American Film Institute Annual Safety And Security Report 2025 Calendar Year

INTRODUCTION

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

This report outlines AFI's emergency response and safety procedures, as detailed in the Fellow handbooks and faculty and staff policy manuals. It also includes statistical data on campus crimes, arrests, and disciplinary referrals, as required by law. Certain statistics may also reflect incidents occurring in private residences or businesses adjacent to the AFI campus.

Each year, by October 1, the Annual Safety Report is available online for review by Fellows, faculty, and staff. A full printed copy of the report can also be reviewed in the Human Resources office, located in room 105 of the Warner Bros. Building.

ABOUT THE AFI CAMPUS

The AFI Campus occupies 8.65 acres at the intersection of Western and Franklin Avenues. In 1980, AFI purchased the property from Immaculate Heart College. The campus includes four main buildings: the Warner Bros. Building (WB), the Manor House, the Louis B. Mayer Library, and the Sony Digital Arts Center (SDAC).

Campus access is available through the main entrance on Western Avenue. Caution should be used when turning left into the driveway, as traffic on Western Avenue/Los Feliz Boulevard is fast-moving. The entry driveway may also be congested with pedestrians and vehicles associated with Immaculate Heart High School (IHHS). AFI works closely with IHHS to coordinate traffic flow and parking use. All requests or concerns regarding AFI parking facilities should be directed to the Campus Facilities office.

Additional pedestrian access is available at Gate #2 (Western Avenue) and Gate #3 (Griffith Park). Both require a unique six-digit access code for entry and are open from 7:45 am to 7:30 pm or sunset, whichever comes first. For after hours access, AFI Security must be contacted for exit only.

AFI CAMPUS HOURS

WORKING HOURS

- AFI staff: Monday – Friday, 9:00 a.m. to 6:00 p.m.
- Campus Information Center (CIC): Daily, from 8:00 a.m. to 8:00 p.m.

AFI Campus Security provides 24/7 coverage, year-round. From 8:00 p.m. to 8:00 a.m. when the CIC is closed, Security can be reached at 323.829.2153.

Operating Hours

The AFI Campus is open from 8:00 a.m. to 12:00 a.m. to accommodate Fellows and public programs. All campus buildings and the main entrance gate are secured promptly at midnight.

Failure by Fellows, guests, faculty, or staff to comply with campus operating policies may result in restricted access or use of facilities.

Holiday Closures

While AFI offices are closed on most major holidays, the campus remains open except on the observed 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 access campus facilities during operating hours. Room reservations can be scheduled through the Campus Information Center (CIC), located in the Warner Bros. Building lobby, or the Campus Facilities office lon the 2nd floor of the Warner Bros. Building next to the Service Center. Security may provide access to scheduled facilities and may request valid identification at any time.

Only AFI Security personnel, Janitorial staff, and employees specifically approved by Human Resources for 24-hour access are permitted on campus between12:00 a.m. to 8:00 a.m. All other programs and production activities must conclude no later than 11:30 p.m. unless prior approval has been granted.

In rare cases where an employee must remain on, or return to, campus after hours, advanced approval must be obtained from AFI Human Resources or the Director of Campus Operations no later than 5:30 p.m. on the requested date. Once authorized, a representative from Human Resources or Campus Operations will notify AFI Security.

AFI CAMPUS BUILDINGS

WARNER BROS. BUILDING (WB)

- Garden Level - Conservatory Physical Production offices and the AFI soundstage.
- Lobby - The Campus Information Center (CIC), serving as the main reception area for Campus visitors.
- First Floor - Human Resources, the Ted Ashley Screening Room, AFI Theater, classrooms, Security Office, and North and South Gallery meeting spaces.
- Second Floor - AFI Senior Management, the AFIC Dean and Executive Staff, Admissions, Registrar, Facilities, and Finance.

Room numbering:

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

MANOR HOUSE (MH)

- Basement level - Conservatory Lighting Services and Club Grip Teams
- First floor - AFI FEST administrative offices
- Second floor - Fellow Affairs and AFI Productions

ANNEX

- Offices and workshop space for the Physical Plant Operations department, responsible for campus grounds and building maintenance.

LOUIS B. MAYER LIBRARY (LB)

- First Floor - Lawrence Herbert Alumni Center, Frankovich Barnes Screening Room (FBSR), Conservatory Camera Department.
- Second Floor - Charles K. Feldman Reading Room, Ahmanson Room, Computer Lab, Mark Goodson Screening Room (MGSR), HBO Pavilion, and AFI café.
- Third Floor Loft - Information Technology offices and Reference Catalog/Achive.

Room Numbering:

- First floor - 100s
- Second floor - 200s
- Third floor - 300s

SONY DIGITAL ARTS CENTER (SDAC)

- Editing and dubbing facilities and staff offices
- Additional editing rooms and learning workspaces at the north end of the facility

BUILDING EVACUATION INFORMATION

EMERGENCY EVACUATION PROCEDURES

When evacuation is required:

- Move quickly, but do not run.
- Proceed to the safest designated stairwell or exit. DO NOT USE ELEVATORS.
- Use the handrail in stairwells.
- Ensure that all persons on each floor evacuate the building completely.
- Allow room for others to merge into the flow of traffic; do not block the way.
- Assist or seek assistance for anyone who may be slower moving or in need of help.
- Correct and dispel any false information or rumors. (To reduce panic, avoid using the word "fire.")
- Treat any injuries incurred in the stairwell at the nearest floor landing, if required and practical.
- Continue until you have fully exited the building. Do not stop or congregate in stairwells.

EVACUATION PROCEDURES FOR THE PHYSICALLY CHALLENGED

The Los Angeles City Fire Department requires businesses to maintain an updated list of physically challenged individuals, including name, location, and nature of disability.

- Human Resources maintains this information for staff and faculty.
- Office of Fellow Affairs maintains this information for Fellows.

Physically Challenged includes, but is not limited to:

- Wheelchair users
- Persons using crutches, canes, or walkers
- Persons recovering from surgery
- Pregnant persons
- Persons who are Deaf, hard of hearing, blind, or visually impaired
- Persons with chronic obesity

This also applies to anyone who, without assistance, would have difficulty evacuating or relocating to safety, or who might slow down evacuation of others.

All individuals on this list must be assured that their information will remain confidential and used only to ensure safe evacuation during an emergency.

During an evacuation:

- AFI Emergency Response Team members will be assigned to assist individuals in their designated areas.

- Assigned responders are trained in safe evacuation techniques (e,g., lifts and carries) and will also ask individuals how they can best provide assistance.

Additional Safety Information

- Evacuation and safety information are posted throughout major campus buildings, including classrooms, screening rooms, and meeting spaces.
- Maps highlight evacuation routes, emergency safety/first-aid equipment, and emergency contact numbers and procedures.
- A full copy of this information is also available in Appendix A.

SEE APPENDIX A FOR BUILDING EVACUATION MAPS

AFI CAMPUS SECURITY

AFI employs it's own Campus Security team, which serves as the first line of response to all emergency and security situations on campus. The Campus Security Department is an essential component of AFI's emergency response and daily safety operations. The department is overseen by the Security Supervisor, and consists of two Lead Officers, six full time Patrol Officers, Campus Information Center personnel and several additional part time Patrol Officers.

At least two Campus Security patrol personnel are present on campus 24 hours a day, 365 days a year. The Security team is responsible for maintaining a safe and secure environment for staff, faculty, Fellows and visitors to the AFI Campus.

PRINCIPAL DUTIES

- Serve as a visible deterrant to crime and prohibited or suspicious activities.
- Conduct foot patrols of assigned areas, checking for unsafe conditions, hazards, unlocked doors, blocked entrances/exits, and/or mechanical issues.
- Enforce parking and identification policies, including issuing citations for violations.
- Respond promptly to emergency and routine incidents; quickly assess and de-escalate dangerous situations. Be prepared to directly approach hostile individuals to protect lives and property.
- Conduct inspections, report unusual activities or incidents, and intervene when necessary (including the use of force) to remove or detain potentially threatening individuals.
- Provide accurate information and assistance to inquiries (e.g. directions to screening locations, admissions inquiries, casting locations).

SECURITY OFFICER QUALIFICATIONS

EXPERIENCE AND SKILLS REQUIRED

- Minimum of three (3) years of experience in security operations.
- Ability to maintain professional composure in high-pressure situations, including interactions with hostile individuals.
- Demonstrated ability to act decisively and independently, exercising sound judgment in applying policies and procedures.
- Proficiency in observation, reporting, and incident documentation.
- Strong oral and written communication skills, with attetiob to grammar and detail.
- Ability to interact professionally with the public.
- Physical ability to stand and walk for extended periods, run, and climb stairs in emergency situations.
- Willingness to to work outdoors in inclement weather and under conditions requiring protective gear, with awareness of personal and public safety.
- Completion of training in the exercise of the power to arrest.
- Ability to pass a physical fitness examination.
- Current Security Guard certification issued by the State of California (or other licensing authority).
- Current pepper spray training and permit.
- CPR and First Aid certification required.

SECURITY PATROL PROTOCOL

WHAT OFFICERS LOOK FOR ON PATROL

During all patrols, Security Officers should remain alert for the following:

- Careless or unsafe security procedures (e.g. doors propped open, unattended property).
- Strange, unusual, or suspicioius conditions.
- Trespassers or unauthorized individuals.
- Persons asking questions that could compromise campus security.
- Individuals appearing nervous without cause.
- Anyone wandering around the campus during or after business hours.
- Persons attempting to avoid contact with Security.
- Individuals giving evasive or unreasonable answers.
- Individuals displaying unprovoked hostility.
- Persons who appear intoxicated or under the influence of a controlled substance.

If any of the above behaviors are observed, Campus Security should be contacted immediately for investigation.

SECURITY COMMUNICATIONS

AFI Security Officers use digital two-way radios, operating on the ultra-high frequency (UHF) band. This is the same type of communication equipment employed by police and fire departments,

In energencies, these radios may serve as the only available communication tool, enabling the Security Supervisor, Lead Security Officers, Security team, and Emergency Response Team (ERT) Coordinators to maintain campus-wide communication during a crisis.

TRESPASSING

AFI is private property. The following individuals are considered trespassers:

- Anyone on Campus after hours without approved business or not on the "24-Hour Access List".
- Anyone under the influence of drugs or alcohol who is not attending an AFI sponsored event where alcohol is served.
- Anyone engaged in lewd or inappropriate conduct on campus.
- Any person prohibited in writing by Human Resources from entering campus.
- Any person convicted of a crime committed while on campus.

AFI Security Officers have the authority to deny canpus entry to trespassers and must be notified immediately if unlawful presence is suspected.

PANHANDLING OR PEDDLERS

Unauthorized solicitation or peddling is prohibited on campus.

If observed:

- Security Officers will stop the individual .
- All unauthorized advertisements or postings (on buildings, cars, tees, etc.) will be removed.

SPECIAL EVENTS

During screenings, alumni gatherings, or other special events, Security Officers provide:

- Assistance with parking.
- Event and campus information (e.g. restrooms, directions).
- General support to ensure a safe and welcoming environment.

DAILY ACTIVITY REPORT (DAR)

The primary responsibility of the Security team is to observe and report.

- All patrol observations must be documented in a Daily Activity Report (DAR).
- Each Security Officer must submit a completed DAR at the end of their shift.
- Reports serve as official records and may be used as investigative tools by Security and Human Resources.

INCIDENT REPORTING

In addition to Daily Activity Reports, Incident Reports are required for all:

- On-campus criminal activity.
- Emergency situations.
- Significant safety or security incidents,

Incident Reports must be submitted immediately to the Security Supervisor and/or Human Resources. Signed copies may be provided to involved parties for insurance or record-keeping. Human Resources retains the original report.

FIELD INTERVIEWS (F.I.)

Security Officers may conduct field interviews when nexessary to gather information on suspicious actvivity, individualsm or incidents, All interviews should be documented and reported per AFI protocol.

WHO

- Fully identify every individual incolced (parties and witnesses).
- Collect: full name, phone, email, mailing address, and photo ID type/number.
- Note AFI affiliation (Fellow, Faculty, Staff, Visitor, Vendor).

WHAT

- Specify the type of incident (e.g. theft, accident, property damage, robbery, safety violation).
- Record only facts essential to the incident; avoid opinions or assumptions.

WHEN

- Document these times:
  - Date/time of the incident.
  - Date/time Security was notified.
  - Date/time security arrived on scene .
  - Date/time the reporting party became aware of the incident.

WHERE

- Record the exact location (building, floor, room, exterior area).
- If multiple locations are involved, list each location.

WHY / HOW

- Summarize the sequence of events based on field interviews and written statements from with involved parties and witnesses.
- Note any known precipitating factors or conditions; if unknown, state "unknown."

IDENTIFICATION STANDARDS

Acceptable photo indentification includes:

- State-issued driver's licence or state photo ID card,
- Government-issued passport.
- AFI issued ID (staff or Fellow) for campus verificxation purposes.

Not acceptable: Credit/debits cards, Social Security cards, and fraternal/club cards, and temporary state IDs.

If an individual cannot present valid ID when requested, Security may restrict access to campus and/or campus facilities.

DAILY CRIME LOG

- Campus Security updates a Daily Crime Log with criminal activity and campus incident information, including incidents reportable under the Clery Act.
- The log is maintained by AFI Human Resources (Warner Bros. Building, Room 105), and the Supervisor, Security Operations (Warner Bros. Building, Room 109).
- Access is available upon request during normal business hours.

LOSS PREVENTION AND PROPERTY CONTROL

LOST AND FOUND

- Turn-in: All recovered items must be delivered to Security for entry into the Lost & Found Logbook at the the Campus Information Center (Warner Bros Building lobby).
- Securing valuables: The Security Supevisor or the Director of Campus Operations will secure and catalog cash, electronics, or items valued of over $100, when available.
- Claiming items: Anyone seeking lost property should contact the Campus Information Officer in the Warner Bros. Building 1st floor lobby or call 323.856.7600 (or ext. "0).
    - The officer will verify photo ID, copy the ID, and obtain a signed return receipt when releasing items, to resolve any future disputes.
- Storage: Recovered items are secured in the inventory control locker inside the Campus Information Center.

Quick officer Checklist (for forms)

- Parties & witnesses fully identified with contact information
- Cceptable photo ID verified/recorded
- Incident type selected
- Times recorded (incident, notified, arrival, discovery)
- Exact location(s) listed
- Statements taken & summaried (why/how)
- Evidence/property handled per Lost & Found/Property Control
- Daily Crime Long entry completed or queued

AFI Property

When on patrol, Security Officers must remain alert for anyone attempting to remove equipment from a building or from AFI grounds. Fellows, faculty, and staff are expected to fully cooperate with Security when reasonable requests are made regarding the movement of equipment. Security Officers may request identificxation and must fully document the incident in their DAR.

Pursuits

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 responders. Officers should maintain a safe distance and keep visual contact with the suspect(s) until law enforcement arrives. Should direct intervention become necessary, AFI Security may respond further, under the direction of campus administration.

Arrests

Situations requiring an arrest are highly dangerous. AFI Security Officers are not authorized to physically detain suspects. Instead, they must maintain visual contact with the individual(s) until law enforcement arrives and conducts the arrest.

TITLE VII & TITLE IX

Title VII

The Civil Rights Act of 1964, Title VII, prohibits discrimination in employment on the basis of race, color, religion, sex, pregnancy, or national origin. Title VII applies to all employer with fifteen (15) or more employees. It also prohibits discrimination against an individual based on their association with someone of a protected class (e.g.,interracial marriage). Subsequent legislation has expanded protections to include discrimination related to pregnancy, age, and disability.

Titie IX

Title IX of the Education Amendment of 1972 prohibits discrimination on the basis of sex in educational programs and activities that receive federal funding. The Civil Rights Restoration Act of 1987 further clarified that all operations of an educational institution receiving federal funds must comply with Title IX regulations. The U.S. Department of Education's Office for Civil Rights (OCR) works with schools to ensure compliance and also investigates complaints of discrimination based on sex, race, color, national origin, disability or age.

- OCR Customer Service Team: 800.421.3481
- Online complaint form http://www2.ed.gov/about/offices/list/ocr/complaintintro.html.

AFI Oversight

Both Title VII and Title IX complaints are overseen by AFI's Title IX Coordintor and Manager, Accessibility.

The AFI Employee and Fellow Handbooks explicitly prohibits sexual harassment, discrimination, and violence, including but not limited to, sexual assault, physical abuse, rape, stalking, domestic violence, dating violence, intimidating or hostile language, and violations of federal, state or local laws. Such conduct constitutes grounds for disciplineary action up to and inckuding termination.

CLERY ACT: VIOLENCE AGAINST WOMEN AMENDMENT

First enacted in 1990, the Clery Act requires colleges, universities, and graduate schools to record and disclose information about crimes occuring on and near campus. Institutions must issue an annual report that includes requirements under this amendment. More information is available at: https://clerycenter.org/policy/vawa-dfsca-ferpa/

MEGAN'S LAW: REGISTERED SEX OFFENDERS

Megan's Law, enacted May 17, 1996, is a subsection of the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act of 1994. It requires sex offenders to register with local law enforcement and mandates that law enforcement agencies make this information publicly available.

Together, the Jacob Wetterling Act and Megan's Law provide two key information services:

- Sex Offender Registry (for law enforcement)
- Community Notification (for the public)

The Adam Walsh Child Protection and Safety Act supplemented Megan's Law with additional registration requirements and a three-tier system for sex offenders based on specified.

Registration and community notification requirements may vary from state to state. The following resources provide information and search tools.

- California's Megan's Law Website: http://www.meganslaw.ca.gov
- U.S. Department 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 strictly prohibits Fellows from unlawfully possessing, manufacturing, using, or distributing drugs or alcohol on AFI property or at any AFI Conservatory activity.

Policy Enforcement & Sanctions

Violation will result in disciplinary actions, which may include:

- Formal warning

- Probation
- Suspension or expulsion
- Mandatory completion of a substance abuse program
- Referral to law enforcement agencies for possible prosecution

Annual Handbook Distribution

At the start of the first-year program, all Fellows receive a handbook containing:

- Federal, state and local laws regarding illicit drug and alcohol use and related sanctions imposed (see Sanctions)
- Health risks associated with drugs use and alcohol abuse (see Health Risks)
- Available counseling, treatment, rehabilitation, and reentry programs (see Counseling)
- AFI Conservatory policies on drugs and alcohol (see AFI Policies)

Biennial Review

At least every two years, the Conservatory will:

- Review it's program for effectiveness
- Implement imporovements as needed
- Ensure disciplinary penalties are applied consistently

SANCTIONS

Local, state and federal laws impose strict penalties for the unlawful possession or distribution of drugs or alcohol. Upon conviction, sanctions my include fines, probation, or lengthy imprisonment.

HEALTH RISKS

The use of any mind- or mood-altering substances, including alcohol, carries significant health risks:

- Psychological Dependence: A craving or perceived need for the substance, often accompanied by restlessness, tension ,or anxiety when it is not available.
- Tolerance: The need for increasing amounts of the substance to achieve the same effect.
- Physical Dependence: Unpleasant or painful withdrawal syptoms when use is stopped.

As tolerance and dependence increase, judgment becomes impaired. Individuals may lose and control over use without realizing they need help.

Alcohol acts as a central nervours system depressant and can cause both short and long term harm:

- Short-term effects: Nausea, vomiting and ulcers.
- Long-term effects: Damage to the brain, liver, kidney and heart; possible death.
- Acute risk: Consuming large amounts in a short period (5+ drinks for men, 4+ for women) may cause alcohol poisoning, coma, or death.

Drugs such as LSD, amphetamines, marijuana, and cocaine alter emotions, cognition, perception, physiology, and behavior. Risks include depression, apathy, hallucinations, paranoia, and impaired judgment. Both alcohol and drugs impair motor skills, reaction time, and decision-making, posing serious dangers while driving.

Preganancy Risks: Alcohol and drug use during pregnancy can increase the likelihood of birth defects, spontaneous abortion, and stillbirth.

CLERY ACT CRIME STATISTICS

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act, all crime date for 2022, 2023, and 2024 are included in the tables provided in Appendix B. These statistics are compiled from AFI Campus Security reports and local law enforcement agencies.

- Additional crime data for public property can be obtained from local law enforcement or online at: https://www.crimemapping.com/map/ca/losangeles
- For further information on Clery crime classifications or to review AFI's statistics,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 outlines standard preventative measures and response procedures approved by AFI's Safety Committee.

FIRE

AFI is located in a high-risk fire zone due to its proximity to Griffth Park. Each main building is equipped with a fire alarm system monitored by Johnson Controls. Fire extinguishers are available throughout campus, and the Warner Bros. Building is also equipped with a sprinkler system.

Prevention:

- Open flames and pyrotechnic equipment are strictly prohibited during production on campus.

If a fire occurs:

- For small, controllable fires: use a fire extinguisher cautiously and notify Campus Security.
- For larger fires: pull the nearest fire alarm, evacuate immediately, notify Campus Security, and call the Fire Department (or dial 911).

- If an alarm sounds, always treat it as real. Evacuate promptly using posted evacuation routes, following Campus Security or ERT (Energency Response Team) instructions.
- Proceed to the nearest designated wait area and remain there until further guidance is provided by AFI administration.

EARTHQUAKE

- Stay calm and do not attempt to leave while shaking is occurring.
- Take cover under a sturdy desk, table, or other furniture. If unavailable, position yourself against an interior wall.
- Avoid all windows, glass, light fixtures, or freestanding objects.

After shaking stops:

- Evacuate the building in an orderly manner, using evacuation maps and following ERT instructions.
- Move to the nearest wait area but remain clear of buildings and tall.
- Do not reenter buildings until they are declared safe.
- Updates will be provided via the AFI text alert system once a full safety assessment is completed.

ELEVATORS

AFI has two elevators: one in the Warner Bros. Building and one in the Louis B. Mayer Library. Both are equipped with emergency lines to the Campus Information Center.

If someone becomes trapped:

- Keep them calm.
- Do not attempt self-rescue.
- Contact Campus Security and/or call the Fire Department for assistance.

FIREARMS OR VIOLENT THREAT

- Firearms, knives with blades of 3" or more, and other weapons are strictly prohibited on campus. Violations will result in disciplinary action, including suspension or termination.
- Replica weapons may only be used in AFI Fellow production if inspected and approved by AFI Physical Production Services.

If a weapon is observed:

- Quietly dial 911 and inotify Campus Security immediately.
- If a gunman or violent threat is reported, campus lockdown procedures will begin:
  - Secure all doors and windows.
  - Close blinds, cover windows, including those in doors, and turn off lights.
  - Instruct individuals to stay low and out of sight.
  - Do not open doors or leave your secured location until cleared by authorities or via the AFI text alert system.

WORKPLACE VIOLENCE

Workplace violence can gtake many forms and includes actions such as verbal confrontations that escalate to violence, unarmed or armed physical assault, brandishing of a weapon, or un-provoked assault.

If a situation appears to be escalating toward violence:

- Notify AFI Security and Campus Administration immediately.
- Do not attempt to defuse the situation and.
- Quietly evacuate bystanders from the area.
- If threats of violence are made (implicit or explicit), report them at once to Security or Conservatory Administration.
- Relocate any potential targets to a secured area, or if necessary, off campus.

In the event of an incident involving firearms:

- Take cover and initiate lockdown procedures.
- Remain in place until given the all-clear or evacuated by the proper authorities.

TRESPASSING

While AFI is open to the public, it remains private property and Administration reserves the right to deny entry to unwanted parties. Possible trespassers behaviors include:

- Presence on campus after official campus hours.
- Being on campus under the influence of an drugs or alcohol, unless attending an AFI-hosted event where alcohol is being served.
- Engagement in lewd or indencent conduct while on campus.
- Entry by any person identified in writing by Human Resources as prohibited from being on campus.

Suspicous individuals or those without legitimate reason to be on campus should be reported immediately to Campus Security.

PREVENTION & REPORTING

- All employees participate in a two-hour New Hire Orientation covering Campus Security and operations.
- Fellows receive orientation seminars with similar training.
- Any criminal activity or emergency situations observed on campus, or on adjacent public property, must be reported promptly to Campus Security or Conservatory Administration to ensure an appropriate response.

CAMPUS EMERGENCY CONTACT INFORMATION

Refer to Appendix C for a full list of important numbers to contact law enforcement, emergency response personnel, or to report 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 in the Campus Information Center is for incoming emergency calls and alarm system alerts.
- This phone runs on an analog line, serving as the primary lifeline during a power outage or catastrophic emergency.
- If the main switchboard system fails, this phone can also be used to contact emergency services or c AFI employees listed on the emergency contact sheet.

CAMPUS EMERGENCY PHONES

- Red emergency phones are located:
  - On each floor of the Warner Bros. (WB) Building
  - On the first floor of the Louis B. Mayer Library building
  - In the hallways of the Sony Digital Arts Center (SDAC)
  - In the parking lot between SDAC and the Louis B. Mayer Library

The phones connect directly to the Campus Information Officer when picked up and are for **emergency use only**.

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.

TESTING PROTOCOL

If Security personnel are testing emergency phones while on patrol, prior to beginning the test, they must notify:

- Campus Information personnel
- Any other Security Officers on duty

EMERGENCY TEXT ALERT SYSTEM (EVERBRIDGE)

AFI partners with Everbridge, a national leader in emergency communications, to provide a text alert system that can reach recipients wheter on campus or not.

Only Campus Facilities, Human Resources, or AFI's Executive Office are authorized to initiate communications through Everbridge. Notiications will be issued promptly as follows:

- 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: Notification within 30 minutes, pending decision from the most senior Administrator on campus.
- Infrastructure Damage: Notification pending decision from the CEO or CRO.

If an emergency requiring Everbridge notification is observed, immediately contact Security, the Campus Information Center, or any available staff member.

CAMPUS SAFETY COMMITTEE

The Campus Safety Committee helps shape AFI's safety policies and emergency procedures. Composed of key administrative, institute, and Conservatory personnel, the Committee meet bi-annually to:

- Recommend new safety technologies and preventive measures to AFI Administration and the Board
- Oversee management of the Emergency Response Team (ERT)
- Direct all planned emergency drills and notifications.

EMERGENCY RESPONSE TEAM (ERT)

The Emergency Response Team (ERT) is AFI's second line of response, activated to assist in campus emergencies. Members:

- Receive first-aid, CPR, and first responder training every two yearas
- Report unsafe conditions, assist during drills, and maintain readiness
- Support recovery efforts during emergencies in coordination with Campus Security and the Campus Information Center.

ERT members are selected for their strong communication skills, calm decision-making, and commitment to other's safety. They are responsible for assisting injured or incapacitated persons and ensuring their areas are evacuated safely.

PRINCIPAL RESPONSIBILITIES

- Participate in required meetings, training, and inspextions.
- Document hazards and report unsafe conditions
- Serve as information liaisons for their departments
- Be familiar with exitroutes, first aid stations, and designated wait areas
- Assist and motivate others during schedudled and unscheduled drills

EMERGENCY RESPONSE

In a campus emergency, ERT members:

- Evacuate injured persons when safe
- Take head counts of staff, faculty, and Fellows in their assigned areas
- Report missing persons or hazards to campus administration
- Support operations at designated emergency centers

EMERGENCY RESPONSE TEAM ORGANIZATION

TEAM LEADERS

Lead by the Director, Campus Operations and Human Resources, in conjunction with Campus Security and Operations. Team Leaders are responsible for:

- Scheduling safety meetings, CPR/First Aid training, inspections, and drills
- Coordinating with AFI Administration on response level
- Mobilizing rescue and recovery efforts until relieved by fire or police
- Managing emergency supplies and assessing building safety

PRIMARY TEAM MEMBERS

Primary Team Members must:

- Attend ERT meeting and biennial CPR/First Aid training
- Report unsafe conditions to Team Leaders or Security
- Conduct evacuation sweeps during emergencies and drills
- Coordinate with Alternate Members to report injuries or missing persons
- Oversee first aid supplies and request replacements as needed

ALTERNATE TEAM MEMBERS

Alternate Team Members are required to attend all regularly scheduled ERT meeting and biennial CPR & First Aid training. They are also responsible for reporting any unsafe conditions on campus to ERT Team Leaders or AFI Security.

All ERT members must be familiar with evacuation procedures, emergency response protocols for their areas, and general Emergency Response Team operations.

The Alternate Emergency Response Team Member assists with evacuations and, if necessary, assumes the responsibilities of the Primary Team Member during emergency situations or preparedness drills. Alternates must also be familiar with the location and proper use of emergency equipment within their area.

During an emergency, Alternates should support the Primary Member in evacuating their area and accounting for all staff, faculty and Fellows. It is recommended that Alternate Team Members coordinate evacuation check-ins at designated campus assembly areas while Primary Members complete the building clearance.

EMERGENCY RESPONSE TEAM EQUIPMENT

CPR & First Aid Training

AFI provides CPR and First Aid training classes at no cost to all ERT members at scheduled times throughout the year. Training covers:

- Basic First Aid procedures
- CPR and rescue techniques
- Disaster prevention and response practices

Certifications are valid for two years, and all ERT members must recertify to remain eligible for team participation.

First Responder Kit

Each primary ERT member will receive a First Responder Kit stocked with essential first aid supplies for use during training drills or actual emergencies. Kit should remain acceissble at all times, and both Primary and Alternate Team Members must know their location. However, the priority remains the safe evacuation of individuaos from campus facilities.

Primary ERT Members are responsible for maintaining kit inventory and reporting replenishment needs to Campus Facilities.

Kit Inventory Includes:

- 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

In addition to standard first aid treatment supplies, the following items are recommended for any home emergency kits:

- 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 each Fall to coincide with California's Great Shakeout events. Drills include a test of the Everbridge emergency text alert system and a full campus evacuation. To signal the start of evacuation, fire/burglar alarms are activated in each bulding. The Safety Committee, ERT leaders, AFI Administration, and Conservatory Administration determine the exact date in advance.

EMERGENCY RESPONSE EDUCATION

- All AFI staff receive general First Aid information (see Appendix D) as part of their new hire packet.
- Conservatory Fellows receive on-set safety training in both First and Second Year safety classes. In these classes. This training includes handouts and instruction on basic first aid and preventative safety practived for production environments.

SEE APPENDIX D FOR FIRST AID INFORMATION

EMERGENCY OPERATION PROCEDURES

If the AFI Campus is under an emergency declaration with limited or no access to certified local, city or, state personnel, AFI Administration, the Emergency Response Team, and designated operations staff will manage campus to maximize available resources and minimize exposure to hazards.

RESOURCE MANAGEMENT

Essential commodities may include food, water, flashlights, batteries, toilet paper, and functioning cell phones. To avoid disputes and protect limited resources, Campus Administration, Security, and ERT leaders will establish a clear emergency command structure. This hierarchy will assing should authority, designated support stations, and incoporate volunteer assistance as needed.

EMERGENCY OPERATIONS RECOVERY ROLES

In extended emergencies, the following roles support recover efforts. All positions report to Campus Administration and ERT Team Leaders:

EVACUATION OR HOLDING AREA MANAGER(S)

- The first ERT member at an evacuation site automatically assumes this role until relieved by an ERT Team Leader or professional responders.
- Responsibilities include confirning building clearance, accounting for, assigning lookouts, and coordinating communication via runners if radios/phones fail.

LOGISTICS MANAGER

- Inventories and controls supplies useful for firefighting, medical care, rescue, and shelter construction.
- Tracks distribution and condition of equipment.
- Coordinate with Campus Administration to ensure equitable and sustained resource allocation.

DEPARTURE MANAGER

- Tracks all staff, Fellows, visitors leaving secure holding areas.
- When possiple, pairs those with resources (transportation, shelter, supplies) with individuals in need.

ARRIVAL MANAGER

- Records names and headcounts of new arrivals.
- Direct injured persons to aid stations.
- Coordinate redistribution of resources with Logistics Manager.

RECORD KEEPERS

- Volunteeers or ERT members assigned to document activities, roll call, resource allocation, and medical transfers.
- Provide detailed records to professional responders upon arrival,
- Records are retained for after-action reviews, commendations, and improvement planning.

EMERGENCY AID & RECOVERY STATIONS

Campus Administration, Security, and the ERT will establish recovery stations to support prolonged emergency operations.

SECURE HOLDING AREA

- Identify and secure areas away from hazards (smoke, gas leaks, unstable grounds, fire spread).
- Holding areas are for uninjured individuals not assigned to recovery duties,
- ERT members remain on site to provide information, maintain order, and boost morale. Productive tasks may be assigned to keep evacuees engaged and calm.

INCIDENT COMMAND CENTER

- Located near – but separate from – the holding area to allow decision-making with minimal distraction.
- May be established in a vehicle or temportary structure.
- A Record Keeper should be present to document all dexisions by AFI Administration and emergency personne.

SANITATION AREA

In the absence of functioning restroom facilities, a Sanitation Area must be established. This area should be located away from the general population and screened from public view. If feasible, position it near trash collection areas but not downwind. Supplies such as waste collection bags, buckets, alcohol or antibacterial soap must be stored nearby for disinfection.

Although a designated manager is not required, during prolonged recovery efforts the Sanitation Area should be maintained regularly to ensure usability. This includes the replenishing supplies and removing waste. Discarded materials should be disposed of in a location separate from general holding areas or buried.

TRIAGE & FIRST AID STATION

If injuries occur, a Triage Area must be established. This area is intended to receive injured persons, asses injury severity, and prioritize treatment. It should be positioned near the main evacuation route, but away from the main evacuee population, to provide privacy and minimize distress. The location should be flat, with adequate space for laying out injured persons and accommodating new arrivals.

A Triage Manager should be appointed from available Emergency Response Team (ERT) members. This individual should be trained and confident in administering emergency first aid. The Triage Manager also assigns one or more volunteers to record key detaiks, including:

- Arrival of injured persons
- Their condition
- Treatments administered

As additional ERT members or volunteers become available, they may be assigned roles such as: transporting non-ambulatory victims, setting up privacy barriers, monitoring patients, or handling, sanitation and waste removal.

MONITORING SURVIVORS

In emergencies, some individuals may exhibit aggressive behavior or panic due to feelings of helplessness. To manage this, assign them constructive tasks (e.g., clearing debris or serving as a lookout). This both calms the individual and contributes to group safety.

If an individual refuses to calm down or poses a threat to others, consult with the Director of Campus Operations or the CRO before requiring that person to leave the area.

MORGUE

If casualties occur, a designated Morgue area must be established.

- Fewer than five (5) casualties: Use a tarp or sheet in a shaded outdoor area.
- Larger numbers anticipated: Select a site with sufficient capacity, near the Triage Area, but shielded from view.

GUIDELINES FOR MORGUE MANAGEMENT:

- Wrap bodies in plastic and keep them inaccessible to the puplic.
- Indoor storage should be in rooms with non-porous flooring (tile/concrete), never carpet or wood.
- Use absorbent material to address drainage
- Always use protective gear (dust masks, latex gloves beneath leather gloves)

RECORDKEEPING:

- Document identity (if known), time/location of recovery, apparent cause of death, companions, and inventory of belongings.
- Tag or label coverings with identifying details so unwrapping is unnecessary.
- If identity is unknown, record as John/Jane Doe.
- Do not remove personal items such as watches or rings; place loose items in a plastic bag and keep with the body.

If removal is not pssible: Clearly mark the area with "DOA" (e.g., "2DOA" for multiple bodies) and an arrowing indicating the location.

DISASTER RECOVERY OPERATIONS

STRUCTURE EVALUATIONS

After any evacuation, and before rentry preliminary structural assessments must be conducted in the absence of first responders. Campus Administration, with the assistance from ERT Team Leaders and Campus Operations, is responsible for these evaulations using the following classifications:

BUILDING SAFE: No observable damage; safe for normal use.

LIMITED USE: Portions safe, but some systems/utilities may be inoperable. May be used for shelter even if business operations are limited.

RESTRICTED: Some unsafe areas; entry prohibited. Safe areas may be used for shelter or equipment recovery. No severe structural damage or floor collapse has occurred and the building appears to be on its foundation.

LIGHT DAMAGE: Structural integrity intact but, hazards (collaspsed ceilings, electrical issues) reder it uninhabitable. Only ERT members wearing safety gear may reneter – to search for victims or to secure critical supplies.

MODERATE OR HEAVY DAMAGE: Severe structural compromise. Absolutely no entry permitted. Survivors must be verbally directed to exits where they can be rescued; rescuers should not risk entry due to hazards such as collapsed sections or electrocution. If portions of the building have collapsed, those areas may only be searched if rescuers are sure that nothing further will fall.

Important: When uncertain, always classify at the higher level of restriction to maximize responder safety. (i.e. an ERT member thinks the building is "Limited Use" and others think it should be classified "Restricted," assume that it is "Restricted.")

LIMITED STRUCTURE USE

If a building is designated as "Safe" or "Limited Use" and telephone service is functional, the first personnel to return, following ERT members, should be Security or Campus Information Center staff. Their role is to answer phones and inform callers that a temporary local emergency has occurred and that campus services are resuming.

If the building is classified as "Limited Use" or "Restricted," ERT personnel should immediately assign cleanup tasks to designated members to reduce hazards and provide meaningful activity. Safety gear must be distributed as needed. The general population should only be admitted once hazards have been mitigated.

If conditions are no worse than "Restricted," managers wearing safety gear, escorted by ERT members, may enter to retrieve software, backup disks, and other essential business materials. Staff, faculty, or Fellows needing essential personal items (e.g., car keys, prescriptions) must provide written instructions to ERT members, who may attempt retrieval if the area is accessible but not yet deemed safe for return.

SEARCHING STRUCTURES

If trained search and rescue personnel are unavailable, injured or trapped individuals may still require assistance. Once all occupants capable of evacuating on their own have departed, ERT members must coordinate with their Team Leader before reentry. If all occupants are accounted for, no further entry should occur until the emergency has officially ended.

ERT members taking roll must account for visitors, service personnel, and building staff. If there is uncertainty about a complete evacuation, a search team of two or three ERT members should be deployed. If resources are limited, one ERT member with a volunteer may conduct the search.

Search teams must wear full safety gear and carry essential tools (e.g., pry bar, hatchet, utility knife, duct tape, rope, flashlight, shovel, whistles). Searches should proceed cautiously under the direction of the ERT member most familiar with the area.

- Well lit areas: Conduct a rapid search, checking behind doors, under desks ,and in restrooms.
- Dark areas: Use a flashlight, follow walls in one direction, and work toward the center. Place reflective duct tape on cleared areas to avoid duplication.
- Communnication: Call out for responses and listen for signs of trapped occupants (e.g., knocking).

Volunteers must remain in a safe location unless requested to assist.

Rescue From Structures

Upon locating a trapped individual:

- Reassure them that help has arrived.
- Assess their condition. If unconscious or unresponsive, suspect head or spinal injury and avoid moving them unless absolutely necessary.
- Provide first aid and, if conditions are stable, wait for professional rescuers unless doing so leaves them in imminent danger.

If leaving an individual termporarily, provide water, food, a blanket, and a light stick to mark their location.

Transporting Injured Persons:

- Use team carries, stretchers, blankets, or wheeled chairs.
- Prevent spinal injury by stabilizing the head and neck.
- If debris or hazards prevent rescue, notify the trapped person, mark the area with a light stick, and immediately report to professional responders.

If conditions become unsafe, rescue operations must cease, and the area should be evacuated.

Establish Communications

If possible, use cellular or analog phone lines to contact law enforcement or emergency responders. Continue until successful or until communication resources are depleted.

Monitor emergency radio channels and news stations continuously. Share verified updates on freeway conditions, infrastructure, and localities to reduce rumors and assist with safe departures.

Media Announcements

If media representatives arrive on campus after an emergency, direct them immediately to the Chief Communications Officer's office. All media communications must be centralized through the Communications office.

Emergency Counseling

Emergencies involving major damage, injury, or loss of life may cause significant psychological stress. AFI will provide grief counseling for ERT members and campus personnel who require support in processing these events.

Documentation Of An Emergency

Accurate documentation of ERT actions and Campus Administration decisions is essential. Records should include:

- Cause of evacuation and approximate time it was perceived.
- Who declared the emergency and when it was communicated.

- Timing of evacuee arrivals and any missing persons.
- Details of any 911 call (who made it and when).
- Response time of professional emergency personnel.
- Use of emergency resources (fire extinguishers, first aid supplies,extrication tools).
- Property damage, criminal activity, injuries or fatalities.
- All major decisions made by Campus Administration and ERT leadership.

If time allows, each ERT member should record their actions and observations from start to finish, emphasizing what occurred, how the response unfolded, and how effective it was. Note particularly helpful volunteers for commendation.

When emergency operation conclude, ERT members must convene for a debrief. All incident records are to be submitted to ERT Team Leaders or Campus Administration. These should not to be shared until a full comprehensive review has been completed.

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.

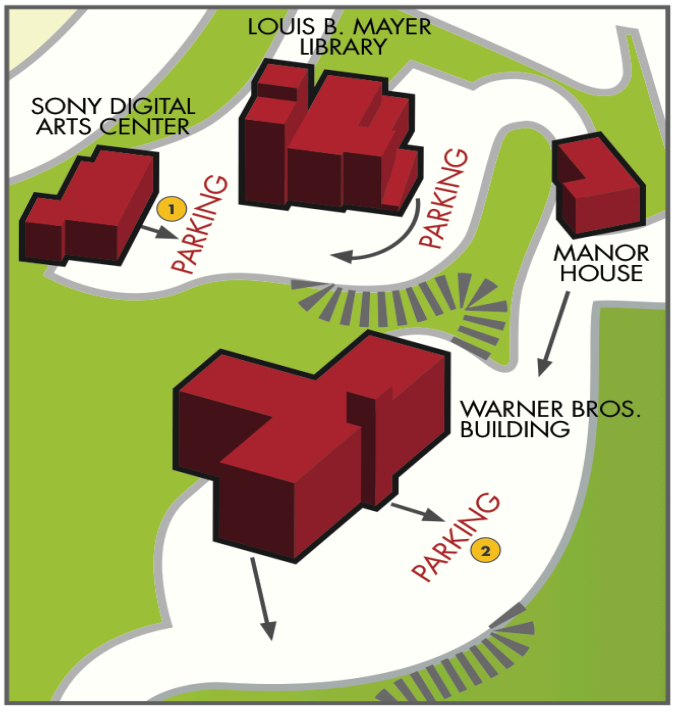
FIRE

—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

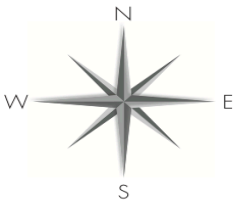
—If a gun is observed, dial 911 and notify AFI Security at 323.467.6456.
—If notified of a gunman on campus, secure all doors, close all blinds and cover all windows including those in doors.
—Turn off lights and stay below windows.
—To avoid causing a panic, do not use cell phones except to dial 911 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



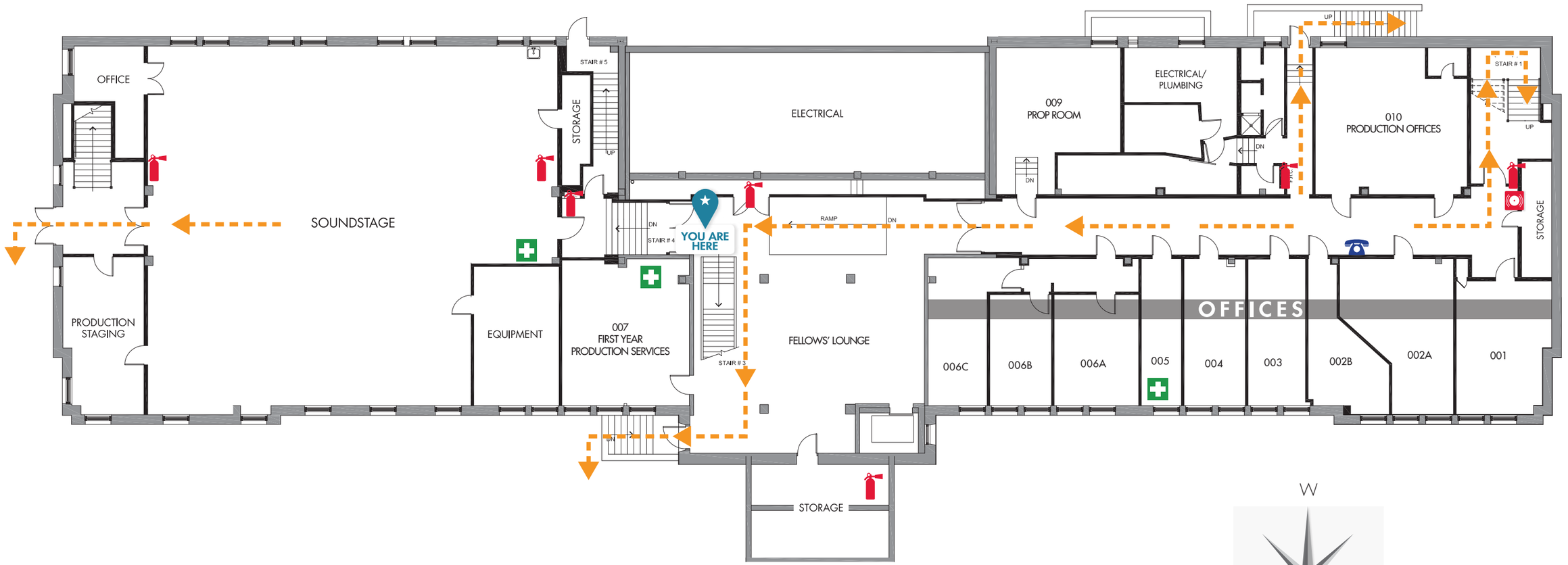
LEGEND

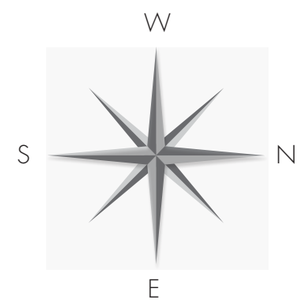
1. Sony Digital Arts Center Parking Lot
2. Warner Bros. Building Parking Lot



AFI CAMPUS EVACUATION MAP

WARNER BROS. BUILDING GARDEN LEVEL





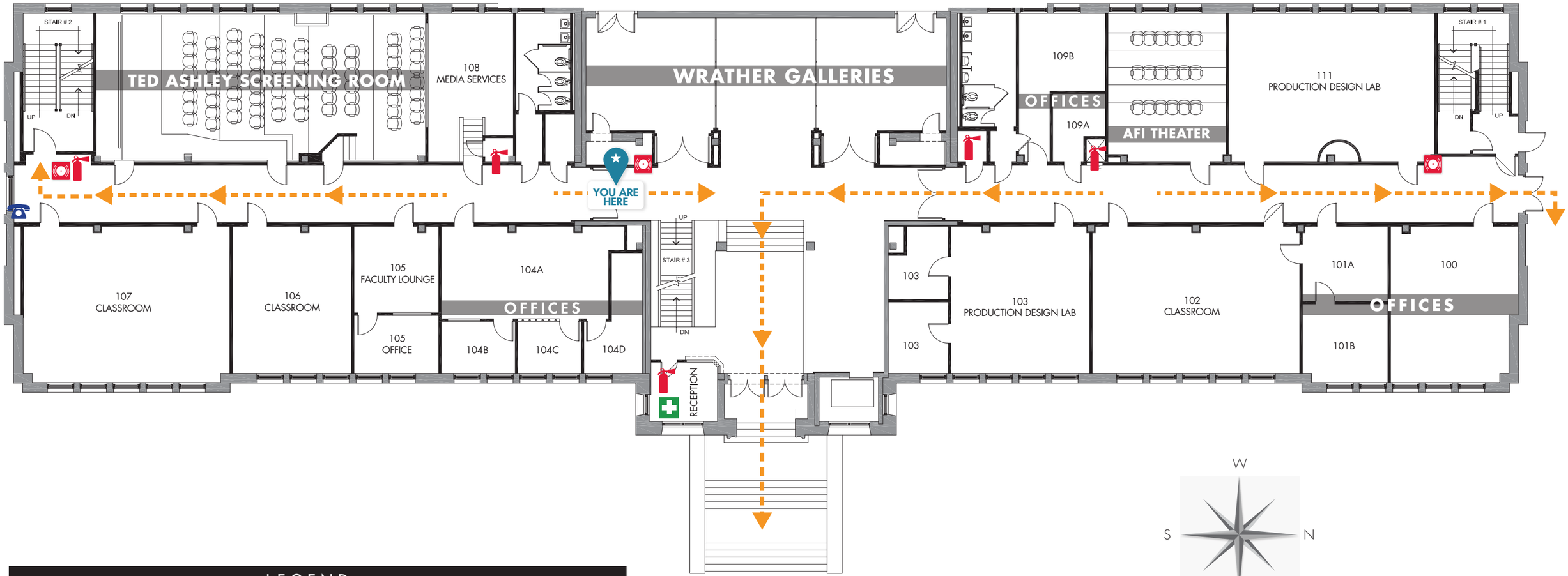
LEGEND

- 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



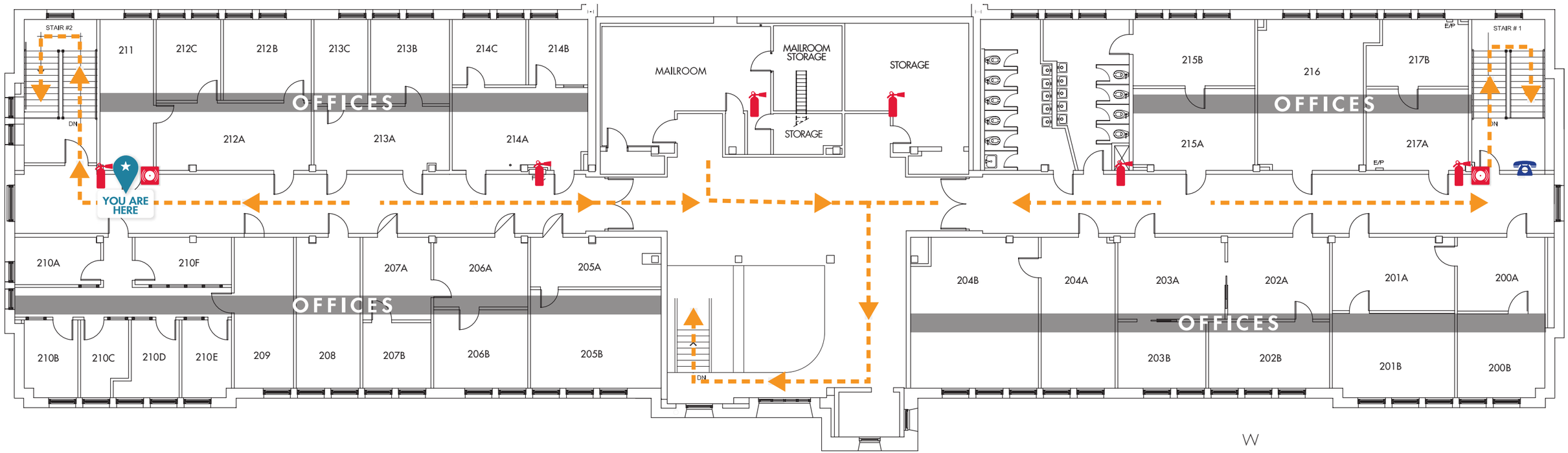
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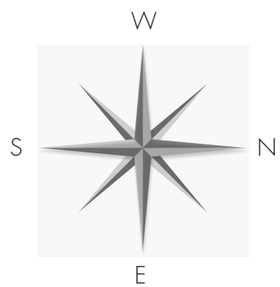
- EMERGENCY PHONE
- EVACUATION ROUTE
- FIRE ALARM
- FIRE EXTINGUISHER
- FIRST AID

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





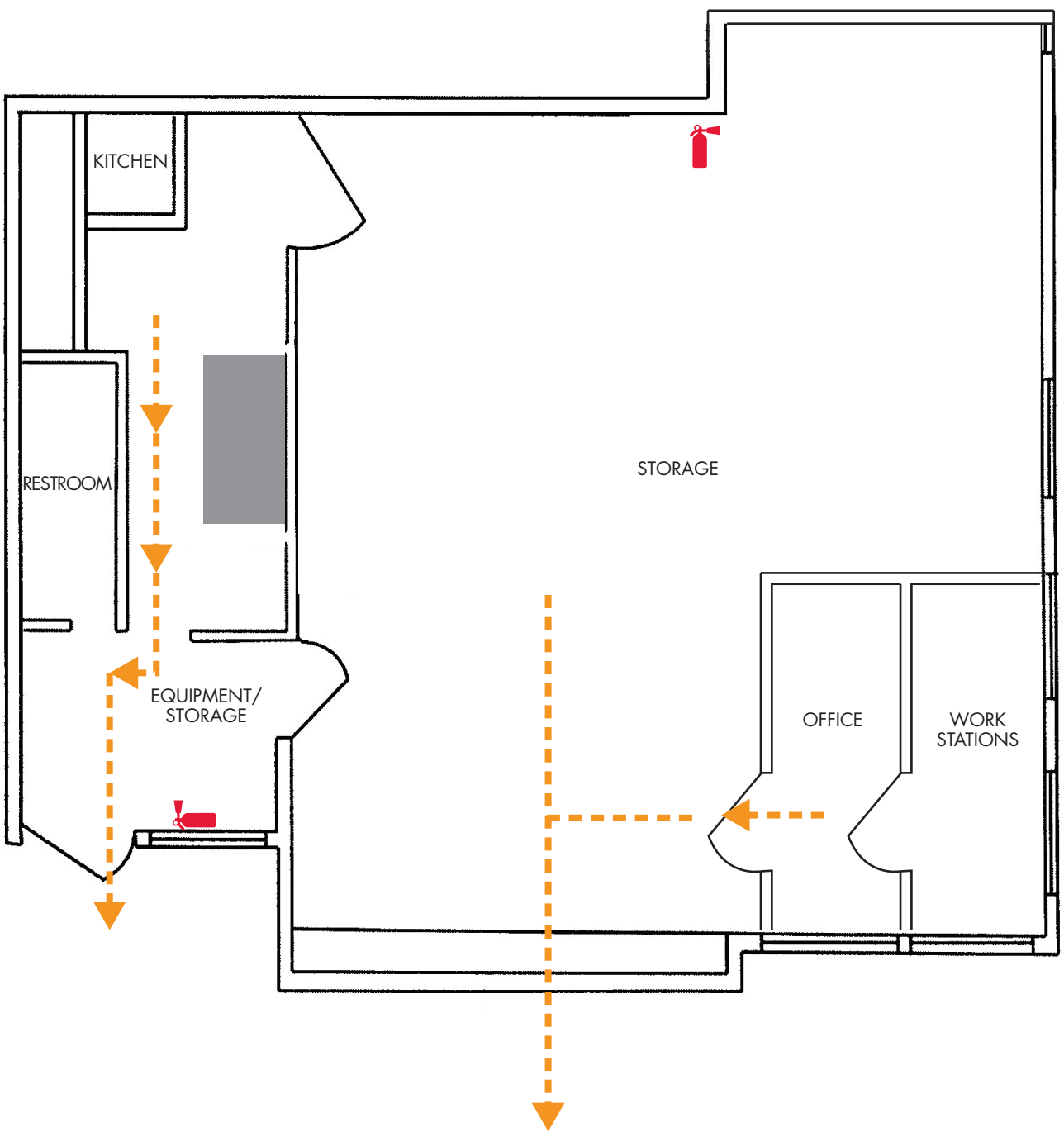
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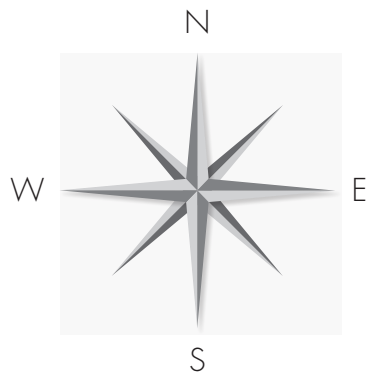
- EMERGENCY PHONE
- EVACUATION ROUTE
- FIRE ALARM
- FIRE EXTINGUISHER

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

AFI CAMPUS EVACUATION MAP

MANOR HOUSE
GRIP LEVEL





LEGEND

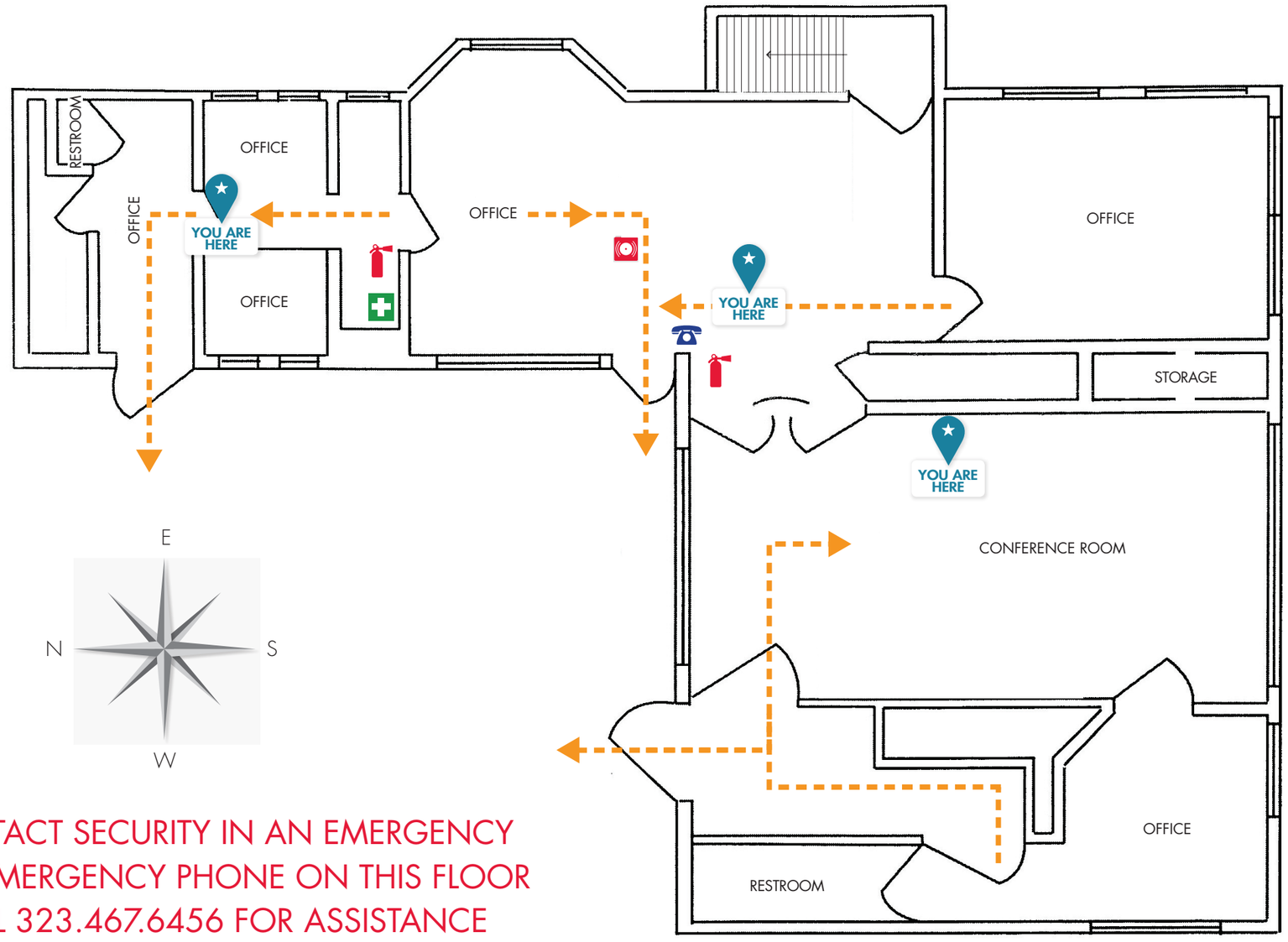
EVACUATION ROUTE

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

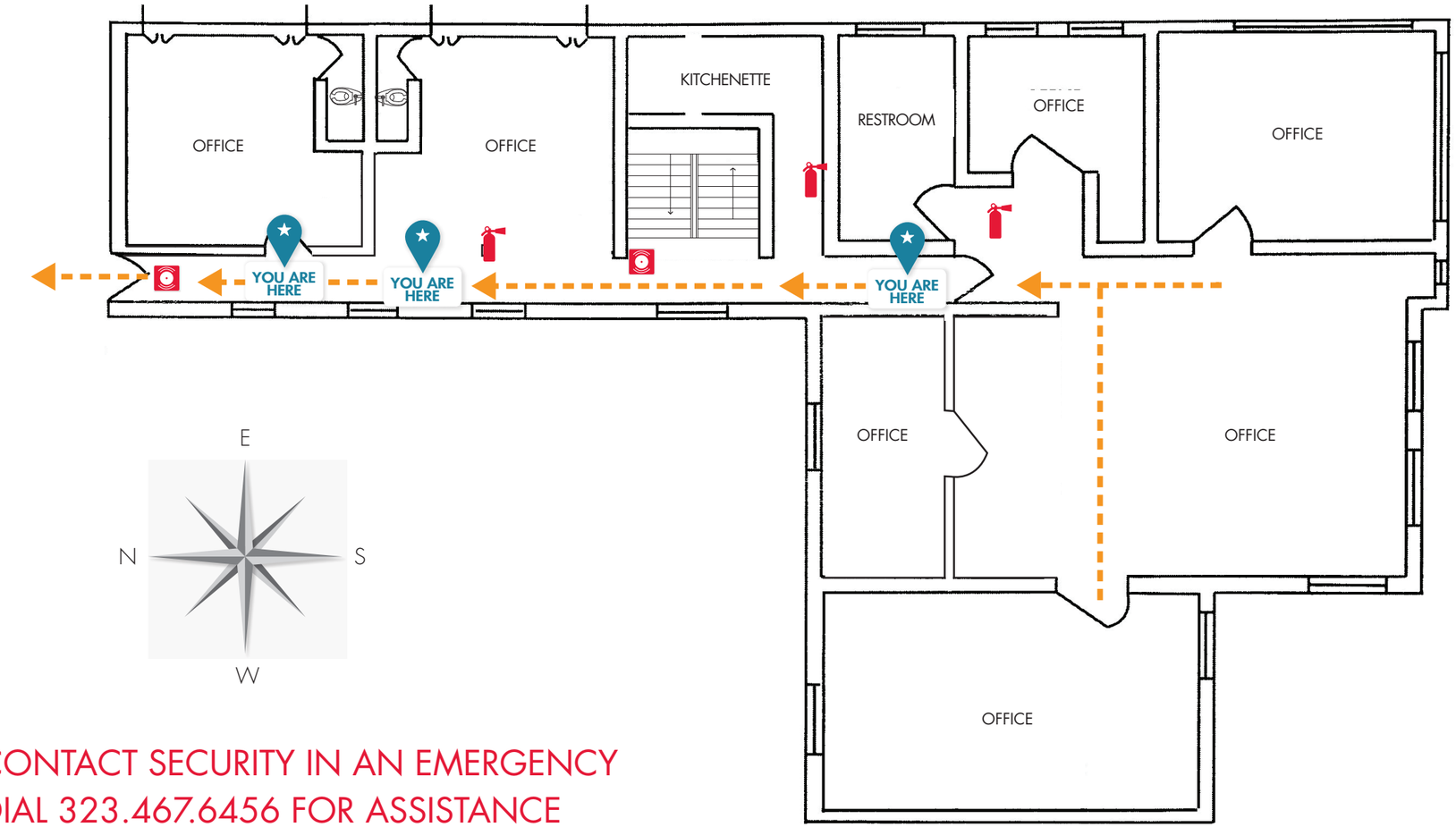
FIRE ALARM

FIRE EXTINGUISHER

FIRST AID

AFI CAMPUS EVACUATION MAP

MANOR HOUSE SECOND FLOOR



TO CONTACT SECURITY IN AN EMERGENCY
DIAL 323.467.6456 FOR ASSISTANCE

LEGEND

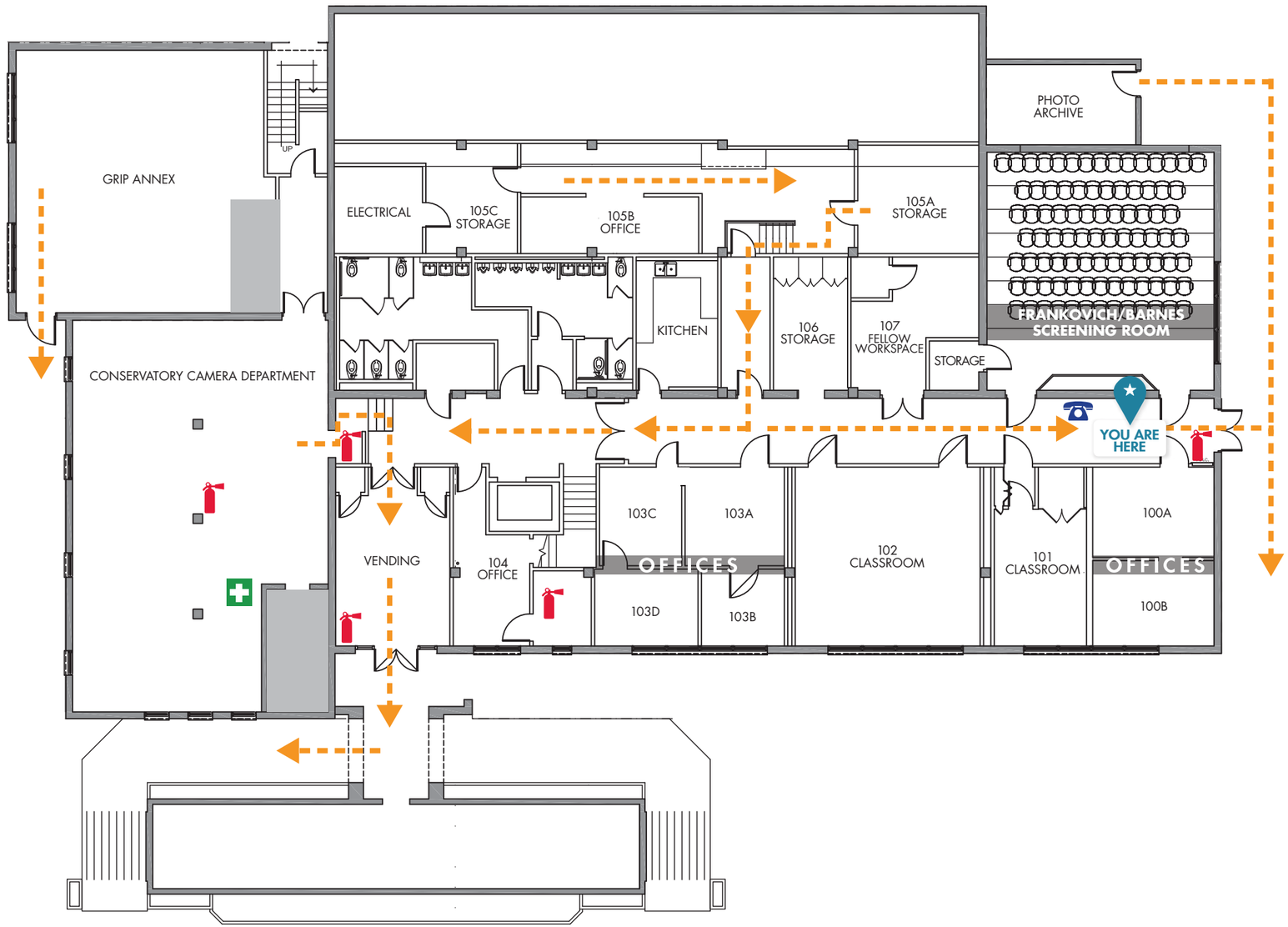
EVACUATION ROUTE

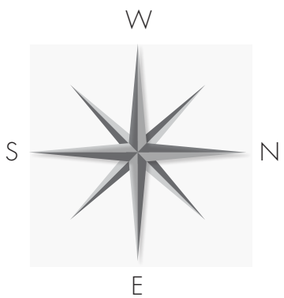
FIRE ALARM

FIRE EXTINGUISHER

AFI CAMPUS EVACUATION MAP

LOUIS B. MAYER LIBRARY FIRST FLOOR





LEGEND

EMERGENCY PHONE

EVACUATION ROUTE

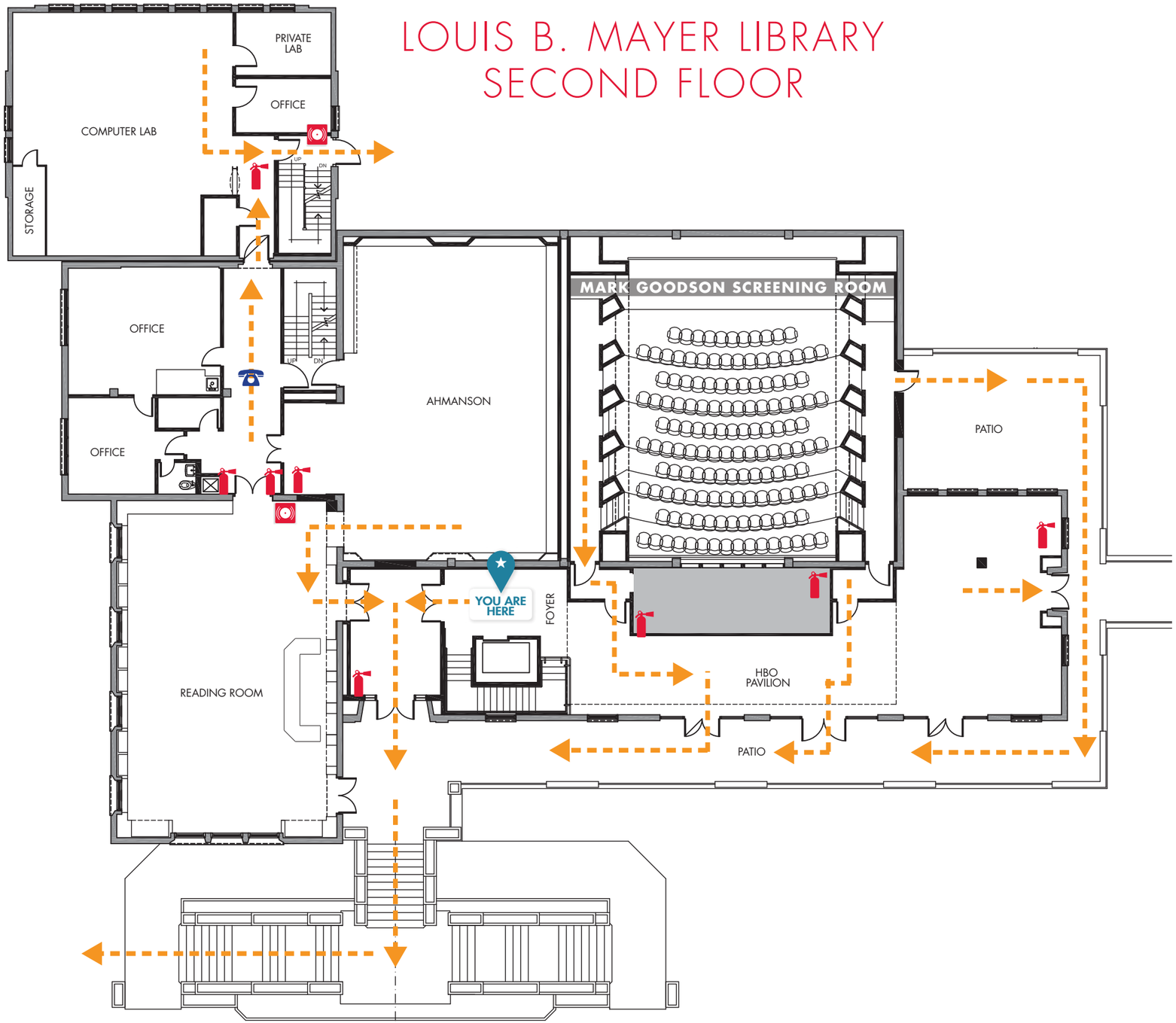
FIRE EXTINGUISHER

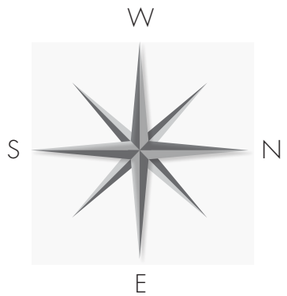
FIRST AID

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

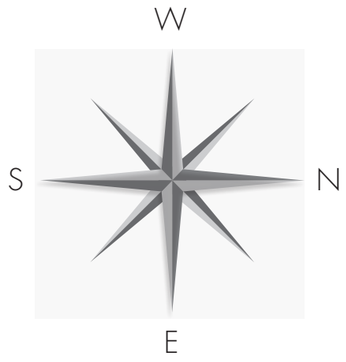
FIRE ALARM

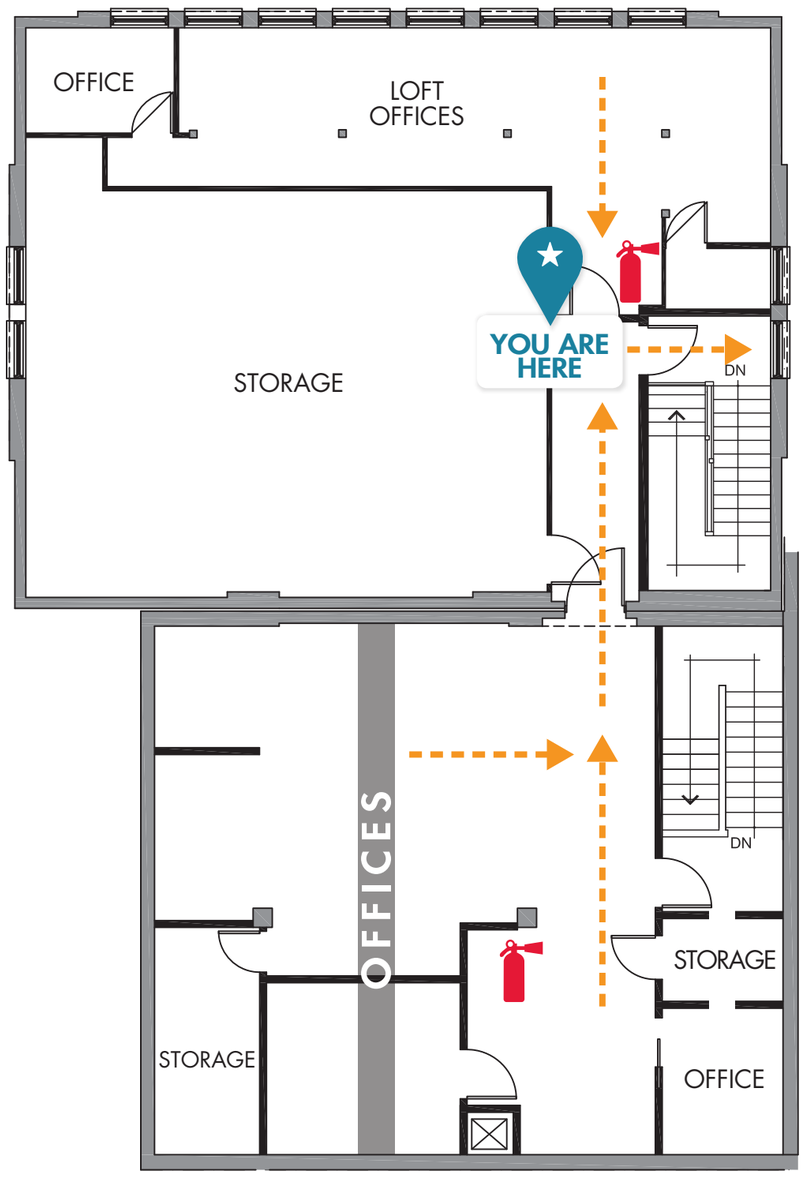
FIRE EXTINGUISHER

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





LEGEND

EVACUATION ROUTE

FIRE EXTINGUISHER

TO CONTACT SECURITY
IN AN EMERGENCY
DIAL 323.467.6456
FOR ASSISTANCE

AFI CAMPUS EVACUATION MAP

SONY DIGITAL ARTS CENTER





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	2025	2024	2023
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	2025	2024	2023
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	1
Burglary	0	0	0
Motor Vehicle Theft	0	0	0
Arson	0	0	2

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.

Hate Crimes - On Campus

Criminal Offense	2025 Total	Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-Negligent Manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0	0
Larceny - Theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/Damage /Vandalism Of Property	0	0	0	0	0	0	0	0	0
Criminal Offense	2024 Total	Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-Negligent Manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0	0	0

Burglary	0	0	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0	0
Larceny - Theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/Damage /Vandalism Of Property	0	0	0	0	0	0	0	0	0
CRIMINAL OFFENSE	2023 TOTAL	RACE	RELIGION	SEXUAL ORIENTATION	GENDER	GENDER IDENTITY	DISABILITY	ETHNICITY	NATIONAL ORIGIN
Murder/Non-Negligent Manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0	0
Larceny - Theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/Damage /Vandalism Of Property	0	0	0	0	0	0	0	0	0

Hate Crimes - Public Property

Criminal Offense	2025 Total	Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-Negligent Manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0	0
Larceny - Theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/Damage /Vandalism Of Property	0	0	0	0	0	0	0	0	0
Criminal Offense	2024 Total	Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-Negligent Manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0

Motor Vehicle Theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0	0
Larceny - Theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/Damage /Vandalism Of Property	0	0	0	0	0	0	0	0	0
CRIMINAL OFFENSE	2023 TOTAL	RACE	RELIGION	SEXUAL ORIENTATION	GENDER	GENDER IDENTITY	DISABILITY	ETHNICITY	NATIONAL ORIGIN
Murder/Non-Negligent Manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0	0
Larceny - Theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/Damage /Vandalism Of Property	0	0	0	0	0	0	0	0	0

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	2025	2024	2023
Domestic Violence	0	0	0
Dating Violence	0	0	0
Stalking	0	0	0

VAWA Offenses - Public Property

Criminal Offense	2025	2024	2023
Domestic Violence	0	0	0
Dating Violence	0	0	0
Stalking	0	0	0

ARREST DATA

Arrests - On Campus

Violation	2025	2024	2023
Weapons: Carrying, Possession, etc.	0	0	0
Drug Abuse Violations	0	0	0
Liquor Law Violations	0	0	0

Arrests - Public Property

Violation	2025	2024	2023
Weapons: Carrying, Possession, etc.	0	0	0
Drug Abuse Violations	0	0	0
Liquor Law Violations	0	0	0

DISCIPLANARY ACTION DATA

Disciplinary Actions - On Campus

Violation	2025	2024	2023
Weapons: Carrying, Possession, etc.	0	0	0
Drug Abuse Violations	0	0	0
Liquor Law Violations	0	0	0

Disciplinary Actions - Public Property

Violation	2025	2024	2023
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

CAMPUS OPERATIONS & MAINTENANCE

Roschoune Franklin	Chief Resources Officer	323.856.7621
Kelly Dorsey	Director, Campus Operations	323.856.7681
Anthony Carpenter	Manager, Campus Facilities	323.856.7848
Andre Miguel Lazaro	Service Center and Operations Assistant	323.856.7843
Juan Mendoza	Manager, Plant Operations & Maintenance	323.856.7647
Julia Alverez	Technician II, Plant Operations & Maintenance	323.856. 7693
Arturo Sosa	Technician I, Plant Operations & Maintenance	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.

INDENTIFYING 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.
- It 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 my 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.