# Medical, Academic, Psychiatric (MAP) Committee

## VISION:

The MAP Committee envisions an educational environment where students take control over their own education, increasing independence and self-determination. Students become engaged in their learning experience, responsible for their success, and mindful of the importance of integrity in all endeavors.

## MISSION:

The MAP Committee is committed to address medical-, academic-, and psychiatric-related concerns as they pertain to adjustments for the student to fully access the learning environment. These include but are not limited to approvals for medical housing requests, medical withdrawal and re-entry, administrative withdrawal and re-entry, and immunization exemptions. The MAP Committee relies on objective, authentic, and relevant evidence to determine whether reasonable modifications of policies, practices, or procedures will mitigate the problem on a case-by-case basis.

### The MAP Committee acts to:

* Address adjustmentsand requests for students with permanent and temporary disabilities. These include but are not limited to approvals for medical housing requests, medical withdrawal, administrative withdrawal, re-entry, immunization exemptions.
* Assess appropriate documentation from qualified providers outside the institution, review the student’s needs within the institution, and determine reasonable medical/academic/psychiatric adjustments.
* Communicate the difference between *self-care* and *dependent* care behaviors.
* Help students successfully meet universal and development self-care requisites.
* Impart knowledge of potential health challenges needed for promoting self-care behavior.
* Invoke the Administrative Withdrawal policy when the student
	+ fails to follow designated health care plan,
	+ poses a direct threat to safety of others,
	+ adversely affects others in the PSC community, or
	+ adversely affects the college’s learning environment.
* Make recommendations to the institution regarding policies in its areas of expertise.
* Minimize the effect of the disability upon the student using reasonable adjustments while maintaining program standards. Adjustments should also place responsibility upon the student in the management of their disability.
* Promote growth, change, and learning to become a fully functioning adult.
* Respect and nourish student autonomy and work as allies to design inclusive communities.
* Review discharge and care plans received from facilities such as hospital, outpatient, and/or intensive care to ensure continuity of care and that return to campus is appropriate.

## VALUES:

* Community
* Due diligence
* Equity
* Inclusion
* Individualized assessment
* Justice
* Personal growth
* Safety
* Security
* Social interaction
* Social justice
* Strength
* Sustainability
* Wellness

## POLICIES:

### Higher Level Treatment Facilities

Students are expected to be self-reliant and responsible for their own care, to follow through with their care plan as agreed upon with the discharging facility.

The MAP Committee determines appropriateness of referral resources available in the campus and/or local community. PSC provides no transport to health care facilities off campus.

In the case of psychological concerns, the Paul Smith’s College Student Counseling Center is a short-term, solution-based center. A referral to it for long term intensive psychotherapy is inappropriate.

In the case of medical concerns, the Student Health Center is an urgent-care/acute-care, not a primary care, facility. Medical services are provided as an extension of a primary provider’s plan, and the Student Health Center works to provide continuity of care.

### Medical Withdrawal

Students who intend to seek a Medical Withdrawal must state their intention to do so during the initial interview with the Academic Success Counselor. The student will be referred to a representative of the Medical, Academic, Psychological (MAP) Accommodations Committee to complete an official [Medical Withdrawal Classification Request Form](file:///C%3A%5CUsers%5Crmccarty%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CMedical%20Withdrawal%5CMW_PDF%20documents%5CMEDICAL_WD-REQUEST_FORM.pdf) and receive further information. Withdrawals will not be processed as a medical withdrawal until the completed medical documentation is received and approved. Students have 29 days to return the necessary documentation to the MAP Committee. After this date if documentation is not received or approved, the withdrawal will automatically be processed as non-medical.

In the case of Administrative Withdrawals, official medical withdrawal may be requested during the meeting notifying the student of the administrative withdrawal. Withdrawals will not be processed as a medical withdrawal until the completed medical documentation is received and approved. Students have 29 days to return the necessary documentation to the MAP Committee. After this date if documentation is not received or approved, the withdrawal will automatically be processed as administrative withdrawal.

### Administrative Withdrawal

This policy is meant to be invoked only in extraordinary circumstances, when a student is unable or unwilling to request a medical withdrawal, and such a leave may be necessary because the student’s behavior poses a direct threat to the safety of others or where the student’s behavior is disruptive of the College’s learning environment. Before an administrative withdrawal is considered, efforts will be made to encourage the student to take a medical withdrawal, thus preserving, to the extent possible, confidentiality, privacy, and self-determination. In the case of administrative withdrawal, the student will be notified by the MAP Committee members and encouraged to apply for medical classification.

### Immunizations

##### Medical Exemption

If a licensed physician, physician assistant, or nurse practitioner, or licensed midwife caring for a pregnant student certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted. This statement must specify those immunizations which may be detrimental and the length of time they may be detrimental. Provisions need to be made to review records of temporarily exempted persons periodically to see if contraindications still exist. In the event of an outbreak, medically exempt individuals should be protected from exposure. This may include exclusion from classes or campus. [Request for Medical Exemption to Immunization](file:///C%3A%5CUsers%5Crmccarty%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CZASW9N3R%5CImmunization%20Forms%5CMEDICAL%20EXEMPTION.doc)

##### Religious Exemption

A student may be exempt from vaccination if, in the opinion of the institution, that student or student's parent(s) or guardian of those less than 18 years old holds genuine and sincere religious beliefs which are contrary to the practice of immunization. The student requesting exemption may or may not be a member of an established religious organization. Requests for exemptions must be written and signed by the student if 18 years of age or older, or parent(s), or guardian if under the age of 18. The institution may require supporting documents. It is not required that a religious exemption statement be notarized. In the event of an outbreak, religious exempt individuals should be protected from exposure. This may include exclusion from classes or campus. [Request for Religious Exemption to Immunization](file:///C%3A%5CUsers%5Crmccarty%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CZASW9N3R%5CImmunization%20Forms%5CRELIGIOUS%20EXEMPTION.doc)

For more information, go to [New York State Department of Health](http://www.health.ny.gov/prevention/immunization/handbook/section_1_requirements.htm).

### Medical Housing

Students with medical issues or disabilities who may require modification of any policy or procedure in order to have equal access to the residence halls must complete a Medical Housing Request Form. The completed application along with appropriate documentation should be sent to the Chair of the Medical, Academic, and Psychiatric (MAP) Committee. The MAP Committee will make a determination of what reasonable adjustment will provide the student with equal access to the residence halls, its programs, services and activities. Documentation guidelines can be found at <http://www.paulsmiths.edu/accommodativeservices/legal-information-forms/> Call (518) 327-6414 or email accommodativeservices@paulsmiths.edu if you have questions about this process.

#### Criteria for Medical Housing

**Medical Housing must be necessary to ameliorate the disability when necessary to provide equal access to the residence halls.**

Other steps will be considered to satisfy the need (e.g., wellness residence hall, quiet dorm, small dorm, roommate change, working with peer counselors to help roommates communicate better).

Medical single room assignments are for one academic year; application process must be repeated each year.

The Committee has the right to request to meet personally with the student if necessary prior to making a final decision.

A disability is defined in the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008 and Section 504 of the Rehabilitation Act of 1973 as a mental or physical impairment which substantially limits one or more major life activities.

According to Section 504 of the Rehabilitation Act of 1973, substantially limiting is defined as being unable to perform a major life activity, or significantly restricted as to the condition, manner, or duration under which a major life activity can be performed, in comparison to the average person or to most people.

Impairment must substantially limit a major life activity for a physical or mental condition to rise to the level of a "disability." Factors that need to be considered include:

1. the nature and severity of the impairment,
2. the duration or expected duration of the impairment and
3. the actual or expected permanent or long-term impact of, or resulting from, the impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. In ad­dition, Congress broadened the definition of major life activities to include the operation of major bodily functions, such as: the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

**Please note a perceived need for a classmate-free environment does not qualify for medical housing.**

## DEFINITIONS

Authentic evidence -- observed and/or field based information. Reported evidence from actual or perceived experience

Objective evidence -- third party documentation.

Relevant evidence -- information that has particular bearing or significance on the accommodations requested.

Social Justice -- disability as the interaction between the person and the environment