's School of Public Health (specifically the Epidemiology Department) to help in data collection for the surveillance system.
- Dr. Huey stated that we need to narrow representation for the ESA. Each department needs to identify who will represent their respective department. The ESA needs to be all-inclusive but not too large in order to promote a working group atmosphere.
- EMS stated they do maintain a limited data collection. They would be willing to have an EMS student focus specifically on expanding this, and would be happy to provide student assistance.

- Athletic Department mentioned that it has an extensive database, and will email details to Asa and Lauren.
- Employee Health Services maintains a clinic for employees who suffer from minor injuries. This department collects data on this although the information is protected. The department is willing to share some of the information. They would need a detailed list of what's needed to produce a report.
- The question was asked on how "injuries" and chronic disease overlap. The group needs to define what injury is and what will be included and excluded.
- The group asked for a list for the August meeting identifying what databases exist on campus that have some component related to injury.
- The group brought up privacy issues. They wanted to know if the ESA is a part of healthcare or not? If so, there may be HIPPA issues that need to be addressed. The group may need IRB approval. When applying for the IRB, stressing that the data will be used for surveillance and not research will make the process less complex.
- Suggestion that we need to consult the Office of Compliance for what we can and cannot do. Contact given as Kristin West.
- Suggested the Captain Edge may also offer an opinion on the database from a legal standpoint, they work with the Office of the General Counsel on the Annual Security Report (Crime Statistic Tables) in compliance with the Campus Security Act.
- Dr. Huey mentioned that the University of Virginia has begun a database related to student health which Emory is involved with.
- There was a question on whether or not data will be collected on minors who come to the University for Various Events.
  – FSAP responded by saying their department collects data on minors for all events if any major injury occurs.
  – The Athletics department handles all the youth camps in the WoodPEC, and they record all injuries.

VI. Conclusion:
- Dr. Huey concluded the meeting by thanking those that attended and reminding everyone of the next meeting in August.
- Each member department will be contacted concerning their data collection systems as well as needs/desire for the Emory Injury Surveillance System.
- The Emory Center for Injury Control will provide definitions for the various injury topics and data that will be needed in order to provide a viable surveillance system

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Emory Safety Alliance Meeting, 05/03/2011, 8:45-10:00am

<u>**List of Participants**</u>
Athletics: Tim Downes, Joan Reed, John Dunham
CDC: Marissa Esser, Ben Gerhardstein
CEPAR (Critical Event Preparedness and Response): Holley Butkovich, Sam Shartar

Environmental Health and Safety Office: Patty Olinger, Maria Mendez, Morgan Wright, Tracey Fountain, Kenechi Eze, Kim Siljestrom, David Coppock, George Golston, Heather Banta, Maureen Thompson, Paula Pleger, Rebecca Stark, Aisha Ridley, Rodrick Esaw, Dionna Thomas, Meagan Parrott, Seth Salinas, Steve Arehart, Jeaniva Floyd, Sheritha Brown, Carol Wilkins-Hall, Ike Hall, Scott Thomaston
Emory Cares 4 U: Nadine Kaslow, Lauren Moffitt
Emory Center for Injury Control: Debra Houry, Sheryl Heron (IPV Working Group) Shakiyla Smith, Lisa Dawson, Natasha Obolensky, Vickie Howard, James Griffin, Lauren Hudak, Kristen Bell, Asa Revels
Emory Police Department: Craig Watson, Cheryl Elliott
Emory School of Medicine: Terri McFadden, Veda Johnson
Emory Sleep Center: Kim Smith
EMS: Rachel Barnhard
Faculty Staff Assistance Program: Paula Gomes (IPV Working Group), Robin Huskey
Fire Safety: Bridget Steele-Mourao
Greek Life: Buck Cooke, Sarah Casavan
Injury Free Coalition for Kids of Atlanta: Ana Everet
Rollins School Public Health: John Carter
Student Conduct: Jonathan Zerulik
Student Health and Counseling: Michael Huey

Meeting Agenda and Minutes:
XIII.   Breakfast
XIV.   Introductions
XV.   Safe Communities – Dr. Debra Houry and Natasha Obolensky

Dr. Houry and Natasha discussed the Safe Communities Initiative and its role for the Emory community through a power point presentation. The presentation contained information and discussion on the following topic areas:
- Emory Center for Injury Control
- Injury Burden in the U.S. and how it relates to the Emory Community
    - Injury is the leading cause of death for individuals aged 1-44
    - It is the top 3 causes of death for individuals aged 15-34, which composes a large proportion of Emory population
    - Highlighted 3 injury events for Emory community members (environmental injury, athletic injury, homicide)
    - Discussed the various aspects of injury in the Emory community
- Safe Communities Designation
    - Discussed the history and background of Safe Communities
    - Discussed why Emory should get involved with this initiative
    - Application Process detailed
- Emory Safety Alliance (ESA)
    - At this meeting, we formalized the members and leadership of the Emory Safety Alliance, which will be a more comprehensive, inclusive, and collaborative group building out of the Environmental Health and Safety Oversight Committee

- The ECIC envisions that the ESA will be composed of a representative from each of the departments in attendance
- Will meet 1 time every 2 months, then biannually to address ongoing safety concerns (will appear as a subagenda item on the EHS Oversight Committee agenda)

- Timeline of Events—ESA meetings
  - June 13th meeting- group identification of long-term sustainable programs that address safety, as well as programs that identify vulnerable groups
  - August 10th meeting—group identification of data sources for injury and safety at Emory, discussion the feasibility of creating an Emory Injury Surveillance System to be a centralized clearinghouse for all injury related data for Emory
  - October 6th meeting—standardize future evaluation plans for programs, using CDC and Safe Communities recommended strategies
  - December 2nd meeting—plan for participation in a Safe Communities event, as well as finalizing the Safe Communities Application for submission.
  - Submit Application December 2011
  - Site Visit from Safe Communities Spring 2012
    - Coincide with ESA meeting
    - Tour of Emory
    - Possible CEPAR disaster training exercise?
  - Hopeful Designation Ceremony—Commencement Ceremony, May 2012

XVI.   Emory Safety Alliance
- Establishing Members
  - List of signed up members:
Joan Reed, John Dunham, Marissa Esser, Ben Gerhardstein, Sam Shartar, Patty Olinger, Maria Mendez, Morgan Wright, Tracey Fountain, Kenechi Eze, Kim Siljestrom, David Coppock, George Golston, Heather Banta, Maureen Thompson, Paula Pleger, Rebecca Stark, Rodrick Esaw, Dionna Thomas, Meagan Parrott, Seth Salinas, Steve Arehart, Jeaniva Floyd, Sheritha Brown, Carol Wilkins-Hall, Ike Hall, Scott Thomaston, Nadine Kaslow, Lauren Moffitt, Kim Smith, Debra Houry, Sheryl Heron (IPV Working Group) Shakiyla Smith, Lisa Dawson, Natasha Obolensky, Vickie Howard, James Griffin, Lauren Hudak, Kristen Bell, Asa Revels, Cheryl Elliott, Rachel Barnhard, Paula Gomes, Robin Huskey, Bridget Steele-Mourao, Sarah Casavan, Ana Everet, John Carter, Michael Huey

- Leadership Roles—Established that the ESA will have 3 chairs
  - Dr. Debra Houry (Director of the Emory Center for Injury Control)
  - Dr. Michael Huey (Executive Director of Student Health and Counseling Center)
  - Patty Olinger (Director of the Environmental Health and Safety Office)