

Crisis and Conflict Protocol

Fire

**FIRE ALARM
RESPONSIBILITIES**

- ★ The RM and the hall staff are responsible for alerting the residents in case of fire or emergencies. They should supervise all evacuations so as to maintain a calm, safe exit, free from panic.
- ★ The RM or hall staff should be responsible for reporting all fires to University Police and central office personnel.
- ★ All hall staff should know the exact location of each fire extinguisher and should have access to them. Each staff member is expected to be familiar with the operation of extinguishers so that in an emergency they can make rapid use of the equipment.
- ★ It is the responsibility of the staff to inform residents of emergency procedures for their building including: means of evacuation; alarm systems; how to report a fire; and, consequences of false alarms or tampering with equipment.
- ★ The evacuation plan for each building must be posted in a conspicuous location on each floor and on the inside of each room door.

**FIRE SAFETY
INFORMATION**

- ★ If there is smoke in the room, keep low to the floor.
- ★ Before passing through any doors, feel the metal doorknob. If it is hot, do not open the door.
- ★ Before opening a door, brace yourself against the door and open it slightly. If heat or heavy smoke is present, close the door and stay in the room.
- ★ If you cannot leave the room, open the window (to let out the heat and smoke).

- ★ To attract the fire department's attention if you are trapped, hang an object out the window (sheet, jacket, shirt, etc.). If there is a phone, call UPD 294-1000 and report that you are trapped, giving the room number and location.
- ★ If you can leave the room, close all doors behind you as you exit. Go to the nearest exit or stairs. **DO NOT** use an elevator. If the nearest exit is blocked, go to an alternate exit.
- ★ If all exits are blocked, go back to your room, close the door; open the windows as described above, wave something from the window and shout for help.
- ★ After evacuating the building, stand clear. Emergency apparatus will be maneuvering around the building.
- ★ Follow directions of fire and police department personnel.

**P O T E N T I A L
F I R E
H A Z A R D S**

- ★ Abuse of electrical supply - use of electrical devices to obtain an excessive number of outlets can result in the overload of circuits.
- ★ Waste - all waste should be disposed of as soon as possible.
- ★ Storage - blocking exit paths is prohibited by law. Doorways, corridors and stairs must be kept free of obstacles, therefore, no storage is allowed in any public area or hallways.
- ★ Flammable liquid storage - gasoline, paint, etc., must not be stored in residential buildings.

**C O N D U C T I N G
F I R E D R I L L S**

Fire drills are to be scheduled and completed at least once a semester. (See Calendar)

Schedule a fire drill or surprise your staff during a staff meeting. These should occur no later than 10:00 p.m. If your building has already had a fire alarm, you do not need to have a separate drill. Notify the Facilities Manager, Ron Pettitt, several days in advance, of the scheduled time of the drill. He will compile the time of all the drills and notify the Safety Office.

- ★ Notify UPD and Residence Life Maintenance before you begin your drill. If you have a central alarm ask them to watch for an alarm signal at UPD.
- ★ If you have a central alarm system go to a pull station in your building:
- ★ If you have preliminary alarms in your building lift the alarm box, reach in and pull down the pull station to activate the alarm.

- ★ If you do not have a preliminary alarm then just pull down the pull station to activate the alarm.
- ★ Begin timing how long the evacuation takes.
- ★ As your staff clears the floor they need to post an “ALL CLEAR” sign on the stairwell doors in large halls and on the RA door in small houses.
- ★ After the building has been completely evacuated have your staff meet you at a designated location so you can stop timing.
- ★ When your staff comes to you with their count, you can silence and reset the alarm. This signals the residents that they may come back into the building.
- ★ Send your staff to their floors with their master keys so they can let their residents into their rooms. There is no lock-out charge assessed.
- ★ Call UPD and let them know that you are finished with your drill. At this time ask them if they received notification of your alarm going off.
- ★ Fill out your Fire Drill Report and turn in the original to the Residence Life Maintenance Facilities Manager, Ron Pettitt. Be sure to make a copy to turn into the Safety Office. If you had any problems with your fire alarm system, write a memo to Residence Life Maintenance outlining what went wrong. Be sure to send a copy of this memo to Ron Pettitt, who will compile the information from all the drills and forward it to the Safety Office.
- ★ Special Notices:
- ★ Except for preliminary alarm (pull station cover) the building should always be completely evacuated.
- ★ If the fire panel indicates a problem, investigate while evacuating the building.
- ★ No staff member is to jeopardize his or her life in order to complete an evacuation of a building.

In case of a real fire, defer to UPD and the Huntsville Fire Department

**EVACUATION
POLICIES**

White Hall, Bearkat Village, Sam Houston Village Fire Evacuation Policy

The Resident Managers of these buildings will instruct the staff during training for the appropriate method of evacuating these buildings.

Large Hall Fire Evacuation Policy

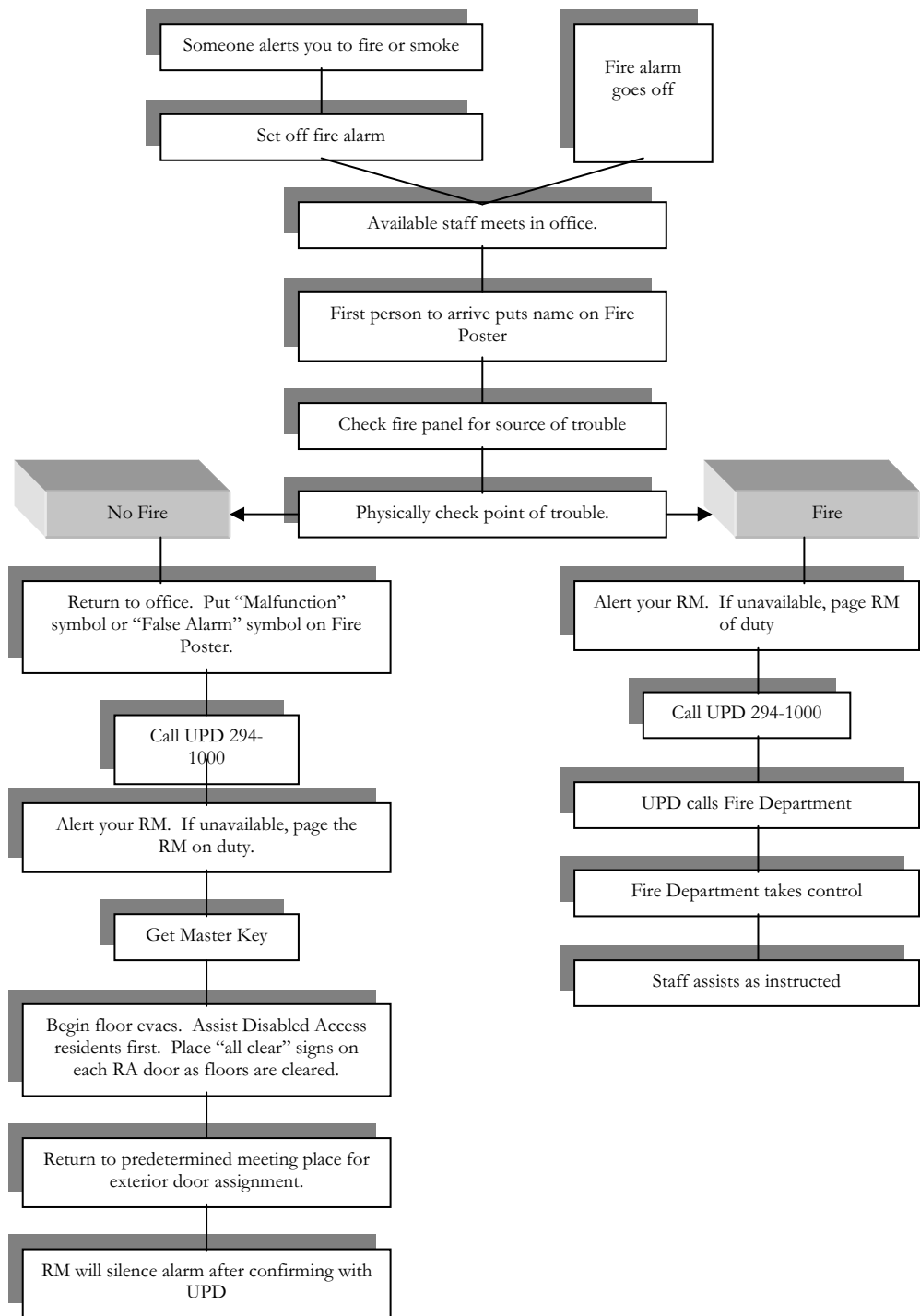
Please consult the flowchart on page 91 for the proper procedure. Additional information will be given to you by your RM at training.

Small House Fire Evacuation Policy

1. **Check the panel and see what location set off the alarm. Go to that location to see if there is a real fire situation or a false alarm. Call UPD and let them know what the situation is.**
2. **The alarm sounds, you get your master key and go to the second floor.**
3. **Begin evacuation of rooms. Key into one room and go through the bathroom and out the room next door. Lock the doors as you leave.**
4. **After second floor is evacuated, evacuate the first floor.**
5. **When evacuation is complete put the "All Clear" sign on the RA room door closest to the front door.**
6. **Call your RM or the RM on duty to make them aware of the situation.**
7. **Wait for your RM or UPD to give the all clear to let residents back into the building.**
8. **The RM will reset the fire alarm.**

In the event of a real fire situation UPD will take over when they arrive. Follow their instructions.

**FIRE
RESPONSE
AND
PROTOCOL**

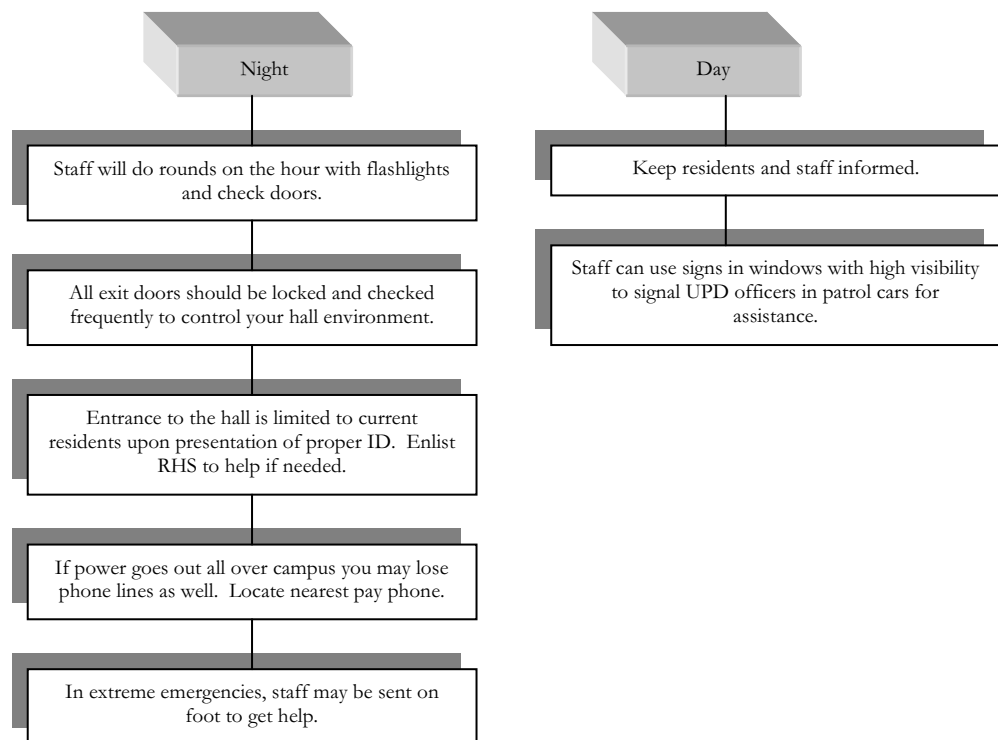


Write an Incident Report.

Power Outages & Severe Weather

**R E S P O N S E
A N D
P R O T O C O L**

- ★ When the power goes out, call Residence Life Maintenance to verify that they are aware of the problem and to find out how long the outage is expected to last.
- ★ Call your RM or RM on duty to explain the problem.
- ★ Inform the residents who ask what you know about the outage.
- ★ Staff should be prepared to remain in the building at the onset of any serious weather condition or power outage. See Residence Hall Handbook for general information on hurricanes, tornadoes, snow and ice, and thunderstorms.



Write an Incident Report.

Disorder & Disruption on Campus

Obststruction of normal university processes is not within the tolerance limits of this university. Disruption, criminal activity, and violence have no place on this campus. The best measure for preventing such disturbances is to be aware of students' feelings, undercurrents, general activity, and to direct student emergencies to constructive means of settling problems.

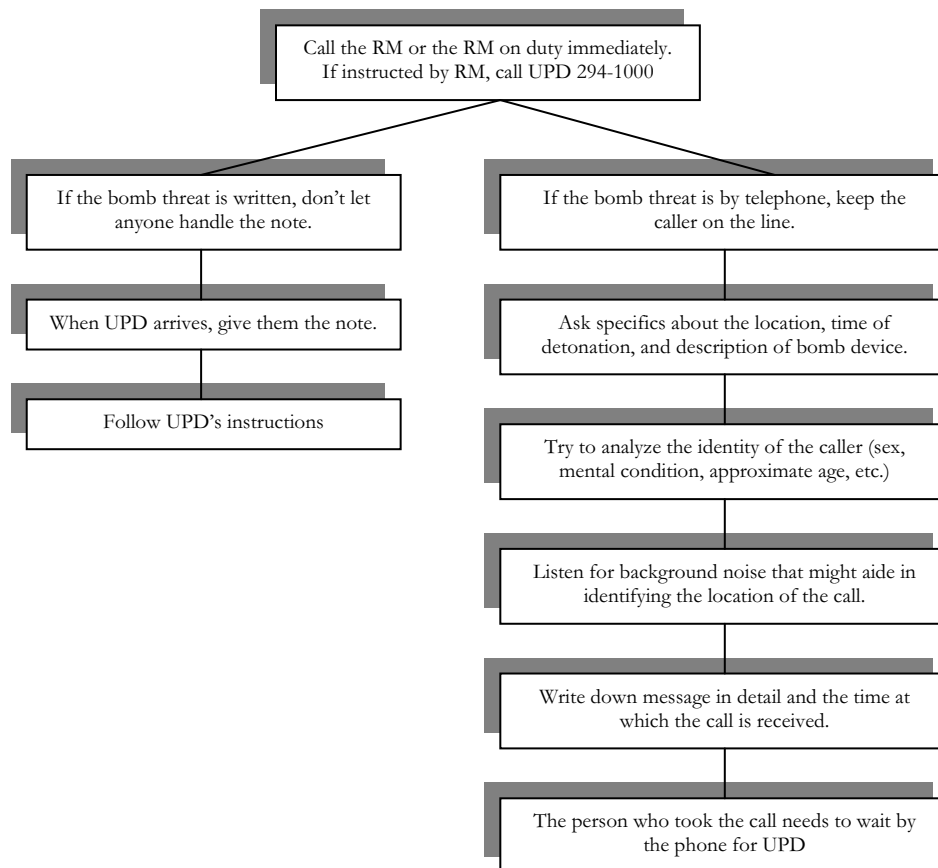
General Procedures

- ★ Notify the RM or the RM on Duty
- ★ If instructed by RM, notify UPD 294-1000
- ★ Remain in the residence hall or house.
- ★ ***Do Not Become Involved*** physically or give any indication of approval. However, that staff presence often can have a quieting influence on a group.
- ★ If so instructed by the RM, lock all exit doors and check them frequently. Entrance to the hall should be limited to current residents upon presentation of proper identification.
- ★ Secure as many facts as possible from any student who may be discussing plans or reporting information. Talk as little as possible about plans, but be alert to general conversation enough to perceive:
 - ★ Time: Where is it planned?
 - ★ Place: Where is it to be held or organized?
 - ★ Who: Who is leading the movement?

Bomb Threat

**R E S P O N S E
A N D
P R O T O C O L**

A LWAYS assume the threat is real, but don't panic. Only UPD or the Director of Residence Life is authorized to issue a directive that all personnel are to evacuate the affected building. Be present to furnish information when officers and staff arrive. If a search is needed, UPD will coordinate it. If an unusual object is observed, do not touch it. Report it to the UPD officer in charge.



Write an Incident Report.

First Aid

Ill or injured students should always be referred to the University Health Center (ext. 4-1805) for treatment between 8:00 a.m. and 5:00 p.m. If a sudden illness or injury is manageable, suggest that a friend drive the student to the Health Center or hospital; you may accompany the victim.

In All Emergency Situations:

- ★ Call UPD at 294-1000 as soon as possible. UPD should provide/arrange for transportation to the appropriate medical facility.
- ★ Make sure the scene is safe for you, the victim, & bystanders.
- ★ Notify your Resident Manager or the RM on duty
- ★ Complete a resident illness/injury report & Incident Report.
- ★ Call the appropriate Area Coordinator's voice mail.

Do Not Transport the Student Yourself

If you choose to act and administer aid you would be held to standards of what a "reasonable person" would do in that situation. The Good Samaritan ruling covers ordinary negligence on the part of a person who has attempted to aid an ill or injured person.

Alcohol Poisoning

Alcohol poisoning is a medical emergency that requires immediate attention. It is sometimes hard to tell if someone has only fallen asleep or is in serious medical danger. Death by asphyxiation occurs when alcohol depresses the body's reflexes and the person cannot vomit properly. Turn the person to one side so that if vomiting occurs, the discharge will not be caught in the windpipe. Here are some symptoms of alcohol poisoning:

Symptoms

Does not respond to being talked to or shouted at

Does not respond to being pinched or poked

Cannot stand up

Slow, labored or abnormal breathing

Skin has a purplish color, feels clammy

Rapid pulse rate and irregular heart rhythm

Shock

Shock is the failure of the cardiovascular system to provide sufficient blood circulation to all parts of the body. Remember: Always be aware of the potential for shock in cases of injury or sudden illness.

Symptoms

Weakness	Nausea &/or Vomiting
Coolness to touch	Unresponsiveness
Restlessness	Pale, moist, clammy skin
Rapid and weak pulse	Trembling
Thirst	Profuse sweating
Sudden unconsciousness	Fear
Profuse bleeding	Cyanosis of lips (blue lips)
Shallow and rapid breathing	Dilated pupils
Profuse sweating	Feeling faint or dizzy

DO NOT MOVE THE VICTIM.

NEVER ADMINISTER ANYTHING BY MOUTH (fluids or solids).

Wounds

An open wound is a break in the skin or the mucous membrane. A closed wound is an injury to underlying tissues without a break in the skin or mucous membrane.

Symptoms

Damage to skin

Detached or missing tissue

Bleeding

Combustible Gas

If you suspect your hall/house has a carbon monoxide/dioxide gas leak contact Residence Life Maintenance and UPD immediately. If the smell of natural gas fills the house or a large area of a hall, a door-to-door evacuation is in order. Do not set off the fire alarm or use the phones. Contact Residence Life Maintenance and UPD by using a phone outside the building. Prop open all exterior doors and

open lobby windows. Wait for further instructions from UPD or Residence Life Maintenance personnel.

Symptoms

- **Carbon Monoxide Gas Warning Signs:** Fatigue and drowsiness in healthy people. Symptoms may include shortness of breath and chest pain in people with heart disease.
- **Carbon Dioxide Warning Signs:** Increased respiration rate and decreased ability to perform strenuous exercise.
- **Natural Gas Warning Signs:** An odor similar to rotten eggs, headaches and/or a feeling of drowsiness.

Concussions

It is not necessary to be hit on the head to receive a concussion. It can occur simply from sudden deceleration of the head (e.g., in an automobile crash). Any time a person is or has been unconscious, a concussion has been sustained. Occasionally, the effect of a blow to the head may be delayed.

Symptoms

a glassy-eyed look

lack of coordination

headache*

blurred vision

dizziness &/or light-headedness

inability to walk correctly

disorientation

* Headaches may or may not follow head injury. If the victim complains of a headache immediately after a head injury, it is a significant symptom. On the other hand, it is common for people suffering a concussion to develop a headache a day or two later and sometimes even as long as a week following injury.

Do not give food or drink to a head injury victim or an unconscious person.

Concussion Follow-Up:

After a head injury, certain signs may indicate a need for medical attention. If any of the following signs appear within forty-eight hours of a head injury, the victim should seek medical attention:

- Headache lasting more than one or two days and is increasingly more severe
- Nausea lasts more than two hours

- **Vomiting hours after the injury**
- **Confusion or disorientation**
- **One pupil larger than the other**
- **Victim sees double**
- **Eyes fail to move together**
- **Walking in an unsteady manner**
- **Slurred speech or an inability to talk**

Convulsions

Convulsions or seizures are uncontrolled muscular contractions, usually accompanied by unconsciousness. Causes include epilepsy*, heat cramps, brain lesions, allergic reactions, brain injury, poisoning, high fever, infectious disease, food poisoning, and toxemia of pregnancy.

- ★ **Possible triggers of epileptic seizure include strobe lighting and loud unexpected noises.**
- ★ **Once the initial signs of seizure subside, the victim may regain consciousness, experience drowsiness, confusion, and/or headache.**

Symptoms

Rigidity of body muscles (up to 30 seconds)

Tongue biting

Jerking movements (1-5 minutes)

Bluish face and lips

Cessation of breathing

Foaming at the mouth or drooling

Loss of bladder and bowel control

Fainting

Fainting is the partial or complete loss of consciousness due to a reduced supply of blood to the brain for a short time. Fainting may be avoided by placing the student's head between their knees or elevating their legs above their head while the student lies on their back. Call UPD for medical assistance at 294-1000.

Symptoms

Dizziness

Extreme paleness

Sweating

Clammy skin

Disturbed vision

Nausea

Numbness

Tingling of the extremities

DO NOT ADMINISTER LIQUIDS OR POUR WATER ON THE VICTIM!

Heat Exhaustion

Heat exhaustion occurs is due to excessive physical exertion in a hot environment. It is a serious disturbance of blood flow and is actually a mild state of shock whereby blood flows away from the major organs. Due to prolonged and profuse sweating, the body loses large quantities of salt and water. When the water is not adequately replaced, blood circulation diminishes, and brain, heart, and lung functions are affected. Heat exhaustion is sometimes, though not always, accompanied by heat cramps due to salt loss.

Symptoms

**Headache, dizziness, nausea,
and weakness**

Dilated pupils

Weak and rapid pulse

Faintness

Rapid, shallow breathing

Profuse sweating

**Pale, cool, sweaty skin, usually
ashen gray in color**

Loss of appetite

**Collapse and unconsciousness
(usually brief)**

Possible heat cramps

**Normal or below normal body
temperature**

Difficulty in walking

Insect/Spider Bites

In most cases of insect bites, emergency care consists of washing the wound thoroughly with soap and water. However,

Symptoms

- **If the victim has an allergic reaction to an insect bite with symptoms of burning pain and itching at the site, itching palms, soles, neck, and groin, general swelling, overall rash, or breathing difficulty, they should be seen immediately by the Health Center or a physician.**
- **Some victims become faint, weak, and nauseated. In cases of severe allergy, victims may develop anaphylactic shock (a sudden condition of shock and unconsciousness due to allergic reaction). These victims should always be taken to the hospital. This condition could be potentially fatal, if not treated promptly in the proper situation.**
- **Unless you are positive about the species, report it as “unknown.”**

Drug/Alcohol Overdose

- ★ If possible, try to keep victim conscious by making them walk and talk until medical assistance arrives.

Unconsciousness

- ★ If an unconscious victim vomits, turn the victim as a unit onto their side.

Neck Injuries

- ★ *Do not move the victim.* Moving someone should only be done as a last resort to save the person's life.

Generally

- ★ *Never transport victims in your car.* Do not be the driver in someone else's car. If you cannot find a friend of the victim to drive them to the hospital, call UPD.
- ★ **Never** attempt CPR unless you have been certified in the techniques involved. In a critical situation, if no person present is CPR certified, you may perform CPR if you feel competent to do so without causing further harm.

Emotional Crisis

When you begin to feel you are in over your head, you probably are. Call for assistance. Always document, no matter how trivial it may seem. Remain calm and record all information carefully and accurately for subsequent referral to central staff or the Dean of Students' Office.

If there is an emotional crisis between 8:00 a.m. and 5:00 p.m.:

- ★ Contact your RM who will contact the appropriate Area Coordinator and the Counseling Center.
- ★ Call the appropriate Area Coordinator if the RM is unavailable.
- ★ Educate the student about the Counseling Center. Encourage him/her to utilize the Counseling Center. Support him/her by escorting him/her to Counseling Center. If the student resists going to the Counseling Center, your RM will contact the appropriate Area Coordinator and/or the Director of the Counseling Center who will in turn, contact the Dean of Students' Office. Members of the crisis team may come to the student in the hall, if necessary.

After 5:00 p.m., weekends, and holidays:

- ★ Contact your RM. If s/he is not available contact the RM on Duty, who will contact UPD. UPD officers are responsible for assessing the situation and contacting the crisis team.
- ★ Educate the student about resources available to assist him/her. (UPD, Counseling Center, Health Center, Dean of Students' Office, rape crisis counselor, etc.)
- ★ If the student resists, at least offer the opportunity to receive help from these resources.
- ★ When you begin to feel you are in over your head, call for assistance.
- ★ Always document. Remain calm and record all information carefully and accurately for subsequent referral to central staff or the Dean of Students' Office.
- ★ Leave a message relaying the report number on the appropriate Area Coordinator's voice mail.

Recognize The Warning Signs Of Emotional Crisis

- ★ Withdrawal.
- ★ Drastic change in appearance, demeanor, behavior and habits.
- ★ Making wills, giving away belongings, focusing on death.
- ★ Catastrophic event or series of misfortunes.
- ★ Extended period of blues/depression.

Things You Should Do Before And During An Emotional Crisis

- ★ Develop and maintain good rapport with your residents.
- ★ Calm the person down and have them elicit a positive response.
- ★ Assure the student confidentiality with other residents and family. Let them know that you are instructed to discuss it with your supervisors.
- ★ Reassure the student.
- ★ Actively listen to the student.
- ★ Keep the situation in perspective.
- ★ After it is over, treat those involved as you normally would.

But Do Not

- ★ Transport a student.
- ★ Give out any information. Refer questions to the Director of Residence Life or the Dean of Students.
- ★ Break confidentiality.
- ★ Forget to provide support for your community.

**FOLLOW UP
TO
EMOTIONAL
CRISIS**

A crisis may only last a few minutes or a few days but there may be residual emotions that are confusing and often difficult to handle. The entire community may need the hall staff to step in and offer guidance and support. Remember:

Confidentiality is important.

When residents start asking questions, direct them elsewhere. You are not allowed to share any information.

Utilize your resources.

When necessary, refer residents to your Resident Manager, Counseling Center, etc. Do not attempt to handle something for which you have received no training.

Use the crisis as a teachable moment.

An alcohol poisoning may warrant a program on alcohol use and abuse.

Model healthy living.

If you develop poor sleeping habits or develop irregular class attendance, your residents will do the same. Lead them out of the crisis and maintain high morale among your community.

Talk to your Resident Manager.

Balancing confidentiality and being “strong”, can be tough. Your Resident Manager can be a sounding board and may be able to help you sort through some of your thoughts and feelings.

Conflict

Why Conflicts Occur

- ★ **When a member or members of a team fail to disclose reactions, emotions, interests, values, ideas, or thoughts that differ from those of others, disagreements can become conflicts.**
- ★ **Team-defeating conflict can occur anytime an individual is invested in an idea or feeling which is not surfaced openly or directly. This often leads to passive-aggressive or aggressive behaviors.**
- ★ **Disagreements (explicit or implicit) that become conflicts (spoken or unspoken) will prevent harmony and consensus. Disagreements and conflicts that are dealt with openly can promote diversity, creative ideas, and an atmosphere of trust.**

Types of Conflict

- ★ Teams typically experience five types of conflicts: facts, interest, interpersonal, resources, and values. To a large extent, the type of conflict and the strength of the relationships among team members will determine how volatile the situation will become.

Managing Conflict

- ★ **The key is to allow for disagreement without members destroying each other's self-esteem. The danger is if the conflict is handled incorrectly, the team may feel that disagreeing is not okay and members will hold back information that is controversial, but could help the team progress.**

★ **Managing conflict is a method of creating an environment where disagreeing is okay, but unresolved feelings toward a decision or another team member is not. Focus on:**

- ★ **Verbal and non-verbal behaviors**
- ★ **Checking out assumptions**
- ★ **Determining the true source conflict**
- ★ **Keeping an open mind**

**TYPES OF
CONFLICT**

<p>Facts</p>	<p>Caused by: lack of information; misinformation; different views on what is relevant; interpretation of differences; different assessment procedures.</p>	<p>Possible interventions: help define “facts” in terms of objective data or criteria; examine the process by which data are collected and evaluated.</p>
<p>Interests</p>	<p>Caused by: competing needs, desires, or wishes; substantive, procedural, or psychological interests perceived to be in competition.</p>	<p>Possible interventions: reveal underlying interests, find common ground on which interests are related naturally, relate interests to overall team interests.</p>
<p>Inter-personal</p>	<p>Caused by: general lack of familiarity with others; stereotypes; failure to check out assumptions about one another; behaviors perceived as negative; unresolved disagreements; unstated interests; past negative encounters with someone.</p>	<p>Possible interventions: support emotion through validation, surfacing assumptions, use procedures, ground rules to prevent disagreements, clarify and build positive perceptions, use team motivation activities to strengthen relationships.</p>
<p>Resources</p>	<p>Caused by: perception of competition for limited resources, unequal control, ownership, or distribution of resources; lack of cooperation; time constraints.</p>	<p>Possible interventions: establish a fair decision making process; negotiate based on interests, not positions; search for common denominators: how is each party’s need similar or different.</p>

Values	Caused by: assumptions or by real differences in them; not checking out assumptions; mistaking behaviors for values; a perceived incongruence between behaviors and values; undisclosed values; different criteria for evaluating ideas or behavior; different ways of life, ideology, and/or religion.	Possible interventions: encourage parties to agree to disagree; search for a goal/value that all parties share; surface individual values and examine overlap with team values; reword statements in order to find common ground among individuals' values.
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Discussion vs. Dialogue – You Choose

Discussion – from the Latin derivative “discus” interpreted as “to heave or throw”

Dialogue – from the Greek “dialogos” interpreted as “to build meaning or understanding”

C O N F L I C T I N T E R V E N T I O N

**Prior to
intervening, ask
yourself several
questions:**

Any active response to a behavior or set of behaviors can be considered an intervention. Interventions are used for a variety of reasons: to clarify; to provide structure; to explore and settle disagreements; to disarm conflict. There are three types of intervention: prevention (low level), diffusion (mid-level), and confrontation (high-level).

Is the conflict I sense between team members only, or am I in conflict?

- ★ **Check for physical signs of reaction and listen to self-talk.**

Is this conflict due to the team’s stage of evolution?

- ★ **Are they just storming?**

How serious is this conflict?

- ★ **Check verbal and non-verbal behaviors; is the team progressing or not.**

What type of conflict is this?

- ★ **Values, resource, interest, interpersonal, or factual.**

Why Important?

- ★ **Intervention allows for conflict resolution**
- ★ **Strengthen interpersonal relationships**

Focus On:

- ★ **Clarifying whose conflict it is**
- ★ **Clarifying the type of conflict**
- ★ **Matching intervention with degree of conflict**

Below is a list of behaviors that typically occur during conflict. There is no one-to-one correlation between the types of behavior, magnitude of the conflict, or level of intervention. When choosing an intervention, it is important to consider: the team’s usual mode of interacting; its stage of

evolution (form, norm, storm, perform); the complexity of relationships between team member; and, the type of conflict.

<p style="text-align: center;">Overt Behaviors</p>	<p>Low participation * Lack of divergent views * Dominating members feuding * Straying off task * Stuck * Confusion * No agreement * Power struggle * Rambling * Obstinacy * Argumentativeness * Raised voices * Abrupt shifts in tone of voice * Sudden shifts in energy level * Distracting/ed members * Overly cautious statements * Inappropriate remarks</p>
<p style="text-align: center;">Covert Behaviors</p>	<p>Sighing * Eye rolling * Head shaking * Negative expressions * Fists * Hands gripping * Weird mouth sounds * Head down * Limited eye contact * Dozing off * Squinting * Holding breath * Teary eyes * Nail biting * Leg or foot tapping * Staring * Exaggerated Stretching * Disruptive noises * Inappropriate laughter * Clock watching * Mumbling * Sarcasm</p>
<p style="text-align: center;">Interventions</p>	<p>*Ground rules, timekeeping, icebreakers, etc may prevent conflict. The key is to remember that unchecked behaviors turn into conflict.</p> <p>*If you spot covert behaviors, defuse the situation by testing your assumptions.</p> <p>*Incongruence between verbals and non-verbals may be an indication of unresolved issue(s).</p> <p>*Silence may create an opportunity for those involved to deal with feelings and get back on track.</p> <p>*Time outs or stretch breaks</p> <p>*Feedback</p> <p>*Confront</p>

Intervention Methods

Prevention

Prevention may be exploratory or diagnostic in nature, or may involve the use of warm-up exercises, humor, or team development exercises.

- ★ **Icebreakers and team builders**
- ★ **Humor, small talk, kidding**
- ★ **Enthusiasm for team and task**
- ★ **Active listening and empathy**
- ★ **Summaries of thoughts, opinions, and ideas**
- ★ **Model the use of “I” statements**
- ★ **Self-disclosure**
- ★ **Speak clearly**
- ★ **Paraphrase and reframe participant comments**
- ★ **Model the belief that all members have good intentions**
- ★ **Feedback and openness to feedback**
- ★ **Support healthy disagreement**

Diffusion

Diffusion is action-oriented, involving interruptions of the group process, and redirection as necessary. This method relies heavily on tracking the group’s process.

- ★ **Refocus on objectives**
- ★ **Make time to clear up conflict**
- ★ **Revisit ground rules**
- ★ **Use neutral language and search for commonalities**
- ★ **Focus on thoughts and ideas not people**
- ★ **Frame the existence of differences as positive**

- ★ **Surface underlying issues**
- ★ **Underline commonalities that exist even in divergent opinions**

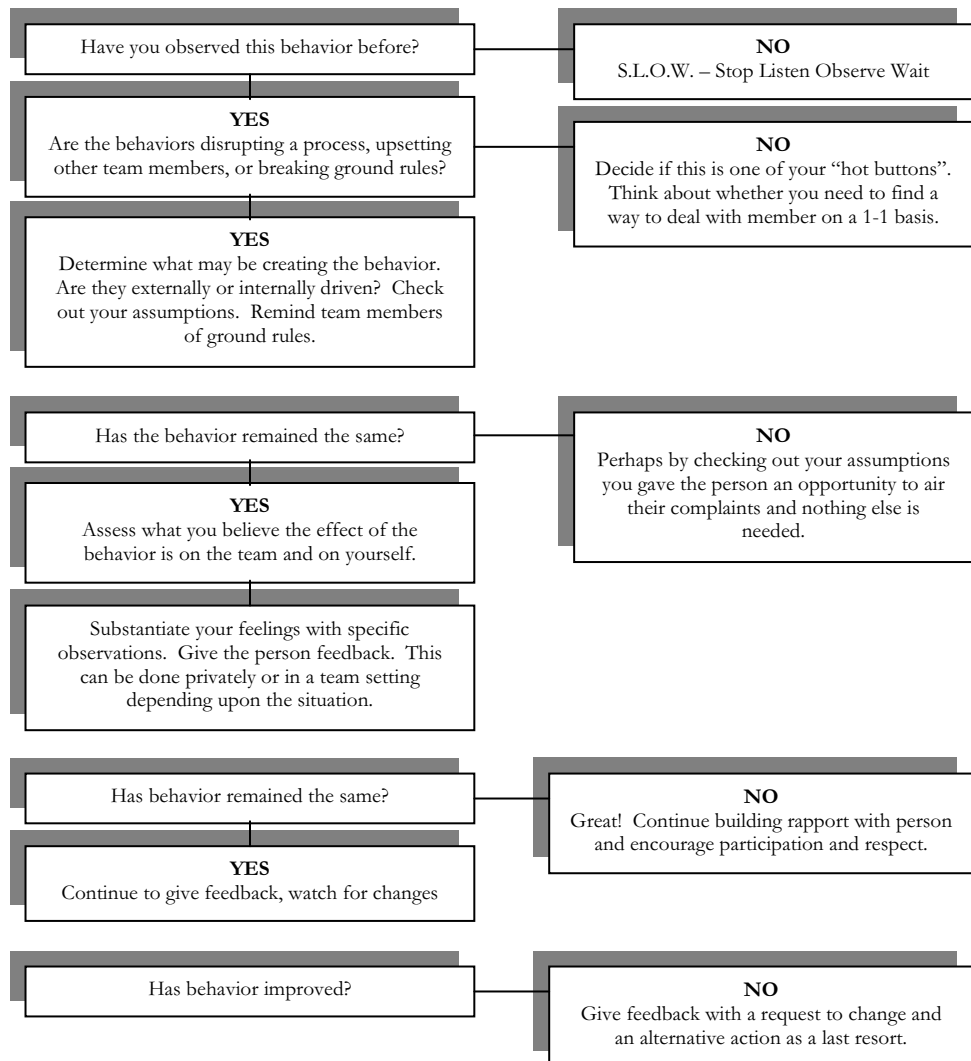
Confrontation

Confrontation involves the use of comments or activities directed toward the individuals involved in the conflict, and designed to include the team in solutions. Confrontation is a high-level intervention technique and should be used only when you are certain it is the best alternative.

- ★ **Feedback**
- ★ **Feedback with a request for a change**
- ★ **Time-out**
- ★ **Use direct questions to surface assumptions**
- ★ **Clarify intentions behind behaviors/words**
- ★ **Describe effect behaviors have on others**
- ★ **Confront involved parties in private session**

**C O N F L I C T
R E S P O N S E A N D
P R O T O C O L**

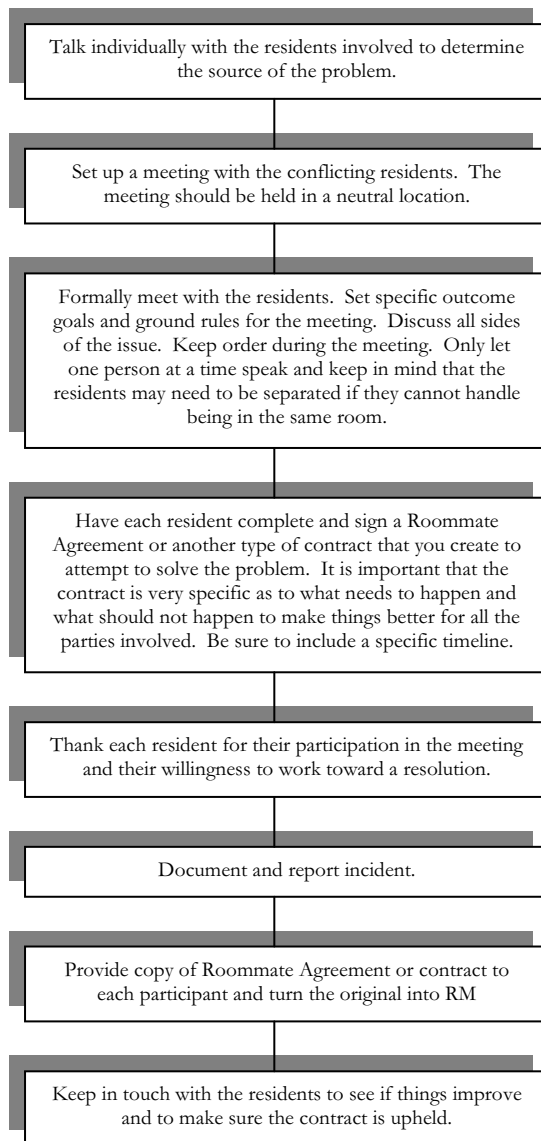
The chart below shows the steps to resolve a conflict (value based or not). These steps will help whether you are a participant in the conflict or acting as a facilitator in order to resolve the conflict between other members of your team



Write an Incident Report.

**ROOMMATE
CONFLICT
MEDIATION**

Always encourage residents in conflict to resolve the problem themselves before getting involved.



Examples of ground rules include: only using “I” statements, talking to each other instead of to the mediator, maintaining physical distance, no name calling, and speaking in a calm and reasonable tone of voice.

Write an Incident Report.

**SAFE ROOM
GUIDELINES**

Safe rooms are to be used as a last resort and are for temporary housing. A resident will be allowed to occupy the room for no longer than three (3) days with an emphasis on getting the resident vacated as soon as possible.

1. Contact the Jackson Shaver Resident Manager to verify whether the safe room is available. After verifying the room is available, arrange to meet the Jackson Shaver Resident Manager at the safe room. The Jackson Shaver Resident Manager will issue a key to the resident that will be returned to the Jackson Shaver Resident Manager when the resident checks out. No green card or RC Sheet is needed. If the Jackson Shaver Resident Manager is not available, contact the RM on duty. The on duty RM will let the resident into the safe room using a key on the duty set then using the key box key in the Jackson Shaver staff office, the on duty Resident Manager can access a key for the resident from the key box. Leave a voice mail message for the Jackson Shaver Resident Manager alerting them to the occupancy. The Resident Manager on Duty will need to issue a temporary access card for the exterior doors.
2. A phone is provided and must remain in the room when the resident leaves.
3. The resident must provide their own linens/toiletries, etc.
4. Do not discuss the circumstances surrounding the reason why the resident is using the Safe Room. All situations are to remain confidential.
5. The resident occupying the Safe Room will be notified by the appropriate Area Coordinator and/or the Dean of Students' Office concerning further action.
6. The referring RM will file an Incident Report concerning usage of the Safe Room and notify the appropriate Area Coordinator's voice mail.
7. Once the resident checks out with the Jackson Shaver Resident Manager, s/he will need to call the custodians and have the room cleaned. The Jackson Shaver Resident Manager must collect the room key and the temporary access card from the resident.

University Police Department

WORKING

- ★ Promote cooperative relations.

WITH UPD

- ★ Realize you may not be entitled to all their information, but your RM may request it.
- ★ Know that the dispatcher will be handling other calls and communicating with other agencies at the same time.
- ★ If your situation is not a priority (immediate threat to safety or facilities), be prepared to be put on hold if the dispatcher is involved with something else.
- ★ If your situation is a priority, announce to the dispatcher that your call is an emergency. The dispatcher will determine the nature of your call and how necessary a response is, then put you on hold while s/he notifies the officer. The dispatcher will return to obtain additional information from you.

Call UPD when there is:

- ★ Illegal activity.
- ★ A medical emergency.
- ★ Fire, power outages and weather related emergencies.
- ★ Disruptive activity you cannot contain.
- ★ A problem outside your building.
- ★ A need to contact another agency.

IF A STUDENT HAS A COMPLAINT ABOUT UPD, REFER THE STUDENT TO THE DEPARTMENT/OFFICER, SO THAT UPD HAS AN OPPORTUNITY TO DEAL WITH IT FIRSTHAND.

In case of a life-threatening emergency:

- ★ Call 9-911 immediately and request an ambulance
- ★ Notify UPD of the ambulance request at 294-1000

Locate your Resident Manager (or the RM on Duty if your RM is not available)