

**AMERICAN FILM INSTITUTE
ANNUAL SAFETY AND
SECURITY REPORT
2023 CALENDAR YEAR**

INTRODUCTION

The American Film Institute provides this Annual Safety And Security Report in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act. The Annual Safety And Security Report is prepared in cooperation with AFI administration, AFI Campus Facilities, AFI Campus Security Department and local law enforcement agencies surrounding AFI's LA Campus.

The Annual Safety And Security Report collects AFI's emergency response and safety procedures as outlined in Fellow handbooks and faculty and staff policy manuals, in addition to statistical information on all campus crimes, arrests and referral statistics. The statistical data on crimes may also include offenses that have occurred in private residences or businesses surrounding the AFI campus as required by law.

In addition to an abridged AFI Campus Crime report posted online, a notice of the Annual Safety And Security Report's availability is emailed to all campus staff, faculty and Fellows, by October 1 of each year. A full copy of the report is available by request from the AFI Human Resources office located in room 104 of the Warner Bros. Building.

ABOUT THE AFI CAMPUS

The AFI Campus is located on 8.65 acres at the intersection of Western and Franklin Avenues. The property was purchased as the new home of AFI in 1980 from the Immaculate Heart College. It is composed of four primary buildings: the Warner Bros. Building (WB), the Manor House, the Louis B. Mayer Library and the Sony Digital Arts Center (SDAC).

Access to the Campus is from Western Avenue. Traffic moves very quickly and special caution should be used when turning left onto the driveway. The entry driveway at times may be congested with pedestrians and cars entering the Immaculate Heart High School (IHHS). AFI works closely with IHHS to resolve traffic issues and use of the parking facilities. Any problems or requests for use of the parking facilities for AFI parking should be directed to the Campus Facilities office.

AFI CAMPUS HOURS

The AFI Campus is private property and only open to AFI community members and approved guests during operating hours, except during observed holiday closures as noted below.

WORKING HOURS

The standard working hours for AFI staff members are from 9:00 a.m. to 5:30 p.m., Monday through Friday. The standard working hours for the Campus Information Center are from 8:00 a.m. to 8:00 p.m. daily.

AFI Campus Security provides coverage 24 hours a day, seven days a week, 365 days a year and can be reached at 323.829.2153 from 8:00 p.m. to 8:00 a.m. when the Campus Information Center is closed.

OPERATING HOURS

Due to the needs of the Fellows and to accommodate public programs, the AFI Campus is open from 8:00 a.m. to 12:00 a.m. daily, or as needed for special events. The entrance gate to campus from the main driveway and all campus buildings are secured promptly at midnight.

Failure of Fellows, guests, faculty and staff to observe these policies may result in restriction of future use of the facilities. The Campus is closed on certain AFI observed holidays.

AFI HOLIDAY CLOSURES

While the AFI offices are closed on most major holidays, the AFI Campus remains open. The AFI Campus is closed on the following holidays:

NEW YEAR'S DAY – January 1

INDEPENDENCE DAY – July 4

THANKSGIVING DAY – 4th Thursday in November

CHRISTMAS EVE – December 24

CHRISTMAS DAY – December 25

NEW YEAR'S EVE – December 31

AFI CAMPUS ACCESS

Currently enrolled Fellows, Faculty, staff and Conservatory alumni in good standing may all access the campus facilities during operating hours and schedule rooms with either the Campus Information Center personnel located in the lobby for the Warner Bros. Building or the Campus Facilities office located on the 2nd floor of the Warner Bros. Building next to the Service Center. Security can provide access to scheduled campus facilities and may request valid identification.

Members of the AFI Security team, janitorial personnel and those staff members approved by Human Resources for 24-hour access are the only individuals permitted access to the campus from the hours of 12:00 a.m. to 8:00 a.m. All other programs and production activities are required to conclude no later than 11:30 p.m. daily unless given prior approval.

In the rare instance when it is necessary for an employee to remain on, or return to, the Campus after operating hours, he/she must obtain prior approval from either AFI Human Resources or Director, Campus Operations no later than 5:30 p.m. on the requested date. A representative from the Human Resources or Campus Operations office will notify the AFI Security team when authorization is granted.

AFI CAMPUS BUILDINGS

WARNER BROS. BUILDING (WB)

AFI's Administrative offices, which includes AFI Senior Management, AFIC Executive Staff the Dean, AFI Admissions, Registrar office, Facilities, and AFI's Finance Team can be found on the second floor of the Warner building. AFI Human Resources is located on the first floor along with two smaller screening facilities: the Ted Ashley Screening Room and the AFI Theater, classrooms and the North and South Gallery meeting spaces. While the garden level houses several Conservatory offices, e.g., 1st and 2nd Year Physical Production and faculty/mentor offices and a production soundstage. The Campus Information Center (CIC) is located in the first-floor lobby area and is the primary reception area for Campus visitors.

Room numbering for the building is as follows:

Garden level rooms	000s
First floor rooms	100s
Second floor rooms	200s

MANOR HOUSE (MH)

The Manor House is home to the Fellow Affairs, AFI Productions and the Conservatory Lighting Services and Club Grip Teams. In addition, the administrative offices for AFI's International film festival, AFI FEST, are located in the Manor House.

ANNEX

The Physical Plant Operations department maintains the Campus grounds and buildings from their offices and workshop area.

LOUIS B. MAYER LIBRARY (LB)

On the first floor of the Louis B. Mayer Library is the new Lawrence Herbert Alumni Center for ongoing outreach with AFI alumni along with the Frankovich Barnes Screening Room (FBSR) and Conservatory Camera Department. The Charles K. Feldman Reading Room, Ahmanson Room and HP Computer Lab are all located on the second floor of the building and contain reference materials and special collections used by Conservatory Fellows and campus visitors. Also located on the second floor is the Mark Goodson Screening Room (MGSR), HBO Pavilion, AFI café. AFI's Information Technology and reference catalog offices are located in the 3rd floor loft of the building.

Numbering for the Library is:

Lower level rooms	100s
Main level rooms	200s
Tower level rooms	300s

SONY DIGITAL ARTS CENTER (SDAC)

The SDAC houses editing and dubbing facilities and staff offices. Located at the north end of the facility are additional editing rooms and workspace.

BUILDING EVACUATION INFORMATION

EMERGENCY EVACUATION PROCEDURES

When evacuation is required:

- Move quickly, but do not run.
- Go to the safest designated stairwell or exit. DO NOT USE ELEVATORS.
- Use the handrail in stairwell.
- Persons on each floor will completely evacuate the building.
- Allow room for people to enter into an orderly flow of traffic without holding up others.
- Gain or give assistance to those who are slower moving or in need of assistance.
- Dispel any false information, rumors, etc. (To reduce panic situation, refrain from using the word "fire.")
- Treat any injuries incurred in the stairwell at the nearest floor landing, when required and if practical.
- Complete evacuation. Do not congregate in stairwell.

EVACUATION PROCEDURES FOR THE PHYSICALLY CHALLENGED

The Los Angeles City Fire Department requires businesses to keep an updated list indicating the name, location and nature of disability of each physically challenged person. Human Resources records this information for staff and Faculty, and the Office of Fellow Affairs obtains this information for Fellows.

Physically Challenged includes, but may not be limited to:

- Persons who are wheelchair users
- Persons using crutches, canes, walkers, etc.
- Persons recovering from surgery
- Pregnancy
- Persons who are Deaf/hard of hearing, blind and/or have visual disabilities
- Persons with chronic obesity

Those with mobility challenges may also be anyone who, without the assistance of another person, would have difficulty evacuating or relocating to a safe location either inside or outside the building, or who would slow down evacuation of other occupants within the building.

Any individual placed on a physically challenged evacuation list must be assured that information provided to management/ AFI Emergency Response Team members will be kept confidential, and only used to provide a safe and quick evacuation in emergency situations.

During an emergency evacuation, AFI Emergency Response Team members will be assigned to assist AFI community members in their designated area who are physically challenged. AFI Emergency Response Team members assigned to assist will have knowledge of how to safely evacuate community members they are assigned to (i.e., proper lifts and carries), in addition to inquiring how they can best assist.

Detailed safety information and evacuation maps for campus structures are posted strategically across all major campus buildings, in classrooms, screening rooms and meeting spaces. These maps detail evacuation routes, emergency safety/first-aid equipment and emergency contact numbers and procedures. A copy of this information is also contained in Appendix A.

**** SEE APPENDIX A FOR BUILDING EVACUATION MAPS ****

AFI CAMPUS SECURITY

AFI employs its own Campus Security team which are the first line responders to all campus emergency and security situations. The Campus Security Department is an integral part of AFI's emergency response and daily campus safety. The Campus Security Department is overseen by the Director, Campus Operations and comprised of two Lead Officers, two Campus Information Officers, six full time Patrol Officers and several additional part time Patrol Officers.

A minimum of two Campus Security patrol personnel are present on the campus 24 hours a day, 365 days a year. The Security team is the first line of response for any unsafe situation that may arise and is responsible for providing a safe and secure environment for staff, faculty, Fellows and visitors to the AFI Campus.

PRINCIPAL DUTIES

- Provide a visible deterrence to crime, prohibited or suspicious activities on the AFI Campus.
- Perform foot patrol of assigned location, checking for unsafe conditions, hazards, unlocked doors, blocked entrance/exits and/or mechanical issues.

- Enforce parking and identification program, which includes issuing parking citations to staff, faculty and/or Fellows violating policy.
- Respond to emergency and routine incidents; move quickly to location and effectively diffuse dangerous situations. Be prepared to directly approach hostile persons to protect lives and property.
- Provide ongoing inspections, report unusual activities or incidents and intervene (with force if necessary) to remove or detain potentially threatening elements.
- Respond appropriate to requests for information or questions (e.g. casting or screening location, admissions inquiry, etc.).

SECURITY OFFICER QUALIFICATIONS

EXPERIENCE AND SKILLS REQUIRED

- Minimum three years experience in Security Operations.
- Ability to maintain professional composure when handling varied high-pressure situations, including hostile persons.
- Ability to act effectively, without immediate supervision, in making judgments regarding policy and procedures.
- Skilled in observation and reporting techniques.
- Excellent oral and written communication skills, including strong grammatical and proofreading abilities.
- Ability to interact with the public in a direct and professional manner.
- Ability to stand/work on your feet for extended periods of time.
- Ability to run and/or climb stairs to respond quickly to emergency situations.
- Exposure to inclement weather; required to work in/or under conditions that require the use of protective gear with an awareness of personal safety and safety of others.
- Training in the exercise of the power to arrest.
- Ability to pass a physical fitness examination.
- Must have current Security Guard certification issued by the state of California or other licensing agency.
- Must have pepper spray training and possess current permit.
- CPR and First Aid Certification required.

SECURITY PATROL PROTOCOL

WHAT OFFICERS LOOK FOR ON PATROL

- 1) Careless security procedures (e.g. doors propped open, unattended personal property, etc.).
- 2) Strange and unusual conditions.
- 3) Trespassers.
- 4) Individuals who ask suspicious questions, wherein the answers would be compromising to the security of the campus.
- 5) Individuals who act nervous for no apparent reason.

- 6) Anyone wandering around the campus during and after business hours.
- 7) Anyone who tries to avoid members of the Security team.
- 8) Individuals who give evasive answers to reasonable questions.
- 9) Individuals who are hostile for no apparent reason.
- 10) Individuals that appear intoxicated or under the influence of a controlled substance.

If any persons exhibiting the above behaviors are observed on campus, please contact Campus Security personnel to investigate.

SECURITY COMMUNICATIONS

While on patrol, AFI's Security team uses digital HT850 Pro radios, which operate on the ultra high frequency or UHF radio band. These are the same type of radio equipment employed by public safety officials, such as police and fire personnel.

During emergency situations, this equipment could be the only available communication and allows the Lead Security Officer and the Security team or ERT designated Coordinators to maintain campus communications in times of crisis.

TRESPASSING

AFI is private property. People who are considered trespassers are as follows:

- Anyone found on the AFI Campus after hours that has no relevant business need or is not on the "24-Hour Access List".
- Anyone found on the AFI Campus under the influence of any drug or alcohol or is not a guest attending an AFI sponsored or hosted event where alcohol is being served.
- Any person(s) found engaged in any lewd conduct while on the AFI Campus.
- Any person(s) who Human Resources has stated in writing is prohibited from being on campus.
- Any person(s) who have been convicted of any crime while on the AFI campus.

AFI Security has the authority to deny entry to campus to all trespassers and should be notified immediately if someone is believed to unlawfully trespassing on the AFI Campus.

PANHANDLING OR PEDDLERS

Peddling by anyone on an informal basis is prohibited on the AFI Campus. If someone is observed posting advertisements on buildings, cars, trees or any other place, Security will stop the individual and remove all materials previously posted.

SPECIAL EVENTS ON CAMPUS

During screenings on the AFI Campus, Alumni gatherings or any special events, Security personnel will provide assistance to guest(s) with parking and event information or general campus information (e.g. location of rest rooms).

DAILY ACTIVITY REPORT (DAR)

The primary responsibility of the AFI Security team is to observe and report. The Daily Activity Reports by the Security Officers are used to record activities observed during daily patrol, and each Security Officer is required to submit a DAR at the end of their shift. These reports will include all aspects of the Security Officers patrol and are used for record keeping and investigative tools by the Security Department and Human Resources.

INCIDENT REPORTS

In addition to Daily Activity Reports, the Security team will also employ more detailed incident reports for any on campus criminal activity, emergency incidents. All incident reports are submitted immediately to the Security Supervisor and/or a representative in the Human Resources office. A signed copy of the incident may be provided to parties involved for insurance and record keeping purposes. Human Resources will retain all original copies of incident reports.

FIELD INTERVIEWS (F.I.)

All information for an Incident Report is obtained by conducting a field interview with all involved parties. Field Interviews consist of a short conversation meant to aid the Security team in investigating or identification of individuals on the AFI campus.

WHO?

Every person involved in the incident must be fully identified. This includes the full contact information of each individual (name, address, phone number, etc.) and some form of photo identification (e.g. AFI or state issued I.D.). Anyone connected to the incident (e.g. witnesses) should be identified as well.

WHAT?

The type of incident (e.g. theft, accident, property damage, robbery, safety violation, etc.) will be identified and only information essential to the incident reported.

WHEN?

Reports should including the time and date of the incident, when Security was notified, the time they arrived on the scene of the incident and the time the reporting parties became aware of the incident.

WHERE?

The exact location where the incident occurred will be recorded, and if more than one location is involved, each location will be included in the report.

WHY OR HOW?

This information is determined through statements taken from field interviews with the parties and/or witnesses involved and should include the sequence of events leading up to incident, if known.

IDENTIFICATION

Acceptable I.D. is any document that verifies a person is who he/she claims to be. On the AFI Campus, a current AFI issued staff or Fellow I.D. card are acceptable forms of identification.

Credit or debits cards, social security cards and fraternal organization cards are not acceptable forms of identification. Temporary IDs even if issued by the state are not acceptable forms of identification.

In the state of California, the legally accepted form of identification is a state issued driver's license or state issued picture I.D. card. A government issued passport is also an acceptable form of identification.

If an individual is unable to provide valid identification when requested, he/she may be restricted access and/or use of any campus facilities.

DAILY CRIME LOG

All criminal activity and campus incident report information gathered by Campus Security Officers is updated and kept on file with the AFI Human Resources office in a daily crime log. The daily crime log contains detailed information regarding any reported campus incidents in addition to those crimes classified under the Clery Act statistics. Anyone requesting access to the information in the daily crime log may contact the Human Resources office in Warner Bros. Building room 104 or the Director, Campus Operations.

LOSS PREVENTION AND PROPERTY CONTROL

LOST AND FOUND

All lost and found items recovered on campus should be turned over to Security to be recorded in the Lost and Found Logbook with the Campus Information Center Officer. After recovered items have been recorded in the Logbook, the items are secured in the inventory control locker, located inside the Campus Information Center.

The Director, Campus Operations or Security Supervisor are notified, if available, to secure and catalog any money, electronics or items with an estimated value of over \$100.

Anyone searching for a lost item(s) should contact the Campus Information Officer in the Warner Bros. Building 1st floor lobby or at 323.856.7600 (or ext. "0). Whenever a recovered item is claimed, the Officer signing out the item(s) will make a copy of the recovering individual's photo ID and have them sign a return receipt should any disputes arise.

AFI PROPERTY

When on patrol, Security will be alert for anyone removing any equipment from a building or off the AFI Campus grounds. Fellows, faculty and staff are expected to cooperate fully with the Security team when they make reasonable requests for information regarding movement of equipment from the AFI Campus. Security may ask for ID and fully document the incident in their DAR.

PURSUIITS

The primary duty of the Security team is to observe and report hazardous situations or potential security threats. If a situation escalates to a pursuit, Security Officers will coordinate with base dispatch to contact local emergency response assistance to their location. Security will maintain a safe distance and visual of suspect(s) until law enforcement arrives. Should a situation escalate where direct intervention is needed, AFI Security can further respond as necessary and under the direction of campus administration.

ARRESTS

Situations where an arrest must be made are very dangerous and AFI Security Officers should maintain visual contact of a suspect or suspect until law enforcement arrives and conducts an arrest.

TITLE VII & TITLE IX

TITLE VII

The Civil Rights Act of 1964 Title VII prohibits discrimination on the basis of race, color, religion, gender, pregnancy, or national origin in employment contexts. Title VII applies to any employer with fifteen or more employees. Title VII also prohibits discrimination against an individual because of their association with another individual of a particular race, color, religion, sex, or national origin, such as by an interracial marriage. Title VII has also been supplemented with legislation prohibiting pregnancy, age, and disability discrimination.

TITIE IX

The Higher Education Act of 1965 Title IX – commonly called “Title IX” – refers to the 1972 educational amendment to federal civil rights law enacted to prohibit discrimination on the basis of sex in educational programs and activities. The Civil Rights Restoration Act of 1987 required all educational institutions receiving federal funds to comply with Title IX regulations. The United States Office of Civil Rights works with schools to ensure compliance with Title IX laws. The Office of Civil Rights also takes complaints of discrimination on the basis of sex, race, color, national origin, disability or age. The Office of Civil Rights’ Customer Service Team can be reached at 800.421.3481; an electronic complaint form may be found at <http://www2.ed.gov/about/offices/list/ocr/complaintintro.html>.

Both Title VII and Title IX complaints are overseen by AFI’s Manager, Equity and Access.

The AFI Employee and Fellow Handbooks defines and explicitly prohibits sexual harassment, discrimination, and violence including, but not limited to, sexual assault, physical abuse, rape,

stalking, domestic violence, dating violence, language of an intimidating, hostile or harassing nature and violations of federal, state or local laws. Such violations are grounds for discipline or termination.

CLERY ACT: VIOLENCE AGAINST WOMEN AMENDMENT

First enacted in 1990, the Clery Act requires colleges, universities, and graduate schools to keep and disclose information about crime on and near campus. This annual report includes the requirements that fall under this amendment, which can also be found at:

<https://clerycenter.org/policy/vawa-dfscf-ferpa/>

MEGAN'S LAW: REGISTERED SEX OFFENDERS

Megan's Law is a subsection to the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act of 1994 amended into law on May 17, 1996. Megan's Law requires sex offenders to register with local law enforcement and requires law enforcement authorities to make this information available to the public.

Together, the Jacob Wetterling Act and Megan's Law provide two major information services: sex offender registry for law enforcement and community notification for the public. The subsequent Adam Walsh Child Protection and Safety Act supplements Megan's Law with new registration requirements and a three-tier system for classifying sex offenders according to certain listed offenses requiring registration. The details of what is provided as part of sex offender registration and how community notification is handled varies from state to state, and the following links provide registered sex offender information for the state of California and sex offender search tools.

State Of California Information site: <http://www.meganslaw.ca.gov>

Dept. Of Justice National Sex Offender Public Website: <https://www.nsopw.gov/en>

PREVENTION OF ILLEGAL POSSESSION, USE AND DISTRIBUTION OF DRUGS AND ALCOHOL

The AFI Conservatory prohibits all Fellows from unlawfully possessing, manufacturing, using or distributing drugs or alcohol on American Film Institute property or at any AFI Conservatory activity.

Violation of AFI policy will result in sanctions. Sanctions will be of varying and appropriate degrees of severity and may include warnings, probation, suspension, expulsion or required completion of a substance abuse program and/or referral to law enforcement agencies for possible prosecution.

Upon registration for the first year program, the Conservatory will distribute to each Fellow a handbook that will include a copy of our program and, as required:

- A description of the various federal, state and local laws relating to the unlawful use, possession or distribution of illicit drugs and alcohol and the sanctions imposed (see “Sanctions”)
- A description of the health risks associated with the use of illicit drugs and abuse of alcohol (see “Health Risks”)
- A description of any drug and alcohol counseling, treatment, rehabilitation or reentry programs that are available to Fellows (see “Counseling”)
- A statement of any regulations established from time to time by the Conservatory with respect to the unlawful use, possession and distribution of drugs and alcohol on Conservatory property and at Conservatory activities (see “AFI Policies”)

At least every two years, the Conservatory will review this program to determine its effectiveness and implement changes to the program if they are needed and ensure that the disciplinary penalties described above are consistently enforced.

SANCTIONS

Local, state and federal laws have established severe penalties for the unlawful possession or distribution of drugs or alcohol. These sanctions, upon conviction, range from a fine and probation to lengthy imprisonment.

HEALTH RISKS

The use of any mind- or mood-altering substance, including alcohol, can lead to psychological dependence, which is defined as a need or craving for the substance and feelings of restlessness, tension or anxiety when the substance is not used. In addition, with many substances, use can lead to physical tolerance, characterized by the need for increasing amounts of the substance to achieve the same effect and/or physical dependence, characterized by the onset of unpleasant or painful physiological symptoms when the substance is no longer being used. As tolerance and psychological or physical dependence develop, judgment becomes impaired, and people often do not realize they are losing control over the use of the substance and that they need help.

Alcohol acts as a depressant to the central nervous system and can cause serious short and long term damage. Short-term effects include nausea, vomiting and ulcers; more chronic abuse can lead to brain, liver, kidney and heart damage and even eventual death. Ingesting a large amount of alcohol at one time (five or more drinks at a sitting for men, and four or more drinks at a sitting for women) can lead to alcohol poisoning, coma and death. Drugs such as LSD, amphetamines, marijuana, cocaine and alcohol alter emotions, cognition, perception, physiology and behavior in a variety of ways. Health risks include, but are not limited to, depression, apathy, hallucinations, paranoia and impaired judgment. In particular, alcohol and/or drug use inhibits motor control, reaction time and judgment, impairing driving ability. Abuse of either or both alcohol or drugs during pregnancy increase the risk of birth defects, spontaneous abortion and stillbirths.

CLERY ACT CRIME STATISTICS

In accordance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act, all information pertaining to Clery Crimes for the 2021, 2022 and 2023 calendar years is contained in the tables provided in Appendix B. These crime statistics are taken from all corresponding Campus Security incident reports and local law enforcement agencies.

Additional information on the statistics reported for all public property crime statistics can be obtained through local law enforcement agencies or online at the following website:

<https://www.crimemapping.com/map/ca/losangeles>

For additional information on the Clery crime classifications or to further review AFI's statistics, you can visit: <http://ope.ed.gov/security/>

**** SEE APPENDIX B FOR ANNUAL CRIME STATISTICS ****

AFI EMERGENCY RESPONSE INFORMATION

In the event of a campus emergency, the following descriptions layout the standard preventative measures and emergency responses procedures as approved by AFI's Safety Committee.

FIRE

Given the close proximity of AFI to Griffith Park, the campus is located in a high-risk fire zone. Each main building on the campus has a fire alarm system monitored by Johnson Controls in addition to fire extinguishers and sprinkler system in the Warner Bros. Building. To reduce the risk of fire on campus or the surrounding area, the use of any open flames and pyrotechnic equipment during production on campus is prohibited.

Should a fire break out on campus and it is small enough to safely extinguish, exercise caution and employ available fire extinguishers and alert Campus Security immediately. If fire is rapidly consuming an area, pull building fire alarms and immediately evacuate the area. Notify Campus Security to the fire's location and contact the Fire Department or dial 911.

If the fire alarm sounds on campus, never assume that it is a false alarm. Immediately evacuate the building in an orderly manner, following the instructions of Campus Security and ERT personnel or according to the evacuation routes and procedures listed on the evacuation maps posted throughout the campus. Evacuate to the nearest wait area and await further instruction from AFI administration.

EARTHQUAKE

Remain calm, and do not panic. Do not attempt to leave your current location until shaking stops and it is safe to move. Take cover under a sturdy object such as a desk, table or other furniture. If no cover is available position yourself against a sturdy interior wall. Avoid all windows, glass and lighting fixtures or any freestanding objects

Once the shaking has stopped, evacuate the building in an orderly manner, following the instructions of the ERT personnel or posted campus evacuation maps. Evacuate to the nearest wait area and avoid standing near any buildings or under any tall trees once outside. Do not attempt to reenter any buildings until it has been determined safe. Additional information or updates regarding campus access or building damage will be sent out via the AFI text alert system once an assessment is conducted.

ELEVATORS

There are two elevators on the AFI Campus, one in the Warner Bros. Building and the other in the Louis B. Mayer Library. Both elevators are equipped with an emergency line to the Campus Information Center that can be used in the event someone becomes trapped or in any other emergency situation.

If anyone is stuck in an elevator during an emergency on campus, try and keep the individual(s) calm. Do not attempt to rescue them from the elevator. Contact Campus Security to determine what action needs to be taken and/or call the Fire Department.

FIREARMS OR VIOLENT THREAT

Under no circumstances are any firearms or other weapons (e.g., knives with blades of 3" or more) permitted on the campus. Anyone who violates this policy is subject to disciplinary action, including suspension or termination.

AFI Fellow productions may use replica weapon(s) for filming only after AFI Production Services has inspected the weapons and approved their use.

If a firearm or other weapon is observed, quietly dial 911 and immediately notify Campus Security.

- If notified of a gunman on campus, begin campus lockdown procedures.
- Secure all doors, close any blinds and cover all windows including those in doors. Turn off lights and instruct people to stay below windows.
- Do not leave your secured location or let anyone enter until given the all clear from proper authorities or via the AFI text alert system.

WORKPLACE VIOLENCE

What constitutes workplace violence may vary widely and includes actions such as; verbal confrontations followed by violence, unarmed or armed physical assault, brandishing weapon, or a non-provoked assault.

If a situation begins to develop that looks like it might escalate towards violence, notify AFI Security and Campus Administration before attempting to defuse the situation and quietly evacuating bystanders from the area. If someone threatens violence implicitly or explicitly, report the situation to Security or Conservatory administration. Any probable targets of the violent person should be located and relocated to a secured area or off campus.

If an incident involving firearms begins, take cover and initiate lockdown procedures until given the all clear or evacuated by the proper authorities.

TRESPASSING

While the AFI Campus is open to the public, it is private property and administration reserves the right to deny entry any unwanted parties. People who are observed on the AFI Campus without prior business or acting suspiciously should be identified to Campus Security as possible trespassers.

Below is a list of behavior considered as trespassing:

- Anyone found on the AFI Campus after campus hours.
- Anyone found on the AFI Campus under the influence of any drug or alcohol or is not a guest attending an AFI sponsored or hosted event where alcohol is being served.
- Any person(s) found engaged in any lewd conduct while on the AFI Campus.
- Any person(s) whom Human Resources has identified in writing is prohibited from being on campus.

PREVENTION & REPORTING

As part of their onboarding, all employees go through a two-hour New Hire Orientation, and Fellows take part in orientation seminars which includes a thorough review of Campus and Security operations. Any criminal activity or emergency situations observed on campus or on the adjacent public property should be reported to Campus Security or Conservatory administration in a timely manner to allow for appropriate response.

CAMPUS EMERGENCY CONTACT INFORMATION

Appendix C lists several important numbers for use in contacting local law enforcement and emergency response personnel in addition to reporting suspicious or criminal activity observed on campus.

**** SEE APPENDIX C FOR EMERGENCY CONTACT INFO ****

AFI EMERGENCY COMMUNICATIONS

CAMPUS INFORMATION CENTER EMERGENCY PHONE

The RED emergency phone located at in the Campus Information Center is for incoming emergency calls on campus and from Campus alarms systems only. This phone runs on an analog line that will function as the primary lifeline in the event of a power failure or other catastrophic emergency. In the event of the main switchboard phone system going down, this emergency phone can be used to make calls to emergency services or contacting AFI employees on the emergency contact sheet.

CAMPUS EMERGENCY PHONES

Red emergency phones are located on each floor of the WB Building, on the first floor of the Library building and in the hallways of the SDAC. There is an additional red emergency phone outside in the parking lot between the Sony Digital Arts Center and the Louis B. Mayer Library. The emergency phones are to be used for emergencies only. When the receiver is picked up, the phone connects directly to the Campus Information Officer.

If the Campus Information Center notifies Security personnel of an emergency call, wait for the Security Officer(s) to respond with any follow up instructions. The Campus Information personnel will be responsible for alerting any appropriate agency (e.g. police, fire, etc.) if necessary.

If Security personnel are on patrol and want to test the emergency phone(s), they will notify the Campus Information personnel and any other Security Officer(s) on duty prior to commencing any test.

EMERGENCY TEXT ALERT SYSTEM (EVERBRIDGE)

AFI's emergency text alert service partner, Everbridge, is a national leader in emergency communications and offers a multilayered communication platform that can be integrated into several delivery methods whether a recipient is on campus or not.

Only Campus Facilities, Human Resources or AFI's executive office can initiate any communications sent by the Everbridge system. Communications will be sent in a timely manner as illustrated below:

- Campus Lockdown: Immediate notification by the first available authorizer.
- Campus Fire: Immediate notification by the first available authorizer.
- Earthquake: Immediate notification by the first available authorizer.
- Bomb or Violent Threat: Immediate notification by the first available authorizer.
- Gas Leak: Immediate notification by the first available authorizer.
- Power Outage: 30 minutes pending decision from most senior Administration on campus.
- Infrastructure Damage: Pending decision from CEO or CRO.

If an emergency situation is observed and requires immediate notification via the Everbridge system, notify Security, Campus Information Center or any available staff immediately.

CAMPUS SAFETY COMMITTEE

Key to helping shape AFI policies and emergency response procedures would be the Campus Safety Committee, which is comprised of key administrative, institute and Conservatory personnel. The members of the Safety Committee meet bi-annually to discuss campus safety measures and make recommendations to AFI Administration and the AFI Board regarding new safety technologies and preventative measures. The Campus Safety Committee members are also responsible for overseeing management of the Emergency Response Team and all planned campus emergency drills and notifications.

EMERGENCY RESPONSE TEAM (ERT)

The Emergency Response Team (or ERT) is the second line response created by AFI administration to assist in responding to emergency situations on campus. The Emergency Response Team is comprised of a core group of staff members dedicated to serve AFI in response to crisis and emergency situations. These Emergency Response Team members all receive basic first-aid, CPR and first responder training biennially.

During normal times the duties of the ERT are routine matters such as reporting any unsafe conditions, attending periodic training meetings, and assisting during emergency or fire drills. These tasks are important in maintaining a state of readiness for the campus and helping to advise AFI administration to possible safety issues. In an emergency situation, the Emergency Response Team is integral in AFI's response and recovery efforts. The Emergency Response Team works with Campus Security and the Campus Information Center personnel to maintain vital and proper communications on campus.

As the safety and wellbeing of others may be at stake, not everyone can or should be in this position. ERT members are chosen for their communication skills, should work well in a small group setting, are able to keep calm in a crisis, and should be able to make rapid and well-reasoned decisions. Most importantly, they must have a concern for the well being of others. Those on the Emergency Response Team are responsible for evacuating campus buildings of incapacitated or injured persons in an emergency, and are the last person out of their designated area.

PRINCIPAL RESPONSIBILITIES

All ERT members have the responsibility to participate in meetings or training sessions scheduled periodically. They conduct periodic inspections of the workplace to document any hazards that require mitigation, and promptly report any condition which may affect the health and safety of any AFI staff, faculty, Fellows or visitors.

They must be responsive to comments and suggestions from co-workers and be willing to take the time to explain the operations of the ERT to others, particularly newly hired staff in their area. They must act as a conduit for information and inquiries to the ERT, and as liaisons on preparedness issues. They must be familiar with exit routes, first aid stations and wait areas on campus. They assist and provide feedback for scheduled and unscheduled fire or earthquake drills, helping to motivate others

to take part in any training or exercises.

EMERGENCY RESPONSE

In the event of an emergency situation on the Campus, the ERT will be called upon to assist Campus Administration respond to the specific situation based on established response protocol. This may include evacuation of injured persons, taking head counts of staff, faculty and Fellows in their assigned section, reporting missing persons or dangerous conditions to campus administration and working within any established emergency operations centers.

EMERGENCY RESPONSE TEAM ORGANIZATION

TEAM LEADERS

The Emergency Response Team is lead by the Director, Campus Operations and Human Resources Department in conjunction with Campus Security and Operations. In an emergency situation or preparedness drill, ERT members will receive specific instruction from these Team Leaders and/or Security personnel.

The Team Leaders will be responsible for scheduling ERT activities such as safety meetings, CPR & First Aid training, organizing emergency supplies, conducting workplace inspections and preparedness drills. Team Leaders will be responsible for selecting new ERT candidates to replace any vacancies within the Emergency Response Team.

Team Leaders are tasked with coordinating communications with AFI Administration in determining the level of response to a Campus incident, and overseeing the Emergency Response Team's course of action.

During emergency situations the Team Leaders will mobilize and direct rescue and recovery efforts on campus until relieved by emergency first responders such as the Fire or Police Department. Team Leaders are in charge of the distribution of the emergency resources the American Film Institute has at hand and determining if buildings or structures are safe to reenter.

PRIMARY TEAM MEMBERS

Primary Team Members will be required to attend regularly scheduled ERT meeting and biennial CPR & First Aid training in addition to reporting any unsafe conditions on the AFI Campus to the ERT Team Leaders or AFI Security. All ERT members should be familiar with evacuation and emergency response procedures for their area and general Emergency Response Team operations.

The Primary Team Member shall assist with evacuations and conduct an initial sweep of their assigned area to confirm all persons have safely exited in an emergency situations and preparedness drills. The Primary Team Member will coordinate with the Alternate Team Member to check for any injuries or missing persons and report this information to the ERT Team Leaders or AFI Security.

During an emergency or preparedness drill the Primary Team Member will be the main liaison and assist Team Leader and Security in distribution of emergency supplies and first aid.

The Primary Team Member should be aware of the location for emergency equipment in their area and it's proper application. The Primary Team Member oversees the First Responder Kit and first aid supplies for their respective area. It is the responsibility of the Primary Team Member to report to the Team Leaders any materials that need to be restocked or replaced within their First Responder Kit.

ALTERNATE TEAM MEMBERS

Alternate Team Members will be required to attend regularly scheduled ERT meeting and biennial CPR & First Aid training in addition to reporting any unsafe conditions on the AFI Campus to the ERT Team Leaders or AFI Security. All ERT members should be familiar with evacuation and emergency response procedures for their area and general Emergency Response Team operations.

The Alternate Emergency Response Team Member is to assist with evacuations and if needed assume responsibility in the absence or inability of the Primary Team Member to fulfill their duties during all emergency situations and preparedness drills.

The Alternate Team Member should be aware of the location for emergency equipment in their area and it's proper application.

During an emergency situation, the Alternate should work with the Primary Member to evacuate their area and take inventory of all regular staff, faculty and fellows. It is suggested for Alternate Team Members to organize evacuation check in at the designated campus wait areas while the Primary Team Member clears the building.

EMERGENCY RESPONSE TEAM EQUIPMENT

CPR & FIRST AID TRAINING

AFI will provide CPR and First Aid training classes free of charge to all ERT members at designated times during the year. These classes are designed to teach information on basic First Aid applications, CPR and rescue training, disaster prevention and response situations as well as the operation of Automated External Defibrillators or AEDs.

The certifications provided by AFI are valid for a period of two years, and all ERT members must undergo recertification on a regular basis to remain part of the Emergency Response Team.

FIRST RESPONDER KIT

Each primary ERT member will receive a First Responder Kit containing various first aid supplies and tools to assist in an emergency situation. These First Responder Kits are to be utilized by ERT members or other trained professionals to help administer aid and need to be employed during both campus training drills or real life emergencies. The First Responder Kit should be easily available at all times,

and both primary and alternate ERT members in an area should know where it is located. However the safety and evacuation of persons from each building should be the priority.

Each primary ERT member in possession of a First Responder Kit will be responsible for maintaining the inventory of items in their kit and reporting to Campus Facilities when any consumable materials need replenishment. Below is an inventory of items found in each First Responder Kit:

- Emergency First Aid Guide
- Plastic Tape, 1" x 10 yd spool
- Plastic Tape, 2" x 5 yd, 3-Cut spool
- Eye & Skin Flushing Solution, 16 oz
- Adhesive Bandages, Non-Latex Sheer Strip, 1", 100/bx
- Adhesive Bandages, Non-Latex Sheer Strip, Xlg, 25/bx
- Compress, Multi-Trauma Sterile, 10" x 30"
- Dressing, Sterile, 5" x 9"
- Elastic Bandage, 3" x 5 yds
- Gauze Pads, 4" x 4" 10/bx
- Non-Sterile Elastic Roller Gauze, 3" x 4.5 yd
- Ice Pack, Small
- Ammonia Inhalants, 10/unit
- Triangular Bandage, 40" NS, 1/unit
- 3-1 Antibiotic Ointment, 6/unit
- Clean Wipes, Alcohol Swabs, 10/unit
- Adhesive Eye Pads Strips, 4/unit
- Water-Jel, Burn-Jel, 6/unit
- Disposable Plastic Blanket, 54" x 80"
- Nitrile Gloves, 2 pairs
- Protective Airway Mask
- Sterile Kerlix Bandage, 4-1/2" x 4-1/2 yds
- Disposable Medical Penlight
- Emergency Scissors
- QR Wound Seal

EMERGENCY RESCUE SUPPLIES

While available to Operations team members, the following is a list of additional helpful items to consider in any emergency response kits at home in addition to first aid treatment supplies.

- Hi-visibility Reflective Safety Vest
- Heavy Duty Leather Work Gloves
- Long Pry Bar
- Hard Hat
- Hammer
- Hatchet
- Shovel
- Utility Knife
- Nylon Or Twine Rope
- Whistle or Air Horn
- Disposable Trash Bags
- Protein/Energy Bars
- Emergency Water Supply

EMERGENCY RESPONSE TRAINING

EMERGENCY RESPONSE DRILLS

AFI conducts a surprise campus wide preparedness drill on an annual basis in the Fall to coincide with other statewide drills during California's Great Shakeout events. These preparedness drills consist of a test to the Everbridge emergency text alert system in conjunction with campus wide evacuation drill. During the evacuation drill, a test of each building's fire/burglar alarm is initiated to signal the start of the evacuation drill. Safety Committee members, essential ERT team members, AFI and Conservatory Administration, determine the exact date of the drill in advance.

EMERGENCY RESPONSE EDUCATION

To assist in educating AFI personnel in proper emergency response, all AFI staff receive the following general First Aid information as indicated in Appendix D as part of their new hire packet. And as part of the Conservatory orientation curriculum, Conservatory Fellows are given on-set safety training in First and Second Year safety classes. In these classes Fellows receive a handout and instruction on basic first aid and preventative measures when working on production sets.

****SEE APPENDIX D FOR FIRST AID INFORMATION****

EMERGENCY OPERATION PROCEDURES

While the AFI Campus is under an emergency declaration with limited or no access to certified state, city or local emergency personnel, Campus Administration, the Emergency Response Team and emergency operations personnel will manage the staff, faculty and Fellows on hand to maximize available resources and minimize exposure to hazardous conditions.

Among the commodities that may be scarce and desirable are food, water, flashlights, batteries, toilet paper, and working cell phones. To prevent loss of resources and minimize disputes, it is imperative to institute an emergency command hierarchy from available Campus Administration, Security and Emergency Response Team members. The command structure should include specific authoritative assignments and support stations designed to aid in campus recovery efforts and may include additional volunteer personnel outside of ERT members.

EMERGENCY OPERATIONS RECOVERY ORGANIZATION

In a campus wide state of emergency, following buildings evacuations and the establishment of secure holding areas, if the AFI Campus will remain under an emergency declaration for an extended period with limited or no access to certified state, city or local emergency personnel, it will be important to establish several positions outside of Campus Administration and core ERT members to assist in any prolonged recovery operations. These positions will generally aid in disaster recovery by managing aid stations and survivors on campus. Each position will report to and take overall guidance from Campus Administration and ERT Team Leaders, while autonomously handling their respective area. Below are descriptions of several vital positions that can be filled by ERT members or other responsible volunteer personnel present.

EVACUATION OR HOLDING AREA MANAGER(S)

The first Emergency Response Team member to arrive at an evacuation point is automatically designated the Evacuation Area Manager. This person is in charge of the area until professional emergency response arrives, until relieved by an ERT Team Leader or until command of the area is voluntarily rotated to another ERT member. The Evacuation Area Manager is responsible for coordinating with other ERT members to ensure buildings are clear and all campus personnel is accounted for.

The Evacuation Area Manager should appoint available ERT members or volunteer personnel as lookouts to alert ERT members to any hazards such as spreading fire or smoke, and watch for arrival of groups of evacuees, medical personnel or Police response. Runners should be appointed to communicate with ERT members in other evacuation areas and aid stations if radios or cellular

phones are not available or functional.

LOGISTICS MANAGER

All supplies that may be useful in firefighting, medical treatment, rescue and shelter construction should be inventoried and placed under the control of the Logistics Manager for distribution. The Logistics Manager would be required to track who uses what equipment, and whether it is returned later in a usable condition. The Logistics Manager would consult with Campus Administration and ERT Team Leaders, as it may become necessary to control some of these resources, and ration them out to make sure that the supply lasts for the duration of the emergency.

DEPARTURE MANAGER

Designate a Departure Manager, who will be responsible tracking all staff, Fellows and campus visitors who request to and leave the confines of the campus and secure holding areas. If any persons that request to leave could have difficulty reaching their homes, the Departure Manager should try to match people with resources with others who need them.

ARRIVAL MANAGER

The Arrival Manager would be responsible for tracking the arrival of any persons that AFI might take in following an emergency. They should maintain a head count and record the names of everyone upon arrival. The Arrival Manager would send any injured persons to available aid stations and coordinate with the Logistics Manager to account for any redistribution of available resources.

RECORD KEEPER(S)

Appoint several Record Keepers from any available volunteers or ERT members to assist in taking roll and to document all activities and decisions. The times of all events should be monitored within recorded notes.

Record Keepers would assist the Logistics, Departure and Arrival Managers maintain a list of names and available supplies. They would monitor and record those being transferred to the medical response areas and treatment records. Upon the arrival of professional emergency personnel, all records should be made available to them in order to assist in their response.

Following the resumption of normal business, a timeline of the events can be reconstructed from the notes of Record Keepers. Copies should be kept of all recorded notes to assess the effectiveness of ERT member response, to commend and reward those who provided assistance or performed well, and analyze areas of improvement for future emergency actions.

EMERGENCY AID & RECOVERY STATIONS

In addition to emergency operations positions, Campus Administration, Security and the Emergency Response Team will need to establish Aid and Recovery stations as described below. These Recovery stations will provide sustained emergency operations until certified state, city or local emergency

personnel, can assist with recovery efforts.

ESTABLISH A SECURE HOLDING AREA

Following an emergency situation, it is important to set up an area for evacuated personnel and other survivors to begin recovery efforts. Observe the area to identify any potential dangers such as suspicious packages, vehicles or people. Look for hazards that may affect the area such as blowing smoke, the smell of natural gas or any other contaminant, spreading fire, ground displacement or instability from earthquake or fire damage, and move upwind and uphill of any hazards to an area with minimal debris. Once secure holding area(s) are identified, limit movement of survivors, to prevent people from wandering away from the evacuation area.

Holding areas are for uninjured persons who are not being used in recovery efforts. An ERT member should remain in each holding area to supply information, deal with any problems or conflicts, boost morale, and watch for trouble. If people are just standing around at an evacuation point, their mental state may become restlessness. If there are tasks to be performed that will keep people busy and improve morale, they can be encouraged to keep areas clear for new arrivals, begin planning for resumption of work activities, and generally be engaged.

INCIDENT COMMAND CENTER

The Incident Command Center should be headquartered near the general holding area, but not in it. It is important that the Command Center be in a place in which decisions may be made without undue distraction, and with some level of privacy. Even if the Incident Command Center is only a large car or van within the established evacuation area. A Record Keeper should be present to take notes for any meetings and decisions made by AFI Administration or emergency personnel within the Incident Commander Center.

SANITATION AREA

A Sanitation Area must be established in the absence of functioning restroom facilities. This area would be located away from the general populace in any holding and wait areas and would need to be screened from public view. If feasible it should be located near trash collection areas, though not downwind of them. Waste collection bags, buckets, alcohol or antibacterial soap for disinfection should be stored near the sanitation area.

While no manager is required for the Sanitation Area, during prolonged recovery efforts, the area should be regularly maintained to make sure that it is usable including the replenishment of supplies or removal of waste. Waste and supplies discarded from the Sanitation Area should be disposed of in an area separate from the general holding area or buried.

TRIAGE & FIRST AID STATION

If there are injuries among the group, a Triage Area needs to be set up. This is an area setup to receive injured persons and assess the seriousness of their injuries and how immediate the response and treatment should be. The Triage Area should be close to the main evacuation route but somewhat away from the general population of evacuees so that the treatment of injured persons

cannot be readily witnessed or heard by evacuees. It should be on a flat area so blankets may be spread and injured parties laid out for proper treatment and allow space to quickly accommodate new arrivals.

A Triage Area Manager should be appointed from the available Emergency Response Team members. The Triage Manager should be someone who is trained and comfortable in the administration of emergency first aid care. The Triage Manager must appoint, one or more volunteers to record the activities in the Triage Area including the arrival of injured persons, their apparent condition and what treatments they receive.

As additional ERT members become available, they and any volunteers from the general populace can be assigned useful activities in the Triage area including carrying victims who cannot walk, arrangement of blanket or privacy barriers, monitoring the injured, sanitation and waste removal.

MONITORING SURVIVORS

If some people are panicked or showing aggressive behavior, these feelings may be manifestations of the helplessness that is often felt in an emergency. A way of calming them is to give them something useful to do; sometimes this will be a manual task such as cleaning up broken glass. If they are having difficulty getting along with others using them as a lookout may be helpful, since it puts them away from other people, at the edge of the group.

If someone refuses to calm down or threatens others, they should be asked to leave the area entirely. Only use this method when discussed with the Director, Campus Operations or the CRO.

MORGUE

If there are casualties, a separate Morgue area must be established. If casualties are less than 5 people and the building has been evacuated, this can be a tarpaulin or sheet in a shaded area. If there is a potential of larger numbers arriving, an area should be selected which is of sufficient capacity, close to the Triage Area, and is shielded from view. Bodies in the Morgue area should be wrapped in plastic and placed where they are not accessible to the general populace. If the bodies are stored indoors it should be in an area with a tile or other non-porous floor. Do not leave them in a carpeted area or one with a wood floor. Be aware of the possibility of drainage, and place absorbent material in the Morgue area.

Always follow precautions against infectious materials, using barriers such as dust masks and latex gloves inside leather gloves. Keep records such as the identity of the person, where and when the body was located, the apparent cause of death, what other persons (living or dead) were with the decedent, and an inventory of articles found. Place a tag or tape a piece of paper to the covering of the bodies that has this information on it, so that the person does not need to be unwrapped to confirm their identity. If the identity of the person is not known, record them as John or Jane Doe. Do not remove watches, rings or other identifying materials and place any loose items in a plastic bag and keep it with the body.

NOTE: If a body cannot be moved to the Morgue area, clearly mark the area with marker or spray paint with the letters "DOA" and an arrow pointing to the area where the body is. If there is more than one body in the area, put a number before the marker, such as "2DOA."

DISASTER RECOVERY OPERATIONS

STRUCTURE EVALUATIONS

In the event of any building evacuations, and in the absence of trained first responder intervention, it is vital to properly perform preliminary assessments of the damage to structures before they can be deemed safe to reenter. Building evaluations should be the primary responsibility of Campus Administration with the assistance of ERT Team Leaders and Campus Operations until a proper assessment can be completed. Buildings should be classified using the following classifications:

- BUILDING SAFE:*** All areas safe, no observable damage or hazards present and personnel may return to business as usual.
- LIMITED USE:*** Some or all of the building is safe. All staff may return, but some utilities or business systems may be inoperable. Glass hazards or unfinished cleanup efforts may exist, but do not pose a threat of injury if handled properly. The building may be used for shelter even if business operations are not possible.
- RESTRICTED:*** Some of the building may not be safe to occupy, these areas should be clearly identified and personnel barred entry. Certain areas may be usable for shelter or the recovery of business equipment and data. No severe structural damage or floor collapse has occurred. Walls may have sustained cracks, but are not bowed or tilted, the building appears to be on its foundation.
- LIGHT DAMAGE:*** While most of the building is intact structurally, internal walls and false ceilings may have collapsed, electrical hazards or other conditions may exist which make it uninhabitable. ERT members wearing safety gear, or similarly equipped escorted personnel are the only persons allowed to enter the building. Using the building for shelter is not advised, and the only reason that the building should be entered is to search for victims or secure critical supplies.
- MODERATE OR HEAVY DAMAGE:*** If severe structural damage is observed or if there is a known hazard to life, the building may not be entered for any reason. Team members must not risk their lives if survivors are known to be alive within. Instead, survivors should be called out to and given instructions to move to exits where they can be rescued. Brave rescuers have died in damaged buildings due to falling objects or electrocution. If portions of the building have collapsed, those

areas may only be searched if rescuers are sure that nothing further will fall.

If there is any doubt as to how to categorize the building, select the option that provides maximum protection for the ERT and rescuers. (i.e. if some ERT members think the building is "Limited Use" and others are of the opinion that it should be classified "Restricted," assume that it is "Restricted."

LIMITED STRUCTURE USE

If a building is "Safe" or "Limited Use" and telephone service is functional, the first people to return following ERT members should be Security or Campus Information Center staff to answer the phones and inform callers that there has been a temporary local emergency, and campus services are returning to normal. If the building is categorized "Limited Use" or "Restricted," ERT personnel should immediately assign cleanup tasks to selected members in order to reduce potential hazards and give people something useful to do. Safety gear should be distributed as required by the tasks, and only after hazards have been mitigated should the general population be allowed into an area.

If the condition of the building is no worse than "Restricted," managers wearing safety gear and escorted by ERT members may enter and remove software, backup disks and other essential business materials. Any other staff, faculty or Fellows who know the location of personal articles that they will need, such as car keys and prescriptions, should give detailed written instructions to ERT members on how to find these items if those area of the building are accessible but not yet safe for return.

SEARCHING STRUCTURES

In an emergency with no access to trained search and rescue personnel, it is possible that there may be people injured or trapped, and unable to signal their location. It is important that they are located and assisted by ERT members after the area is cleared of people who can leave voluntarily. If an evacuation has been ordered, an orderly departure of all known building occupants should quickly take place. ERT members should immediately communicate with a Team Leader to report what is known and determine the safety of the situation. If it is determined that all persons in the building are accounted for then it is not necessary to reenter the building until the emergency is declared to be over.

Any ERT members taking roll call must take into account the possible presence of visitors, service personnel and building staff. If there are any doubts as to whether all persons were evacuated safely then a search team, preferably consisting of two or three ERT members, should search the area. If ERT members are needed elsewhere, at least one ERT member and a volunteer may search the area. Search teams should wear full safety gear and take any tools that may be needed in rescue efforts – pry bar, hatchet, utility knife, duct tape, rope, flashlight, shovel and whistles. They should proceed with extreme caution upon reaching the area to be searched, and the ERT member with the most knowledge of the area should take command.

If the area is well lit, a rapid search can be made looking behind closed doors, under desks and in restrooms. If an ERT member and a volunteer are performing the search, the volunteer should remain in a safe area and assist the ERT member only upon request. Rescuers should call out to see if anyone

responds; listen for knocking from people trapped or injured in such a way that they cannot speak. If the area is dark then the lead person should employ a flashlight staying close to the wall and moving in one direction around the room, working towards the center. A small piece of reflective duct tape can be placed on each area that has been cleared to prevent repeating effort.

RESCUE FROM STRUCTURES

Upon encountering anyone trapped inside a structure, notify them that help has arrived and assess the situation. If they are unconscious or uncommunicative, you should suspect a head injury and avoid moving them unless absolutely necessary. It may be best to perform essential first aid and leave them with a promise to return with professional rescuers, unless doing so abandons them in a hazardous situation. Any person left in an area should be provided with available water and food, an emergency blanket, and anything else that may enhance their comfort and fulfill basic needs. A light stick should be used to mark the injured person and provide light for them.

Injured persons who cannot walk may be moved by being team carried or with a stretcher, pulled on a blanket or pushed in a wheeled chair. Care should be taken to avoid spinal injury by preventing the head from rolling or moving during transport. If a person cannot be reached due to fallen debris or hazard to rescuers, the trapped person should be advised that help is on the way and the area should be marked with a light stick. If at any time the search and rescue operations become dangerous to rescuers, the area should be exited immediately.

ESTABLISH COMMUNICATIONS

If communication is possible through cellular or analog phone lines, make immediate contact with local law enforcement authorities or emergency personnel. If previous attempts are unsuccessful, continue until successful or the depletion of communication resources.

All news stations or emergency radio channels should be constantly monitored, and announcements should be made to the general population regarding the reported condition of freeways, infrastructure and localities. This will reduce the spread of rumors and help people plan their departure from the area.

MEDIA ANNOUNCEMENTS

Following a campus emergency, should the news media be observed on campus, they should immediately be asked to communicate with the Chief Communications Officer's office to receive the most up-to-date information. All media communications will originate from the Communications office.

EMERGENCY COUNSELING

There may be psychological stresses to ERT members and Campus personnel if the emergency was one in which there was substantial property damage, injury or loss of life. AFI will supply grief counseling for those that need to further explore their feelings after a traumatic event or emergency situation.

DOCUMENTATION OF AN EMERGENCY

The documentation of ERT activities and Campus Administration decisions is important in maintaining an accurate account of events. The information recorded should include:

- What caused the evacuation to be called and what approximate time was the emergency perceived?
- Who declared the emergency, and approximately when was the emergency situation communicated.
- How long it took groups of evacuees to arrive at the evacuation point and any persons missing in the initial evacuation.
- Was a call to 911 made, by whom, and when?
- How long it took for emergency response professionals to arrive at the scene.
- The use of emergency resources such as fire extinguishers, first aid supplies, and extrication gear.
- Any property damage, criminal activity, injuries or fatalities.
- All major decisions by Campus Administration and ERT management.

If time and personal responsibilities permit, each ERT member should write out a description of what actions were taken by them during the emergency. Making sure to record what they observed from beginning to end of the event. Emphasis should be placed on analyzing what happened, how it was responded to, and how well that response worked. Volunteers or others who were particularly helpful should be reported and singled out for commendation.

Whenever an emergency operation is brought to a close ERT members should have a meeting, and all incident records should be retained for further review. These reviews are to be turned in to the ERT Team Leaders or Campus Administration and should not be shared with other ERT members until a comprehensive review of the entire response to the event is complete.

APPENDIX A

AFI CAMPUS EMERGENCY PROCEDURES:

EARTHQUAKE

- Remain calm.
- Take cover under a sturdy object such as a desk, table or other furniture. If cover is not available, position yourself against a sturdy interior wall.
- Avoid all windows, glass and lighting fixtures or any freestanding objects.
- Await evacuation instructions from AFI Security or an Emergency Response Team member before you exit any structures.
- Once outside, avoid standing near any buildings or under any tall trees. Do not attempt to re-enter any buildings until it has been deemed safe.
- Additional information/updates, regarding campus access or building damage, will be sent via the AFI text alert system once an assessment is conducted.

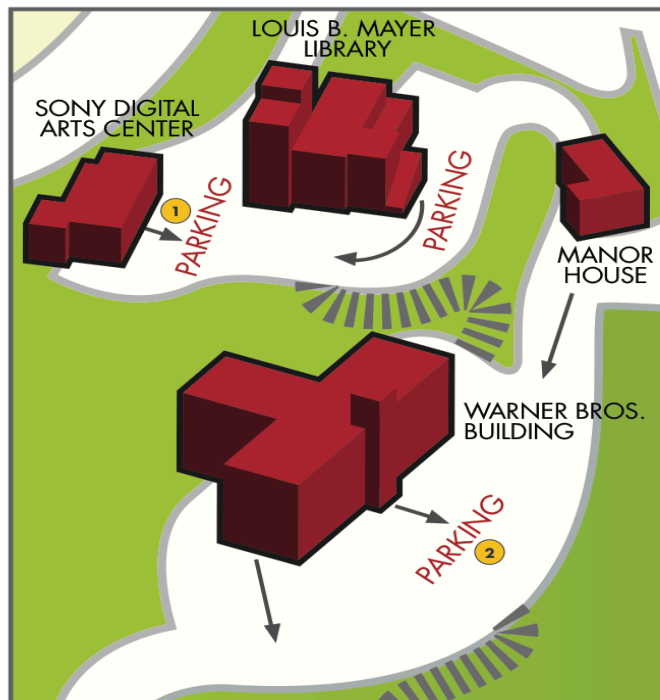
FIRE

- If small enough to safely extinguish, utilize a nearby fire extinguisher and notify AFI Security at 323.467.6456.
- If fire is rapidly consuming an area, immediately evacuate the building according to the AFI Campus Evacuation Map, dial 911 and notify AFI Security at 323.467.6456.
- If no heat source is detected but smoke or fire is evident, evacuate the building according to the AFI Campus Evacuation Map and notify AFI Security at 323.467.6456.
- If fire alarms sound, immediately evacuate the building according to the AFI Campus Evacuation Map. AFI Security or an Emergency Response Team member will be available to assist you in safely exiting the building.

VIOLENT THREAT

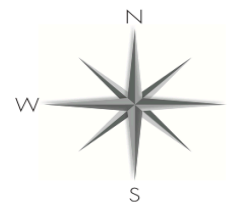
- If a gun is observed, dial 911 and notify AFI Security at 323.467.6456.
- If notified of a gunman on campus, secure all doors, close all blinds and cover all windows including those in doors.
- Turn off lights and stay below windows.
- To avoid causing a panic, do not use cell phones except to dial 911 to report the threat.
- Do not leave your secured location or let anyone enter until given the all clear from the proper authorities or via the AFI text alert system.

AFI CAMPUS EVACUATION WAIT AREAS



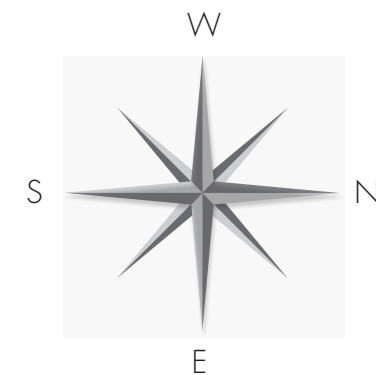
LEGEND






1. Sony Digital Arts Center Parking Lot
2. Warner Bros. Building Parking Lot



AFI CAMPUS EVACUATION MAP

WARNER BROS. BUILDING GARDEN LEVEL

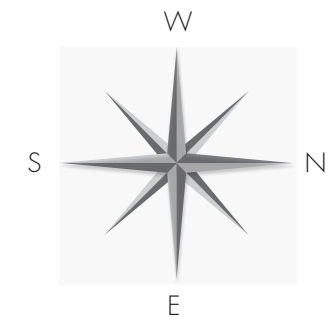







LEGEND				
				
EMERGENCY PHONE	EVACUATION ROUTE	FIRE ALARM	FIRE EXTINGUISHER	FIRST AID

TO CONTACT SECURITY IN AN EMERGENCY
USE THE EMERGENCY PHONE ON THIS FLOOR
OR DIAL 323.467.6456 FOR ASSISTANCE

AFI CAMPUS EVACUATION MAP

WARNER BROS. BUILDING FIRST FLOOR

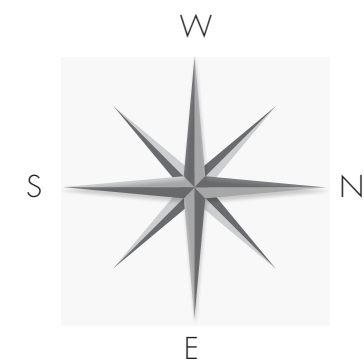
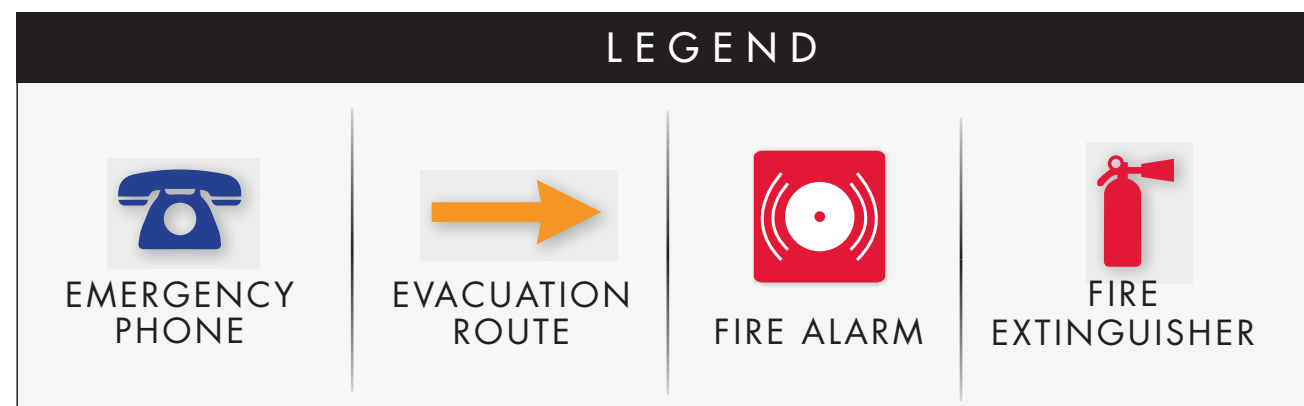
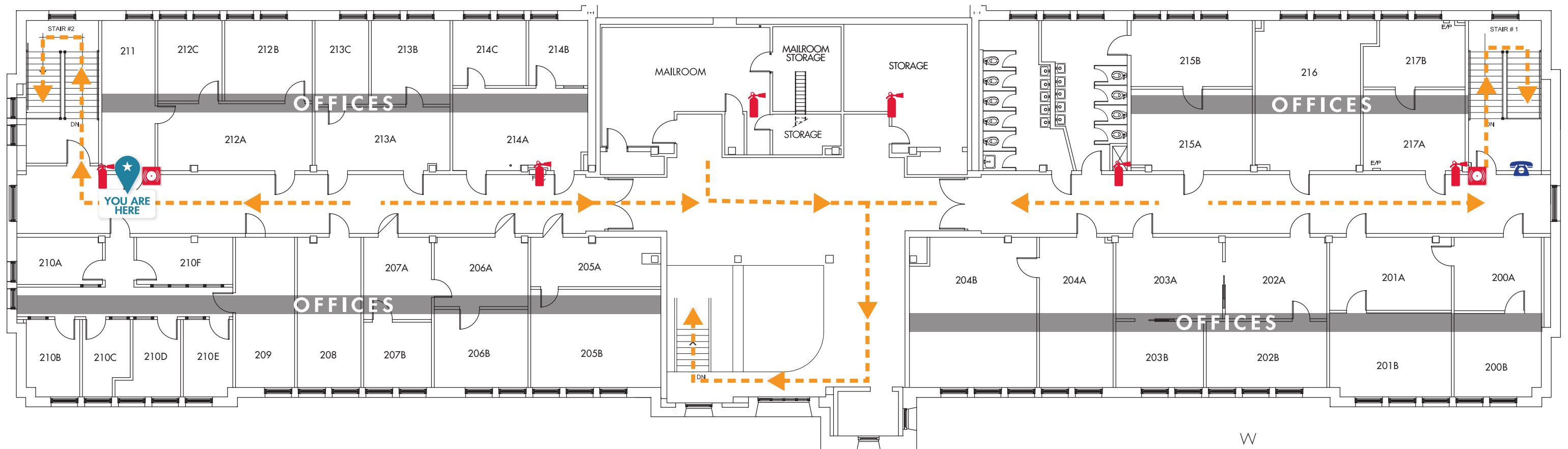


LEGEND				
				
EMERGENCY PHONE	EVACUATION ROUTE	FIRE ALARM	FIRE EXTINGUISHER	FIRST AID


TO CONTACT SECURITY IN AN EMERGENCY
USE THE EMERGENCY PHONE ON THIS FLOOR
OR DIAL 323.467.6456 FOR ASSISTANCE

AFI CAMPUS EVACUATION MAP

WARNER BROS. BUILDING SECOND FLOOR

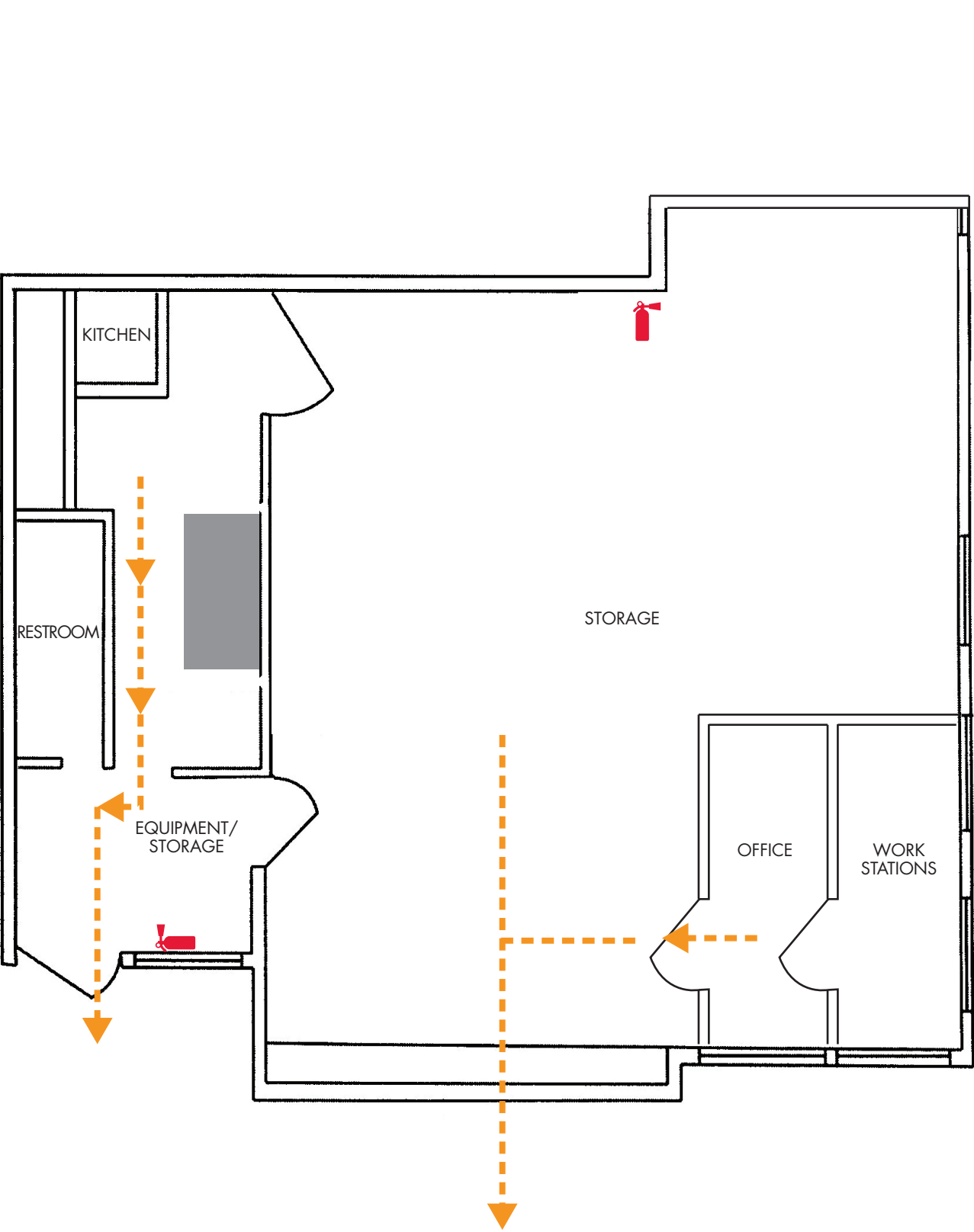


TO CONTACT SECURITY IN AN EMERGENCY
USE THE EMERGENCY PHONE ON THIS FLOOR
OR DIAL 323.467.6456 FOR ASSISTANCE



AFI CAMPUS EVACUATION MAP

MANOR HOUSE GRIP LEVEL



LEGEND



EVACUATION
ROUTE



FIRE
EXTINGUISHER

TO CONTACT SECURITY IN AN EMERGENCY
DIAL 323.467.6456 FOR ASSISTANCE

AFI CAMPUS EVACUATION MAP

MANOR HOUSE FIRST FLOOR



TO CONTACT SECURITY IN AN EMERGENCY
USE THE EMERGENCY PHONE ON THIS FLOOR
OR DIAL 323.467.6456 FOR ASSISTANCE

LEGEND



EMERGENCY
PHONE



EVACUATION
ROUTE



FIRE ALARM



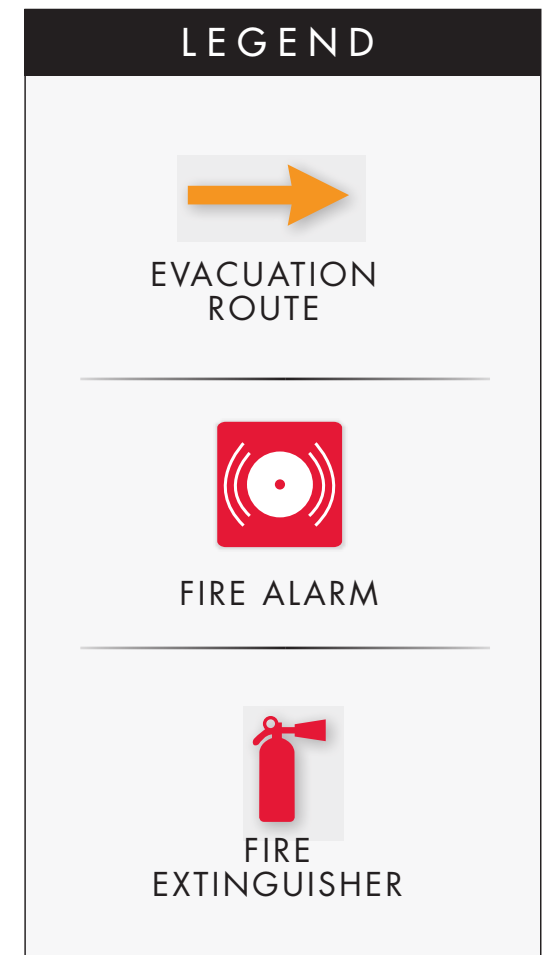
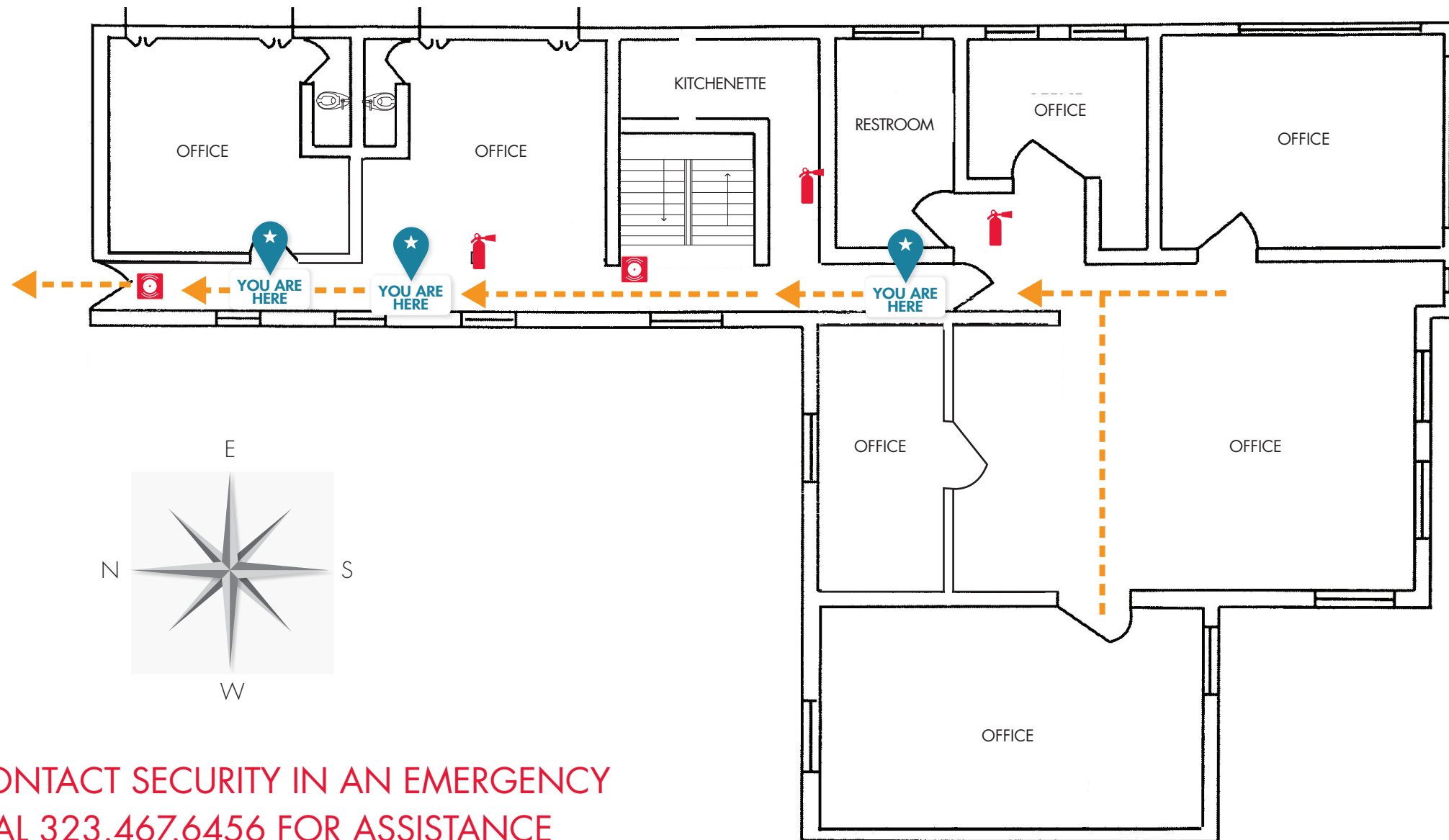
FIRE
EXTINGUISHER



FIRST AID

AFI CAMPUS EVACUATION MAP

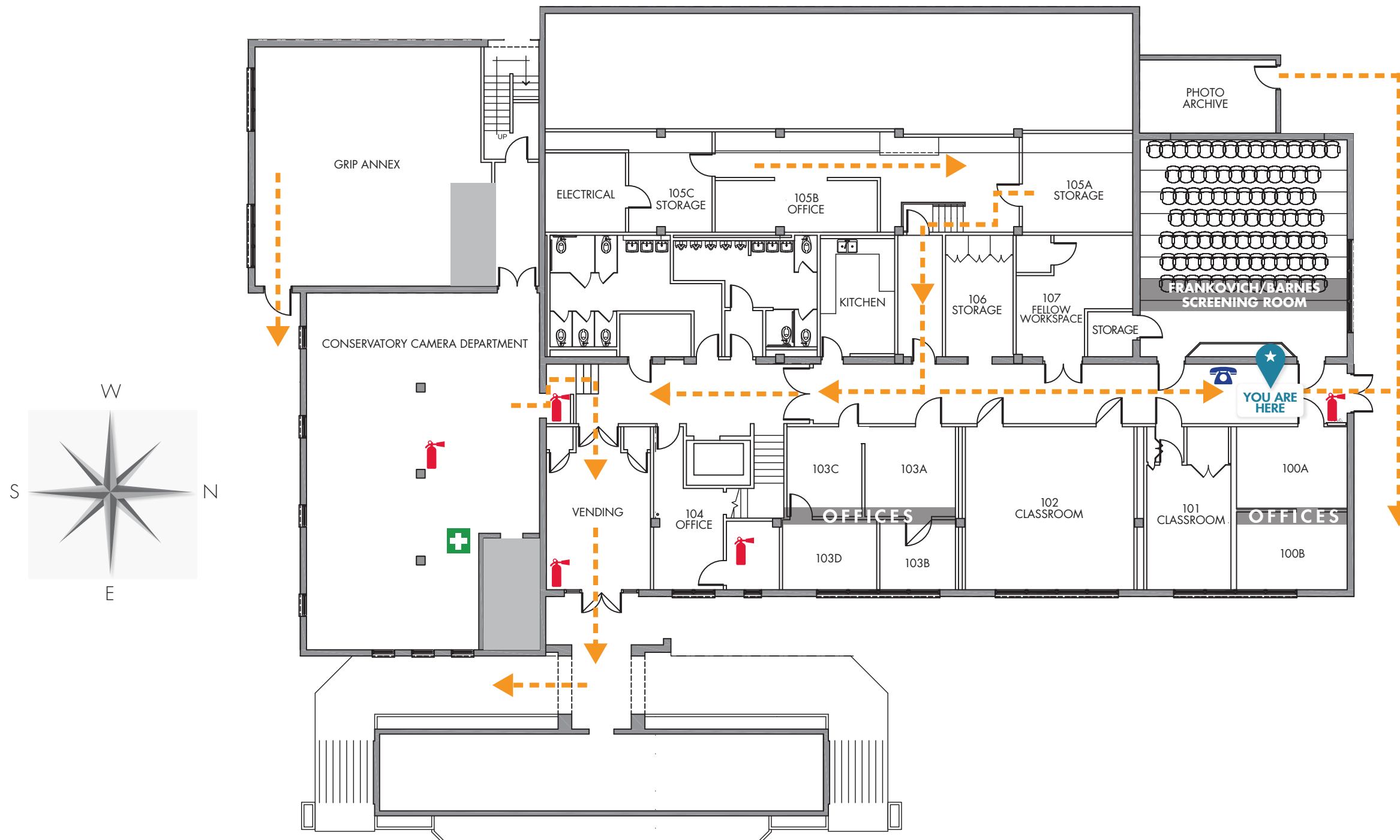
MANOR HOUSE SECOND FLOOR



TO CONTACT SECURITY IN AN EMERGENCY
DIAL 323.467.6456 FOR ASSISTANCE

AFI CAMPUS EVACUATION MAP

LOUIS B. MAYER LIBRARY FIRST FLOOR

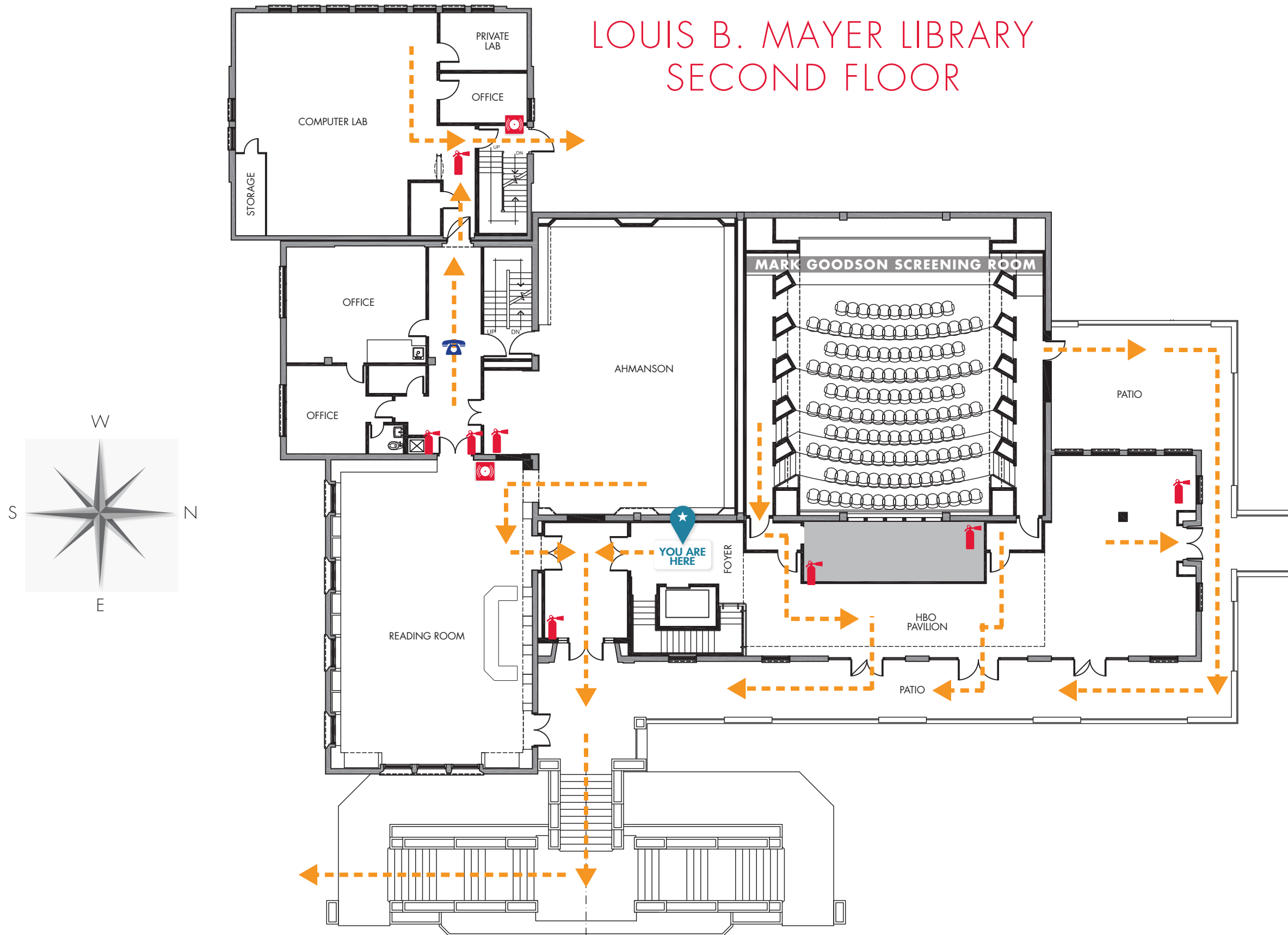


LEGEND	
	EMERGENCY PHONE
	EVACUATION ROUTE
	FIRE EXTINGUISHER
	FIRST AID

TO CONTACT SECURITY
IN AN EMERGENCY
USE THE EMERGENCY
PHONE ON THIS FLOOR
OR DIAL 323.467.6456
FOR ASSISTANCE

AFI CAMPUS EVACUATION MAP

LOUIS B. MAYER LIBRARY SECOND FLOOR



LEGEND



EMERGENCY
PHONE



EVACUATION
ROUTE



FIRE ALARM

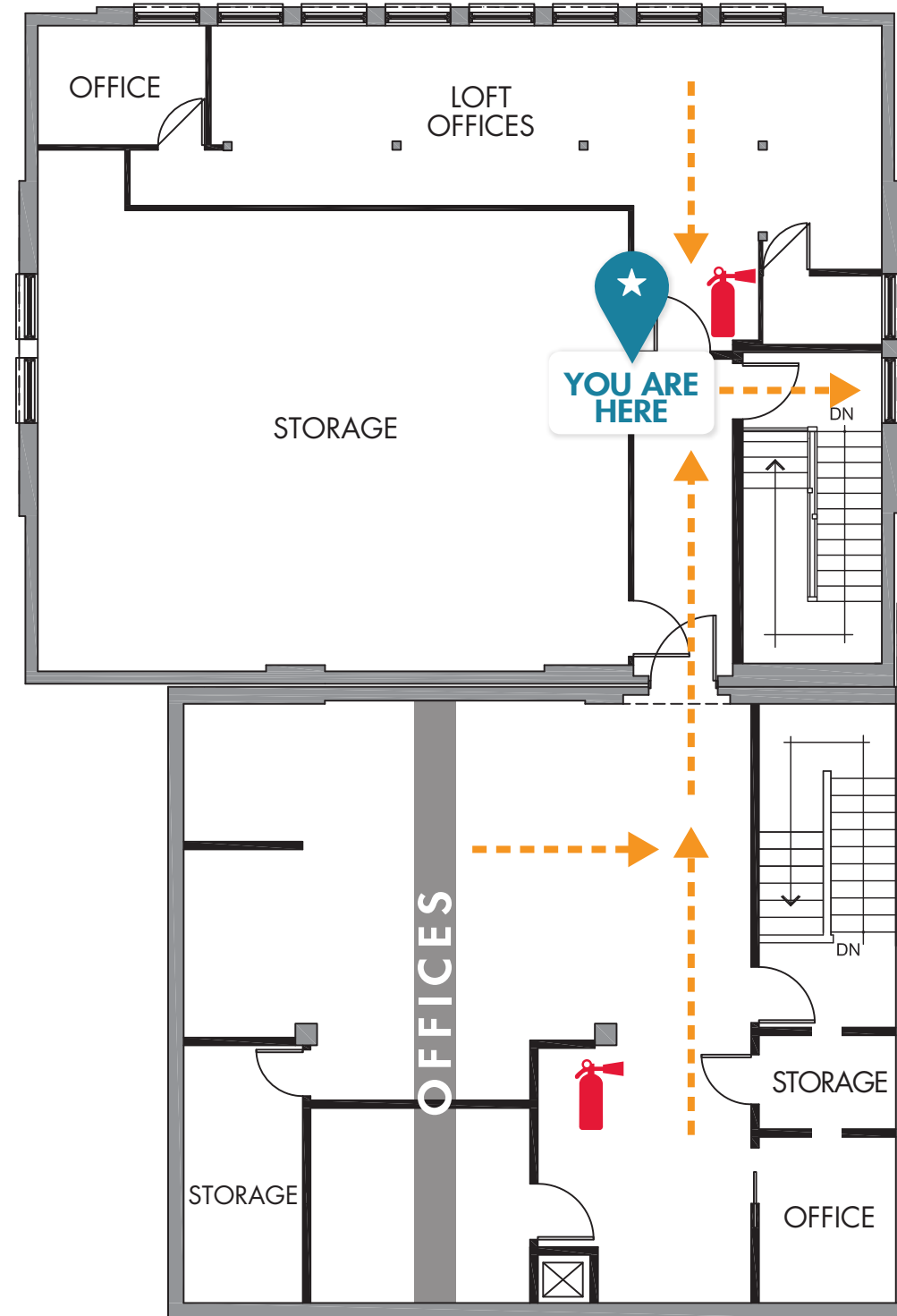
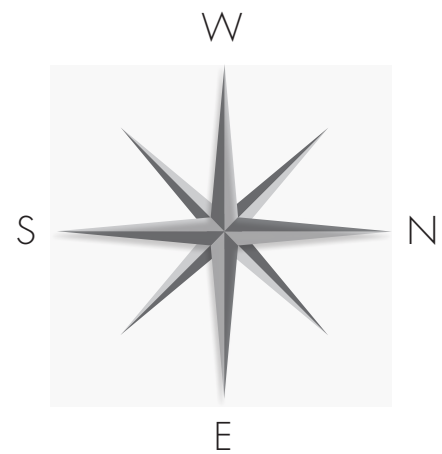


FIRE
EXTINGUISHER

TO CONTACT SECURITY
IN AN EMERGENCY
USE THE EMERGENCY
PHONE ON THIS FLOOR
OR DIAL 323.467.6456
FOR ASSISTANCE

AFI CAMPUS EVACUATION MAP

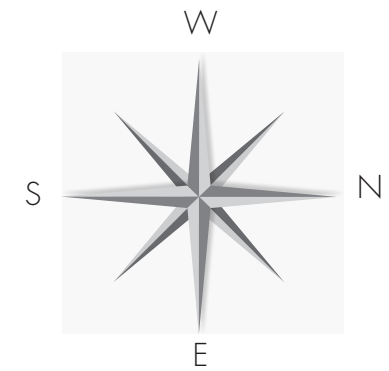
LOUIS B. MAYER LIBRARY THIRD FLOOR




TO CONTACT SECURITY
IN AN EMERGENCY
DIAL 323.467.6456
FOR ASSISTANCE


AFI CAMPUS EVACUATION MAP


SONY DIGITAL ARTS CENTER




LEGEND


EMERGENCY
PHONE


EVACUATION
ROUTE


FIRE ALARM


FIRE
EXTINGUISHER



TO CONTACT SECURITY IN AN EMERGENCY
USE THE EMERGENCY PHONE ON THIS FLOOR OR DIAL 323.467.6456 FOR ASSISTANCE

APPENDIX B

CRIMINAL OFFENSE DATA

Rape, Fondling, Incest and Statutory Rape statistics were not collected prior to the 2014 data collection.
As of the 2014 data collection, statistics for Sex offenses - Forcible and Sex offenses - Non-forcible are no longer collected.

CRIMINAL OFFENSES - ON CAMPUS

CRIMINAL OFFENSE	2023	2022	2021
Murder/Non-Negligent Manslaughter	0	0	0
Negligent Manslaughter	0	0	0
Rape	0	0	0
Fondling	0	0	0
Incest	0	0	0
Statutory Rape	0	0	0
Robbery	0	0	0
Aggravated Assault	0	0	0
Burglary	0	0	0
Motor Vehicle Theft	0	0	0
Arson	0	0	0

CRIMINAL OFFENSES - PUBLIC PROPERTY

CRIMINAL OFFENSE	2023	2022	2021
Murder/Non-Negligent Manslaughter	0	0	0
Negligent Manslaughter	0	0	0
Rape	0	0	0
Fondling	0	0	0
Incest	0	0	0
Statutory Rape	0	0	0
Robbery	0	0	0
Aggravated Assault	0	1	0
Burglary	0	0	0
Motor Vehicle Theft	0	0	0
Arson	0	2	0

HATE CRIME DATA

The following hate offenses manifest evidence of prejudice based on race, religion, sexual orientation, gender, disability or ethnicity/national origin.

- Prior to the 2010 data collection, Simple assault statistics were reported as any other crime involving bodily injury.
- Larceny-theft, Intimidation, and Destruction/damage/vandalism of property statistics were not collected prior to the 2010 data collection.
- As of the 2010 data collection, negligent manslaughter is no longer a category because it cannot be a hate crime.
- Rape, Fondling, Incest and Statutory Rape statistics were not collected prior to the 2014 data collection.
- As of the 2014 data collection, statistics for Sex offenses - Forcible and Sex offenses - Non-forcible are no longer collected.
- The Gender Identity category of bias was added in the 2014 data collection.
- As of the 2014 data collection the Ethnicity/National origin category of bias was split into separate Ethnicity and National origin categories.

VIOLENCE AGAINST WOMEN ACT (VAWA) DATA

Statistics for VAWA Offenses were not collected prior to the 2014 data collection.

VAWA OFFENSES - ON CAMPUS

CRIMINAL OFFENSE	2023	2022	2021
Domestic Violence	0	0	0
Dating Violence	0	0	0
Stalking	0	0	0

VAWA OFFENSES - PUBLIC PROPERTY

CRIMINAL OFFENSE	2023	2022	2021
Domestic Violence	0	0	0
Dating Violence	0	0	0
Stalking	0	0	0

ARREST DATA

ARRESTS - ON CAMPUS

VIOLATION	2023	2022	2021
Weapons: Carrying, Possession, etc.	0	0	0
Drug Abuse Violations	0	0	0
Liquor Law Violations	0	0	0

ARRESTS - PUBLIC PROPERTY

VIOLATION	2023	2022	2021
Weapons: Carrying, Possession, etc.	0	0	0
Drug Abuse Violations	0	0	0
Liquor Law Violations	0	0	0

DISCIPLINARY ACTION DATA

DISCIPLINARY ACTIONS - ON CAMPUS

VIOLATION	2023	2022	2021
Weapons: Carrying, Possession, etc.	0	0	0
Drug Abuse Violations	0	0	0
Liquor Law Violations	0	0	0

DISCIPLINARY ACTIONS - PUBLIC PROPERTY

VIOLATION	2023	2022	2021
Weapons: Carrying, Possession, etc.	0	0	0
Drug Abuse Violations	0	0	0
Liquor Law Violations	0	0	0

APPENDIX C

LOCAL EMERGENCY SERVICE NUMBERS

In addition to 911 emergency services here are several important numbers for emergency services in the vicinity of the AFI campus.

EMERGENCY SERVICES

Fire or Police (Emergency).....	911
Los Angeles Police Department/Wilcox Station	323.485.4304
Park Rangers.....	323.665.5188
Animal Shelter (Wildlife Division)	323.485.5765
Department of Water and Power.....	323.481.4211
SoCal Gas Company.....	800.427.2000
Poison Center.....	800.222.1222
Los Angeles Fire Department (#82 Hollywood/Van Ness)	323.485.6282

CAMPUS EMERGENCY CONTACT INFORMATION

CAMPUS SECURITY OPERATIONS

AFI Security	Campus Information Center	323.856.7600
	Emergency Line	323.467.6456
After Hours Security	From 8:00 pm to 8:00 am Nightly	323.829.2153 C
Manuel Aleman	Security Supervisor	323.856.7635

CAMPUS OPERATIONS & MAINTENANCE

Roschoune Franklin	Chief Resources Officer	323.856.7621
Kelly Dorsey	Director, Campus Operations	323.856.7681
Doug Guevara	Manager, Campus Facilities	323.856.7697
Anthony Carpenter	Coordinator, Operations & Facilities Mgmt	323.856.7848
Juan Mendoza	Manager, Physical Plant Operations	323.856.7647
Frank Saffold	Sr. Technician, Physical Plant Operations	323.856.7847

APPENDIX D

GENERAL FIRST AID INFORMATION

This appendix is intended to provide the reader with basic information to assist you to effectively respond in an emergency. While the information contained within may allow you to recognize and respond to an emergency, only those individuals with proper CPR and First Aid training should perform the emergency treatment procedures described within. Otherwise the intent of this appendix is educational in nature and professional emergency responders like "911" or available on campus ERT members should be notified to respond.

The information contained in this manual regarding proper first aid is taken from the American Red Cross publication "First Aid Fast."

EMERGENCY ACTION STEPS

In the excitement of an emergency, you may be frightened or confused about what to do. Above all, STAY CALM, so you can help. An emergency scene might look complicated at first, but the following three Emergency Action Steps will help you organize your response to the situation:

- 1) Check the scene and the victim.
- 2) Call 911 or your local emergency number.
- 3) Care for the victim.

HOW AND WHEN TO CALL 911

Calling for help is often the most important action you can take to help the person in need of aid. If the person is unconscious, call 911 or your local emergency number immediately. Sometimes a conscious person will tell you not to call an ambulance, and you may not be sure what to do. When in doubt you should always call emergency services. There is no cost to you or AFI to dispatch an ambulance and it may save someone's life.

CALL FOR EMERGENCY MEDICAL SERVICES IN ANY OF THESE SITUATIONS:

- Fire or explosion
- Downed electrical lines
- Swiftly moving or rapidly rising water
- Vehicle collisions
- Persons who cannot be moved easily
- An unconscious person or one who becomes unconscious

- Troubled breathing or breathing in a strange way
- Chest pain or pressure
- Severe uncontrollable bleeding
- Pressure or pain in the abdomen that does not go away
- Uncontrolled vomiting or passing blood
- Seizures, a severe headache or slurred speech
- Appearing flush or to have been poisoned
- Injuries to the head, neck or back
- Possible broken bones

COMMUNICATING WITH 911

When calling 911 try to provide the operator with as much detail regarding the nature of the emergency or victim's symptoms. Be specific when reporting your location; i.e. the Warner Building on the AFI Campus at 2021 North Western Avenue or at the intersection of Hollywood and Highland Avenues. It is important to stay on the line with the operator until emergency service professionals arrive.

IDENTIFYING POTENTIAL HAZARDS

Your senses, hearing, sight and smell, may help you recognize an emergency. Emergencies are often signaled by something unusual that catches your attention.

UNUSUAL NOISES

- Screams, yells, moans or calls for help.
- Breaking glass, crashing metal or screeching tires.
- Changes in machinery or equipment noises.
- Sudden loud voices.

UNUSUAL SIGHTS

- A stalled vehicle.
- An overturned pot.
- A spilled medicine container.
- Broken glass.
- Downed electrical wires.
- Smoke or fire.

UNUSUAL ODORS

- Odors that are stronger than usual.
- Unrecognizable odors.

UNUSUAL APPEARANCE OR BEHAVIOR

- Difficulty breathing.
- Clutching the chest or throat.
- Slurred, confused or hesitant speech.
- Unexplainable confusion or drowsiness.
- Sweating for no apparent reason.
- Unusual skin color.

FIRST AID PRECAUTIONS

If called into a rescue situation, immediately assess the area for hazards; you can't help others if you become injured. As far as practical, have the area secured from hazards before proceeding. Learn how to identify chemical, electrical and other hazards in areas you may have to enter.

When administering first aid, one should anticipate skin, eye, mucous membrane or potential contact with blood or other body fluids. Blood and body fluids must be considered infectious. The hepatitis A virus (HEPA), hepatitis B virus (HBV), hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV) are examples of the most virulent pathogens. While transmission of HIV to health care workers is relatively rare, the greatest risk for those who give first aid is the threat of infection posed by the hepatitis A, B and C viruses.

PREVENTING DISEASE TRANSMISSION

Whenever possible one should limit their exposure to blood or other body fluids when administering first aid. To avoid the transmission of infection, the following precautions must be taken:

- Where there is potential exposure to blood or body fluids, appropriate protective barriers and equipment must be used i.e. gloves, gowns, CPR mask, etc.
- Re-glove as soon as practical after contact with blood or body fluid.
- Avoid contaminating yourself. If your gloves or hands become contaminated, think before you touch anything. Disinfect any surfaces that you may have touched and any surfaces contaminated with blood or body fluids.
- Thoroughly wash hands and any other areas of exposure with soap and water or use alcohol based sanitizers immediately before and after giving care, even if you wear gloves.
- Do not eat, drink or touch your mouth, nose or eyes when giving first aid.
- If you are working with another person, one person should avoid contamination. That person should convey supplies, equipment, etc., to the treating person in such a manner as to avoid becoming contaminated themselves.
- If disposable gloves are unavailable, use other available means; i.e. towels, plastic bags, etc to protect yourself from exposure.

SCENE SAFETY

- If called into a rescue situation, immediately assess the area for hazards. You can't help others if you become injured. As far as practical, have the area secured from hazards before

proceeding. If you need help from security, the safety department or others, call immediately for assistance.

- Try to identify chemical, electrical and other hazards in areas you may have to enter.

MOVING VICTIMS

- Moving a person can make some injuries worse.
- You should move a person only if there is an immediate danger or the person has to be moved to be given proper care.
- Once you decide to move someone, you must determine how to move them - considering your safety and the safety of the person.

SPECIFIC EMERGENCIES AND FIRST AID CARE

The following sections review what steps to take in assessing and responding to specific emergency situations you may encounter. Remember, if you are not trained in the proper application of any of the following emergency procedures, the best course of action is to immediately contact emergency medical services by dialing 911 or any trained ERT members on Campus.

CARDIAC EMERGENCIES

There are two general types of cardiac emergencies:

- 1) **Heart Attack** - when the heart doesn't function properly, denying the heart muscle much needed oxygen and causing chest pain.
- 2) **Cardiac Arrest** - when the heart has stopped and doesn't function at all.

HEART ATTACK

In the case of heart attacks, most people die within two hours after the first signals appear. Many lives are lost because people deny they are having a heart attack and delay calling for help. Heart attacks may happen suddenly or have delayed symptoms. Recognizing the signals of a heart attack and calling for emergency medical services before the heart stops are critical steps to saving lives.

SIGNALS

- Chest pain or pressure. This may range from discomfort to an unbearable crushing sensation. Pain is not relieved by rest, changing position or medication, and may spread to shoulder, arm or jaw.
- Trouble breathing. Breathing is often faster than normal. Person feels short of breath.
- Pulse may be faster or slower than normal or irregular.
- Skin may be moist, pale or bluish in appearance. Person may sweat more than normal.

CARE

- Have the person stop activity and rest.

- Send someone to call for emergency medical services.
- Help the person rest in a comfortable position. A sitting position may make breathing easier. Loosen restrictive clothing.
- Assist with prescribed medication.
- Monitor breathing closely.

NOTE: Be prepared to administer CPR if the person loses consciousness and breathing stops. If you are not qualified to give CPR, find someone who is.

CARDIAC ARREST - ADULT

A heart that stops beating causes a person to lose consciousness and the person's breathing to stop. This condition can be caused by heart disease, severe injuries or electrocutions. CPR is given to a person who is not breathing and unconscious. Proper CPR is a combination of chest compressions and rescue breathing in quick succession. In the case of cardiac arrest, proper CPR will help increase the probability of survival, but the only way to reverse cardiac arrest is with defibrillation from emergency medical personnel or an Automatic External Defibrillator (AED).

SIGNALS

- Unresponsive (unconscious).
- Not breathing and no pulse.

CARE

- Check the scene and the victim.
- Send someone to call for emergency medical services.
- Send another person for an AED if available.
- Check for breathing.

IF THE PERSON IS NOT BREATHING - BEGIN CPR

- Find hand position in center of chest over breastbone.
- Position shoulders over hands. Compress chest 30 times.
- Tilt head back, pinch nose and give 2 quick, full breaths. Each breath should make the chest gently rise.
- Do 30 more compressions and 2 breaths.
- Continue compressions and breaths until emergency services arrive or you someone else can take over CPR.

NOTE: If an AED is available stop CPR and follow the instruction from the AED. If you are not qualified to give CPR or administer an AED, find someone who is.

CARDIAC ARREST - CHILD

When a child's heart stops it is usually the result of a breathing emergency.

SIGNALS

- Unresponsive (unconscious).
- Not breathing and no pulse.

CARE

- Check the scene and the child.
- Send someone to call for emergency medical services.
- Send another person for an AED (Automatic External Defibrillator) if available.
- Check for breathing.

IF THE CHILD IS NOT BREATHING - BEGIN CPR

- Find hand position in center of chest over breastbone.
- Position shoulders over hands. Compress chest 30 times.
- Tilt head back, pinch nose and give 2 quick, full breaths. Each breath should make the chest gently rise.
- Do 30 more compressions and 2 breaths.
- Continue compressions and breaths until emergency services arrive or you someone else can take over CPR.

NOTE: If an AED is available stop CPR and follow the instruction from the AED. If you are not qualified to give CPR or administer an AED to a child, find someone who is.

CARDIAC ARREST - INFANT

When an infant's heart stops, it is usually the result of a breathing emergency.

SIGNALS

- Unresponsive (unconscious).
- Not breathing and no pulse.

CARE

- Check the scene and the infant.
- Send someone to call for emergency medical services.
- Send another person for an AED (Automatic External Defibrillator) if available.
- Check for breathing.

IF NOT BREATHING

- Give 2 slow breaths. Each breath should make the chest gently rise.
- Check for a pulse in the arm between the shoulder and the elbow.

IF THERE IS NO PULSE - BEGIN CPR

- Find finger position in center of chest over breastbone.

- Position hand over fingers. Compress chest 5 times in about 3 seconds.
- Tilt head back, cover the infant's mouth and nose with your mouth and give 1 slow breath.
- Continue sets of 5 compressions and 1 breath for about a minute.
- Recheck pulse and breathing. If there is no pulse, continue sets of 5 compressions and 1 breath until the ambulance arrives.

BREATHING EMERGENCIES

Airway obstructions occur when a solid foreign object becomes stuck in the victim's airway. These obstruction can be mild in nature, where a blockage prevents the victim from speaking, causes them to gag or cough. Minor obstructions are not life threatening emergencies and can generally be expelled by the victim with forcible coughing. However the situation should be monitored closely until resolved to prevent a worsening situation.

When severe obstructions to the airway occur, the victim can not pass any air and will lose consciousness from lack of oxygen.

CHOKING - CONSCIOUS ADULT OR CHILD

Although we think of choking as a common occurrence in children, more adults than children die each year as a result of choking. Common causes include trying to swallow large pieces of poorly chewed food; drinking alcohol before and during meals, dulling the nerves that aid in swallowing; eating while talking excitedly or laughing; eating too fast; and walking, playing, working or running with food or objects in the mouth.

SIGNALS

- Clutching the throat with one or both hands.
- Unable to speak, cough forcefully or breathe.
- High-pitched wheezing.

CARE

- Check the scene and the victim.
- Send someone to call an ambulance.
- Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
- Give quick, forceful abdominal thrusts upward. Repeat until object is coughed up and person breathes on their own or person becomes unconscious.

NOTE: If person becomes unconscious, check for any obstructions in the mouth. If an obstruction is visible, sweep it out with finger and continue with the **CPR** procedure for adult or child.

CHOKING - UNCONSCIOUS ADULT OR CHILD

The airway can become blocked by the tongue falling back in the throat or by food, objects or fluids such as blood, saliva or mucus becoming lodged in the airway.

SIGNAL

- Unresponsive (unconscious).
- Not breathing and no pulse.
- Unable to make the chest rise when attempting rescue breaths.

CARE

- Check the scene and the victim.
- Send someone to call for emergency medical services.
- Send another person for an AED (Automatic External Defibrillator) if available.
- Check for breathing.

IF THE PERSON IS NOT BREATHING - BEGIN CPR

- Find hand position in center of chest over breastbone.
- Position shoulders over hands. Compress chest 30 times.
- Tilt head back, pinch nose and give 2 quick, full breaths. Each breath should make the chest gently rise.
- If the victim's chest does not rise, tilt lower jaw and tongue open and attempt to sweep any visible obstructions out.
- Continue with 30 more compressions and 2 breaths.
- Continue compressions and breaths until the victim breaths on their own, emergency services arrive or someone else can take over CPR.

NOTE: If an AED is available stop CPR and follow the instruction from the AED. If you are not qualified to give CPR or administer an AED, find someone who is.

CHOKING - CONSCIOUS INFANT

Choking is a major cause of death and injury in infants. Infants can easily choke on such foods as nuts, grapes and popcorn.

SIGNALS

- Coughing forcefully for several minutes without result.
- Cannot cry, cough or breathe.
- Coughing weakly or making high-pitched sounds.

CARE

- Check the scene and the infant.
- Send someone to call for an ambulance.
- With infant face down on forearm, give 5 back blows with the heel of the hand between the shoulder blades. Support the infant's head and neck.

- Position infant face up on your forearm.
- Give 5 thrusts in the center of the breastbone with your middle and index fingers.
- Repeat back blows and chest thrust until object is coughed up and infant begins to breathe on own or becomes unconscious. If infant becomes unconscious, look for an object in the mouth. If object is visible, sweep it out with finger and continue with the choking procedure for an unconscious infant.

CHOKING - UNCONSCIOUS INFANT

The airway can become blocked by the tongue falling back in the throat or by a small object, such as food or toys.

SIGNALS

Unable to make the chest rise when attempting rescue breaths.

CARE

- Send someone to call for an ambulance.
- 2. Cover the infant's mouth and nose with your mouth and give 2 slow breaths until chest gently rises.
- If the victim's chest doesn't rise as you attempt to give breaths, RETILT the infant's head and repeat breaths.

IF AIR STILL DOES NOT GO IN:

- With infant face down on forearm, give 5 back blows with the heel of the hand between the shoulder blades.
- Support the infant's head and neck.
- Position infant face up on your forearm.
- Give 5 thrusts in the center of the breastbone with your middle and index fingers.
- Lift jaw and tongue and check for an object in the throat. If object is visible, sweep it out.
- Give 2 slow breaths. If breaths do not go in, re-tilt head and reattempt breaths.
- Continue sequence of back blows, chest thrusts, finger sweeps, head tilt, 2 slow breaths, head re-tilt and 2 slow breaths until you can breathe into the victim, making the chest rise.
- Once you can successfully give rescue breaths, check pulse. Give care for the conditions you find.

BREATHING EMERGENCIES - SPECIAL SITUATIONS

DENTURES/JAW & MOUTH INJURIES

Dentures that do not stay in place and injuries to the mouth or jaw can make it difficult to make a tight seal around the mouth. Loose dentures can interfere with rescue breathing. If dentures won't stay in place, remove them. A mouth injury may cause the mouth to be tightly shut. Both situations require similar actions.

- With the person's head tilted back, close the mouth by pushing on chin.
- Seal your mouth around the person's nose.
- Breathe into person's nose (instead of the mouth) using the same procedure.
- Open the person's mouth between breaths to let air out, if possible.

HEAD OR SPINE INJURIES

Head or spine injuries result from a fall from a height, an automobile collision or a diving mishap.

- Try to lift the chin without tilting the head back when checking breathing and giving rescue breathing.
- If breaths don't go in, tilt head back only slightly until breaths go in.
- Remember that the non-breathing person's greatest need is for air.

DROWNING

Drowning often occurs to persons who never intended to get wet. Drowning can also happen in the home in as little as a bucketful of water.

ONCE THE PERSON IS OUT OF THE WATER:

- Check the person. Care for any conditions you find.
- Tilt the head back and check for breathing. Check the mouth for fluid or objects.
- If the airway appears clear—give 2 slow breaths.
- If the breaths do not go in, re-tilt the head and reattempt breaths.
- If the breaths still do not go in:
 - Give up to 5 abdominal thrusts.
 - Lift jaw and tongue and sweep out the mouth. Repeat breaths, thrusts and sweeps until breaths go in or person breathes on their own.

BURNS

Heat, chemicals, electricity and radiation can all cause burns. The severity of a burn depends on the temperature of whatever caused the burn, the length of time the person is exposed, the burn's size and location on the body and the person's age and medical condition. Burns caused by heat are the most common.

SIGNALS: SUPERFICIAL BURNS

- The skin is red and dry.
- Area may swell and is usually painful.

SIGNALS: DEEP BURNS

- The skin is red and has blisters that may open and weep clear fluid.
- Area may swell and is usually painful.
- May appear brown or black. Can range from extremely painful to relatively painless.

WHEN TO CALL FOR AN AMBULANCE

- Burns involving breathing difficulty.
- Burns covering more than one body part.
- Burns to the head, neck, hands, feet or genitals.
- Burns (other than a very minor one) to a child or elderly person.
- Burns resulting from chemicals, explosions or electricity.

CARE

- Check the scene and the victim.
- Send someone to call for an ambulance if necessary.
- Stop the burning. Put out the flames and remove person from source of the burn.
- Cool the burn. Use large amounts of cool water. Do not use ice or ice water except on small surface burns. Apply soaked towels, sheets or other wet cloths to the face or other areas that cannot be immersed.
- Cover the burn. Use dry, sterile dressings or a clean cloth. Loosely bandage dressing in place to prevent infection and reduce pain, or cover burned area with dry sheet.

BURNS - SPECIAL SITUATIONS

SUNBURNS

- Cool the burn.
- Protect from further damage by staying out of sun or wearing a protective lotion.
- Protect unbroken blisters with loose bandages and keep broken blisters clean to prevent infection.

ELECTRICAL BURNS

- Check the scene and the victim.
- Send someone to call for an ambulance if necessary.
- Never go near a victim until the power is turned off. If a power line is down, wait for the fire department or power company.
- Check breathing and pulse if person is unconscious. Give rescue breathing or CPR if needed.
- Do not move person unnecessarily because there may be internal injuries.
- Check for both entrance and exit burns.
- Do not cool burn.
- Cover burn with dry, sterile dressing.

CHEMICAL BURNS

- Send someone to call for an ambulance, if necessary.
- Flush both skin and eyes with large amounts of cool running water until ambulance arrives. Always flush away from the body.

- Remove clothing and jewelry that may trap chemical against the skin or on which chemicals may have spilled.

SMOKE INHALATION

A medical emergency that can accompany burns in situations where flames are present.

- Move the person to fresh air.
- Send someone to call for an ambulance.
- Check breathing and pulse.
- Support the person in the position in which it is easiest to breathe. If person is unconscious, place on side and monitor breathing closely.

HEAD AND SPINE INJURIES

Although injuries to the head and spine account for only a small percentage of all injuries, they cause more than half of all injury-related deaths. Signals of a head or spine injury may be sometimes slow to develop and are not always noticeable at first.

ALWAYS SUSPECT A HEAD OR SPINE INJURY IN THESE SITUATIONS:

- A fall from a height greater than the person's height.
- Any diving mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head, such as from a motor vehicle.
- Any injury that penetrates the head or trunk, such as a gunshot wound.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any injury in which a person's helmet is broken, including a motorcycle, football or industrial helmet.
- Any incident involving a lightning strike.

SIGNALS

- Changes in consciousness, loss of balance, seizures.
- Severe pain or pressure in the head, neck or back.
- Tingling or loss of sensation in the hands, fingers, feet or toes.
- Partial or complete loss of movement of any body part.
- Unusual bumps or depressions on the head or over the spine.
- Blood or other fluids draining from the ears or nose.
- Heavy external bleeding from the head, neck or back.
- Impaired breathing or vision as a result of injury.
- Nausea, vomiting or persistent headache.
- Bruising of the head, especially around the eyes and behind the ears.

CARE

- Check the scene and the person.
- Send someone to call for an ambulance.
- Keep the person's head and spine from moving.
- Check consciousness and breathing. If the person is not breathing, try to lift the chin without tilting the head back, pinch the nose and give two slow breaths.
- Check for pulse. Give rescue breathing or CPR as necessary.
- Control bleeding.
- Keep victim from getting chilled or overheated.
- DO NOT MOVE PERSON UNLESS ABSOLUTELY NECESSARY. If the person must be moved, do it carefully without twisting or bending the body. If alone, use the person's clothes to drag the person to safety while supporting the head and neck in the best way possible.

NOTE: If you suspect an injury to the head or spine, support the person's head in line with the body.

MUSCLE, BONE AND JOINT INJURIES

Only a trained medical professional can tell the difference between a sprain, strain, fracture or dislocation. You do not need to know what kind of injury it is to give the correct first aid.

SIGNALS

Pain, bruising and swelling.

CARE

- Check the scene and the person.
- Rest the injured part.
- Apply ice or a cold pack to control swelling and reduce pain. Place a towel or cloth between the source of cold and the skin.
- Avoid any movement or activity that causes pain.
- If you suspect a serious injury:
 - Immobilize the injured part to keep it from moving.
 - Send someone to call an ambulance.

WHEN TO CALL FOR AN AMBULANCE

- Deformity is present.
- Feels or sounds like bones are rubbing together.
- A "snap" or "pop" heard or felt at time of injury.
- An open wound on or around the injury site; bone ends may or may not be visible.
- Inability to move or use the affected part normally.
- Injured area is cold and numb.
- Injury involves the head, neck or back.
- Person has trouble breathing.
- Cause of the injury suggests that the injury may be severe.

SPLINTING

Splinting is a method to keep an injured body part from moving. It can also help to reduce pain, making the injured person more comfortable. Splint only if the person must be moved or transported and if you can do so without causing more pain and discomfort to the person.

- Splint an injury in the position you find it.
- Splint the joints above and below the injured bone.
- Splint the bones above and below an injured joint.

SPLINTING METHODS

There are a variety of ways to immobilize an injured body part. When choosing a method, consider what materials you have available and what will best keep the injured part from moving. Often, simply supporting the injured part in the position you find it – such as placing a small pillow or folded blanket under an injured leg against the ground – is the best method of all.

ANATOMIC SPLINT

A part of the body is used as a splint (an injured leg can be splinted to an uninjured leg).

SOFT SPLINT

Made with soft materials such as folded blankets, towels or pillows.

SLING

A triangular bandage tied to support an injured arm, wrist or hand.

RIGID SPLINT

Made with boards, folded magazines, newspaper or metal strips.

WOUNDS

A wound is an injury to the skin and soft tissues beneath it. Damage to blood vessels causes bleeding. When caring for wounds, it is important to take precautions to protect yourself against the transmission of disease. Follow these simple procedures:

- When possible, ask the injured person to help you.
- Wear latex gloves or place a barrier between you and the person's blood.
- Wash hands with soap and water immediately before and after providing care.

SIGNALS

- Cuts, scrapes, punctures or other breaks in the skin.
- Bleeding, bruising; area may swell.

WHEN TO CALL FOR AN AMBULANCE:

- Bleeding that cannot be stopped.
- Wounds that show muscle or bone, involve joints, gape widely, or involve hands or feet.
- Large or deep wounds.
- Large or deeply imbedded objects in the wound.
- Human or animal bites.
- Any wound that would leave an obvious scar, such as on the face.
- Skin or body parts that have been partially or completely torn away.

CARE

- Check the scene for safety.
- Send someone to call for an ambulance.
- Cover the wound with a sterile gauze pad and press firmly against the wound (use your bare hand to apply pressure only as a last resort).
- If dressing becomes soaked with blood, do not remove it. Apply additional dressings on top.
- Elevate the injured area above the level of the heart if you do not suspect broken bones.
- Cover gauze dressings with a roller bandage to maintain pressure.

CONTROLLING BLEEDING

- Apply direct pressure and elevation.
- Apply a bandage.

IF BLEEDING DOESN'T STOP

- Apply additional dressing and bandage.
- Apply pressure to a nearby artery. Squeeze the nearby artery against the bone underneath:
 - Arm: Inside of the upper arm, between the shoulder and elbow.
 - Leg: Crease at the front of the hip, in the groin.

WOUNDS - SPECIAL SITUATIONS

BRUISES

- Apply ice or a cold pack to help control pain and swelling. Place a cloth between source of cold and skin to prevent injury.
- Elevate injured part to reduce swelling.

SEVERED BODY PARTS

- Wrap severed body part in sterile gauze or clean cloth.
- Place severed part in plastic bag.
- Put the plastic bag on ice and take to hospital with person.

IMPALED OBJECT

- Send someone to call an ambulance.
- Do not remove the object.
- Bandage bulky dressing around the object to support object in place.
- Bandage the dressing in place.

CHEST

- Send someone to call an ambulance.
- Cover the wound with a sterile dressing or clean cloth and bandage in place. If bubbles are forming around wound, cover with plastic or material that does not allow air to pass through. Tape dressing in place, leaving one corner open to allow air to escape when person exhales.

NOSEBLEED

- Have person lean slightly forward.
- Pinch the nostrils together for about 10 minutes.
- Apply an ice pack to the bridge of the nose.
- If bleeding does not stop, apply pressure on upper lip just beneath the nose.

MOUTH & CHEEK

- For inside the cheek: Place folded sterile dressings inside the mouth against the wound.
- For outside the cheek: Apply direct pressure using a sterile dressing.
- For tongue or lips: Apply direct pressure using a sterile dressing. Apply cold to reduce swelling and ease pain.

TEETH

- Have person bite down on a rolled sterile dressing in the space left by the tooth.
- Save any displaced teeth. Place them in milk, if possible, or water. Pick the tooth up by the crown (white part), not the root.
- Call a dentist immediately for instructions on further care.

ABDOMINAL INJURY

- Keep person lying down with knees bent, if possible.

EXPOSED ORGANS

- Do not apply pressure to organs or push back inside.
- Remove any clothing from around wound.
- Apply moist, sterile dressing or clean cloth loosely over wound.
- Keep dressing moist with warm water.
- Place a cloth over dressing to keep organs warm.

INFECTION

Germs can enter the body through scrapes, cuts or punctures and cause infection. Infection can develop within hours or days of an injury.

SIGNALS

- Wound area becomes swollen and red.
- Area may feel warm or throb with pain; may discharge or puss.
- Red streaks may develop around wound.
- Person may develop fever and feel ill.

CARE

- Wash hands before and after caring for wound, even if you wear gloves.
- Wash minor wounds with soap and water.
- Do not wash wounds that require medical attention unless instructed to do so by a medical professional.
- Cover wound with clean dressing and bandage; change daily. If infection persists or worsens, seek medical help.

SUDDEN ILLNESS

Many different types of sudden illnesses often have similar signals. Usually you will not know the exact cause of the illness, but this should not keep you from providing care. Care for the signals you find.

SIGNALS

- Feeling light-headed, dizzy, confused or weak.
- Changes in skin color (pale or flushed skin), sweating.
- Nausea, vomiting or diarrhea.

SOME ILLNESSES MAY ALSO INCLUDE:

- Seizure or changes in consciousness.
- Paralysis (inability to move), slurred speech or difficulty seeing.
- Severe headache, breathing difficulty, persistent pressure or pain.

CARE

- Send someone to call for an ambulance, if necessary.
- Care for any life-threatening conditions first.
- Help the person rest comfortably.
- Keep person from getting chilled or overheated.
- Reassure the person.
- Watch for changes in consciousness, breathing and pulse.
- Do not give anything to eat or drink unless person is fully conscious.

WHEN TO CALL FOR AN AMBULANCE:

- Person is unconscious, unusually confused or seems to be losing consciousness.
- Person has trouble breathing or is breathing in a strange way.
- Person has persistent chest pain or pressure.
- Person has pressure or pain in the abdomen that does not go away.
- Person is vomiting or passing blood.
- Person has seizures, severe headache or slurred speech.
- Person appears to have been poisoned.
- Person has injuries to the head, neck or back.
- You can't sort the problem out quickly and easily, or you have doubts about the severity of the illness.

SUDDEN ILLNESSES: SPECIAL SITUATIONS

SEIZURES

If you know the person has epilepsy, it is usually not necessary to call EMS unless: the seizure lasts longer than a few minutes or is repeated; the person does not regain consciousness; the person is pregnant, known to be a diabetic or is injured.

CARE

- Send someone to call an ambulance, if necessary.
- Remove nearby objects that might cause injury.
- Do not hold or restrain the person.
- Do not place anything between the person's teeth.
- When seizure is over, check for breathing and other injuries.
- Place the person on the side to drain fluids from mouth.
- Stay until the person is fully conscious. Reassure and comfort the person.

FAINTING

Fainting is a temporary loss of consciousness. While fainting itself may not be a medical emergency, it may indicate a more serious condition or the victim may cause additional harm resulting from falling.

CARE

- Elevate legs 8 to 12 inches if injury is not suspected.
- Loosen any tight clothing.
- Check breathing and pulse.
- Do not give anything to eat or drink.

STROKE

A stroke is caused by a lack of oxygen to the brain when a blood vessel bursts or becomes narrowed by a clot.

SIGNALS

- Numbness or weakness of the face, arm or leg, especially on one side of the body.
- Confused or altered mental state.
- Speech, sight and balance may become impaired.
- Severe and sudden headache.

CARE

- Send someone to call for an ambulance.
- Care for the specific conditions you find.
- If person is drooling or having difficulty swallowing, place on his or her side to keep airway clear.

DIABETIC EMERGENCIES

Diabetes is a condition where the body is unable to balance insulin and sugar in the body. You will not be able to tell what the body needs. Giving sugar will not cause additional harm.

CARE

- If person is conscious and a known diabetic, give sugar (fruit juices, candy, non-diet drinks, table sugar).
- If person is not feeling better in about 5 minutes, call an ambulance.
- If person is unconscious, **DO NOT GIVE THEM ANYTHING TO EAT OR DRINK**. Send someone to call for an ambulance. Monitor breathing and give care for the conditions you find.

POISONING

A poison is a substance that causes injury or illness if it gets into the body. Combinations of certain substances, such as drugs and alcohol, can be poisonous, although if taken by themselves they might not cause harm. Not everyone reacts to poisons in the same way; a substance that is harmful to one may not always be harmful to another.

SIGNALS

- Breathing difficulty.
- Nausea, vomiting, diarrhea.
- Chest or abdominal pain.
- Sweating, changes in consciousness, seizures.
- Burns around the lips, tongue or on the skin.
- Open or spilled containers; open medicine cabinet.
- Overturned or damaged plant.

- Unusual odors, flames, smoke.

CARE

- Check the scene to make sure it is safe to approach and gather clues about what happened.
- If necessary, move the person to safety, away from the source of the poison.
- Check the victim's level of consciousness and breathing. Care for any life-threatening conditions.
- Send someone to call an ambulance or Poison Control Center as necessary.
- If you suspect someone has swallowed a poison, try to find out what type of poison it was, how much was taken and when it was taken.
- NEVER GIVE ANYTHING TO EAT OR DRINK UNLESS DIRECTED TO DO SO BY THE POISON CONTROL CENTER OR A MEDICAL PROFESSIONAL.
- If the person vomits, position on side. Save a sample of the vomit if poison is not known, so that it can be identified at the hospital.

POISONING - SPECIAL SITUATIONS

DRY OR WET CHEMICALS

- Check the scene to make sure it is safe.
- Flush affected area with a large amount of water, removing clothing and other items (watches, rings, etc.).
- Send someone to call an ambulance.
- Keep flushing affected area until emergency response personnel arrive. Be careful not to get any chemicals on yourself.

POISONOUS PLANTS

- Immediately wash the affected area thoroughly with soap and water.
- If rash or open sores develop, applying a paste of baking soda and water can reduce discomfort.
- If condition gets worse or affects large areas of the body or face, see a doctor.
- Lotions, such as Caladryl, may help soothe the area.

POISON CONTROL CENTERS

The people who staff Poison Control Centers (PCCs) have access to information on most poisonous substances and can direct you what care to give to counteract the poison. Many poisonings can be cared for without the help of emergency response personnel, although it is advised to seek follow-up medical care in the event of a poisoning.

ALLERGIC REACTIONS

Anaphylaxis or severe allergic reactions to certain foods, insect bites and bee stings can cause severe swelling of the face and air passages restricting breathing. The reactions can develop rapidly and if untreated these symptoms can lead to death.

SIGNALS

- Trouble breathing.
- Feeling of tightness in the chest and throat.
- Swelling of the face, neck and tongue.
- Rash, hives, dizziness or confusion.

CARE

- Check the person carefully for swelling and breathing problems.
- If person has trouble breathing, send someone to call an ambulance.
- Reassure and comfort the person.
- Watch for changes in consciousness and breathing. Treat any worsening conditions as they arise.

NOTE: People who know they are allergic may carry a doctor prescribed epinephrine auto-injector. If the person has any such device, help them administer according to the device instructions.

HEAT & COLD RELATED ILLNESS

Heat related illnesses are progressive conditions caused by overexposure to heat. If recognized in the early stages, heat-related illness can usually be reversed. If not, it may progress to a life-threatening condition.

HEAT CRAMPS

Sudden uncontrollable muscle spasms that are very painful; often occurring in the legs and abdomen.

CARE

- Have person rest in a cool place.
- Give cool water or a sports drink with electrolytes.
- Lightly stretch and gently massage the muscle.
- Do not give salt tablets!
- Watch for signals of heat exhaustion or heatstroke.

HEAT EXHAUSTION

The body's temperature regulation functions are overwhelmed due to high temperatures and excessive loss of fluids.

SIGNALS

- Dizziness, weakness, headache, blurred vision, nausea, staggering.
- Face becomes pale.
- Profuse sweating, weak pulse, shallow breathing.
- Person may become unconscious.

CARE

- Move the person to a place where air is circulating freely.
- Have person lie down and cover them with a light blanket to keep the body temperature from dropping too quickly.
- If person is conscious, add a teaspoon of salt to a pint of cool water and give this to them in small sips at frequent intervals.
- If the symptoms persist, call a doctor.

SUNSTROKE (HEATSTROKE)

A life-threatening emergency where the self-regulation of body temperature is no longer possible resulting in damage to body functions and organs.

SIGNALS

- Severe headache, red face, hot dry skin.
- No sweating and pulse is strong and very rapid.
- High fever (up to 105 degrees).
- Altered mental state or loss of consciousness.

CARE

- Place individual in a shady area.
- Loosen clothing and cool the victim with the best means available.
- If the victim's temperature starts to drop, cover them with a light blanket so that the sudden change in body temperature won't cause shivering or convulsions.
- Get the victim to the nearest medical facility as quickly as possible.

HYPOTHERMIA

Hypothermia is one type of cold-related emergency, and can quickly become life- or limb-threatening. *Hypothermia* is the cooling of the body caused by the failure of the body's warming system.

SIGNALS

- Shivering, numbness, glassy stare.
- Apathy, weakness, impaired judgment.
- Loss of consciousness.

CARE

- Check the scene and the person.
- Send someone to call for an ambulance.
- Gently move person to a warm place.
- Check breathing and pulse.
- Give rescue breathing and CPR as necessary.
- Remove any wet clothing and dry the person.
- Warm person SLOWLY by wrapping in blankets or by putting dry clothing on person. Hot water bottles and chemical hot packs may be used when first wrapped in a towel or blanket before applying.

NOTE: Do not warm the person too quickly, such as immersing him or her in warm water. Rapid warming can cause dangerous heart rhythms.

WATER RESCUES

Emergencies can happen to anyone in or around the water, regardless of how good a swimmer the person is or the nature of the activity. Drowning often occurs to persons who never intended to get wet. Drowning can also happen in the home in as little water as a bucket or tubful. Being able to recognize a person who is having trouble in the water may help save the person's life. Stay alert and know the signals that indicate an emergency—the victim may not be able to call for help!

The safest methods of water rescue are reaching, throwing and wading assists. In most cases, at least one of these methods will succeed.

SIGNALS

- Struggling movements; little or no forward progress.
- Person may or may not be able to call or signal for help.
- Person struggles to breathe.

CARE

- Check the scene for safety.
- Send someone to call for an ambulance.
- Attempt to rescue by reaching or throwing to the person. DO NOT attempt a swimming rescue unless you have proper equipment and are trained to do so.
- Once the person is out of the water, check the person and care for any conditions you find.