College Safety Manual

Northwest Vista College

Effective Summer 2006

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I. MEDICAL EMERGENCIES

***MEDICAL EMERGENCY AND FIRST AID*: Upon notification of MEDICAL EMERGENCY, i.e., if someone falls, faints, has a seizure, or suffers an injury or sudden illness, the procedure should be as follows:**

- Immediately call 208-8099, the College Health Coordinator at 348-2197 (beeper 266-6748 or 911. If using campus phone dial 9-911
- Give the following information when you call:
  - **Your name, nature and severity of medical problem, and**
  - **Exact location (include building and room) of the victim and incident.**
- Stay with the victim until assistance arrives and encourage the individual to remain still until the arrival of emergency personnel, and most importantly, **Do Not Move the Victim.**
  - *If you have had first aid training, administer reasonable, proper treatment to the best of your ability pending arrival of emergency medical technicians, remembering the ABC's: airway, breathing, and circulation.*
- Avoid contact with blood or body fluids. Because of the risk of exposure to blood borne pathogens, trained personnel must clean all blood or body fluid spills.
- Notify President's Office at 348-2001.
- In case of serious injury or illness, the Dean of Student Success or designee will notify the victim's family.

***MINOR INJURY & FIRST AID*: In case of minor injury or illness, provide first aid care.**

- **What is First Aid?** It is immediate action taken to treat a person who has been injured or has become suddenly ill. Time can be a critical factor. Minutes, or even seconds, can mean the difference between life and death. First Aid fills the "time gap" until medical help arrives. Knowing what to do can save someone's life, prevent further injury, relive pain.

WHAT TO DO FOR A BLEEDING WOUND:

- **Avoid contact with blood or body fluids, to reduce risk of exposure**

to blood borne pathogens.

- The best way to control bleeding is with direct pressure over the site of the wound, **preferably applied by the victim**. If this is impossible, apply a protective barrier between your skin, and the victims wound and apply direct pressure.

- For a superficial cut:
    1. Wash area well with soap & water.
    2. Apply a dressing or band-aid.

- For a severely bleeding wound:
    1. Cover wound with a dressing, apply firm, steady, direct pressure for five to fifteen minutes. Most bleeding will stop within a few minutes. Use sterile gauze, if available.
    2. If bleeding is from a foot, hand, leg, or arm use gravity to help slow the flow of blood. Elevate the limb so that it is higher than the level of the heart.
    3. Cover dressing with a roller bandage.
    4. If bleeding does not stop, apply additional dressing. Do not remove any dressings. Note the amount of blood on the dressings. For first aid trained individuals, squeeze artery against the bone, if the wound is on an extremity. CALL 911.

       DO NOT APPLY A TOURNIQUET.
        - Do not push anything back into the skin.
        - Do not apply ointment or cream.
        - Do not remove blood-soaked bandage.

- **The important thing for you to do is stay calm, take steps to control the bleeding, and obtain medical assistance as quickly as possible.**

WHAT ARE SYMPTOMS OF INTERNAL BLEEDING:

- As a result of injury, medication, and certain medical conditions, organs may bleed internally, causing pain, loss of consciousness, and even death. **Warning signs: coughing or vomiting up blood or "coffee ground" material.** Passing blood in urine or stool. Passing black tar-like bowel movements.
    1. Call for medical assistance.
    2. Have the victim lie flat and breathe deeply.

3. Do not give anything by mouth.
4. Do not let the victim take any medication until attended to by an emergency medical personnel or physician.
5. Monitor the ABC's and get help (Airway, Breathing, and Circulation).
6. **Avoid contact with blood or body fluids, to reduce risk of exposure to blood borne pathogens.**

WHAT TO DO FOR A MUSCLE, BONE OR JOINT INJURY:

- If you suspect a serious muscle, bone, or joint injury, you must keep the injured part from moving. Splint **ONLY IF** the victim must be moved or transported by someone other than emergency medical personnel. Splint the affected area as you found it. Do not manipulate the injured area. Note peripheral circulation before and after splinting. Boards, folded newspaper, magazines, or commercial splints may be used as rigid splints. Splint only in the position you find it. Splint the injured area and the joints above and below the injury.

- Symptoms of muscle, bone or joint injury:

    1. Significant deformity
    2. Bruising or swelling
    3. Inability to use the affected part normally
    4. Bone fragment sticking out of the wound
    5. The victim feels bone grating; the victim felt or heard a snap or pop at the time of injury

WHAT TO DO FOR A HEAD INJURY:

- The skull is the bony encasement of the brain, which is cushioned by spinal fluid. Direct trauma to the head may cause many types of injuries, including a fractured skull, bleeding of the scalp, or a bruise to the brain. If there is bleeding or clear liquid from the ear it can indicate a potential skull fracture.

    1. Call for emergency help.

2. Special care must be taken when trying to stop any scalp bleeding when there is a suspected skull fracture. Bleeding from the scalp can be very heavy even when the injury is not too serious.

3. Do not press too hard. Be extremely careful when applying pressure over the wound so that bone chips from a possible fracture will not be pressed into the brain.

4. Do not move the head or bend the victim's neck. It may be fractured. This can worsen spinal injury.

5. Do not give anything by mouth.

6. Immobilize the neck, if neck injury is suspected.

7. Monitor the ABC's and get help.

8. Keep the victim calm and still until help arrives.

***BREATHING*: Breathing is a critical function to sustain life. Upon notification of BREATHING DIFFICULTY:**

- **Unconscious Person**. There are numerous causes of unconsciousness, but the first thing you must check for is breathing. Be careful approaching an unconscious person. He or she may be in contact with electrical current. If that is the case, turn of the electricity before you touch the victim.

    1. For a person found unconscious, consider this a true medical emergency. Call for medical assistance (9-911) as soon as it is determined that the victim is unconscious, even before checking for breathing. Try to arouse the person: Shake the victim's shoulder vigorously. **Shout: "Are you all right?"**

    2. If there is no response check for signs of breathing.
        a. Be sure the victim is lying flat or his or her back. If you have to roll the victim over, log roll the victim, move his or her entire body at one time.
        b. Loosen tight clothing around the neck and chest.

    3. Open the airway:
        a. Use the head tilt-chin lift to open airway.
        b. Place one hand on the victim’s forehead and tilt down at the same time use your other hand on the bony part of the jaw to

lift the chin to open the victim's airway.

c. Place your ear close to the victim's mouth. Look, listen, and feel. Look for his or her chest to rise and fall. Listen for breath sounds. Feel for any air exchange on your face. If there is any question in your mind, or if breathing is so faint that you are unsure...assume the worst!

d. Give rescue breathing immediately. Designate someone to summon professional help and return. This way you know the status of emergency response.

***BREATHING*: Breathing is a critical function to sustain life. Upon notification of BREATHING DIFFICULTY:**

- **Give mouth-to-mouth breathing using a protective shield.**

  1. Put your hand on the victim's forehead, pinching the nose shut with your fingers, while holding the forehead back.

  2. Your other hand is under the victim's chin on the bony part to maintain an open airway.

  3. Use a protective shield (located in the First Aid Kit). Take a normal breath. Open your mouth wide. Place it over the victim's mouth. Blow air into the victim until you see his or her chest rise...

  4. Remove your mouth from the victim's. Turn your head to the side and watch the victim's chest for a falling movement while you listen for air escaping from the victim's mouth as he or she exhales.

  5. If you hear air escaping and see the chest fall you know that rescue breathing is working. Continue until help arrives.

  6. Repeat the cycle every 5 seconds (12 breaths per minute).

***BREATHING*: Breathing is a critical function to sustain life. Upon notification of BREATHING DIFFICULTY:**

- **Choking.** Anything stuck in the throat can **block the air passage** and can interfere with breathing, can stop breathing, and cause unconsciousness and potentially death within minutes.

  1. Do not interfere with a choking victim who can speak, cough, or breathe. Stay with the person and monitor the airway. Call for help if

necessary.

2. If a conscious person cannot speak, cough, or breathe perform the Heimlich maneuver or abdominal thrusts:
   a. Stand behind the victim; wrap your arms around his or her beltline. Just above the navel. Clasp your hands together in a doubled fist and press in and up in quick thrusts. Repeat several times. Note: the victim may pass out. Carefully lower the dictum to the floor.
   b. For trained rescuers, if you can visualize the object perform a finger sweep to remove the foreign body. Make your pointer finger into a hook shape. Reach down the victim's throat in a sweeping motion, feeling for the object. Attempt artificial respiration. If unsuccessful …
   c. Begin CPR at a rate of 30 compressions to 2 ventilations (each time you open the airway to give breaths, look and remove the object if visible.

SEIZURES: A person having a seizure may have the following symptoms: limbs jerk violently, eyes roll upward, breath becomes heavy, and/or is dribbling or even frothing at the mouth. Upon witnessing a seizure:

- **Seizures. Breathing may stop** in some seizures, or the victim may bite his or her tongue so severely that it blocks the **airway** or aspirates bodily fluids into the lungs.

  1. **During the seizure:**

     a. Immediately call 208-8099, the College Health Coordinator at 348-2197 (beeper 266-6748 or 911. If using campus phone dial 9-911

     b. Let the seizure run its course.

     c. Help the victim to **lie down to avoid injury.**

     d. Keep him or her from sharp objects.

     e. **Use no force.** Do not try to restrain a seizure victim. Protect the victim's head.

     f. Note the time of the seizure, length of the seizure, and any behavior prior to the seizure.

g. Protect the dignity of the victim by establishing crowd control.

2. **After the seizure:**

   a. Check to see if the victim is BREATHING...IF HE OR SHE IS NOT...COMMENCE WITH RESCUE BREATHING AT ONCE.

   b. Check to see if the victim is wearing a MEDIC ALERT, or similar bracelet! If so, it will describe emergency medical requirements.

   c. Check to see if the victim has any burns around the mouth. This would indicate ingestion of poison.

3. The victim of a seizure or convulsion may be conscious but not talkative when the intense movement stops. Stay with the victim. Be certain that breathing continues.

WHAT TO DO FOR A BURN:

- **Stop the burning - put out flames or remove the victim from the source of the burn.**
- **Immediate Treatment for Burn Victims**
  1. "Stop, Drop, and Roll" to smother flames.
  2. Remove all burned clothing. If clothing adheres to the skin, cut or tear around burned area.
  3. Remove all jewelry, belts, tight clothing, etc., from over the burned areas and from around the victim's neck. This is very important; burned areas swell immediately.
- **Cool the burned area with large amounts of cool water. Do not use ice or ice water other than on superficial burns. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed.**
- **Cover the burn with a dry, clean covering - a sterile dressing, if possible.**
- **Types of Burns**

  1. **Minor burns caused by fire, covering only a small area of the body:**

a. Can be treated with cold running water or an ice pack applied for about 20 to 30 minutes to relieve swelling and pain.

b. Do not use grease of any kind. Cold running water is the best first aid.

2. Serious burns:

c. Require prompt professional care. Call for help immediately.

d. Wrap the victim in a clean, wet sheet or towel moistened at room temperature.

e. If conscious, burn victims need fluid. Give them all the water he or she desires.

f. Do not attempt to clean the burns or remove clothing or other particles attached to the burnt area.

g. Keep the victim lying down, calm and reassured.

3. Eye burn:

a. Should be flushed with large amounts of water. Then cover both eyes with a damp, clean towel and get emergency medical care as soon as possible.

4. Electrical burns:

a. Are difficult to detect. A person who has received a severe electrical shock may have badly burned underlying tissue, though the surface skin shows little evidence.

b. Get the victim prompt medical attention. Unattended electrical burns can lead to serious complications.

5. Chemical burns:

a. Should be washed with plenty of cool, running water. Get the victim into a cool shower, if possible.

b. After 10 minutes, wrap him or her in a wet, clean sheet and get emergency medical attention without delay.

- DO NOT:
  - ✓ Touch a burn with anything except clean covering.
  - ✓ Remove pieces of clothing that stick to the burned area.
  - ✓ Try to clean a severe burn;
  - ✓ Break blisters.
  - ✓ Use any kind of ointment on a severe burn.

TYPES OF BURNS:

- **Types of Burns**

1. **First-Degree Burns** involve the top layer of skin. Sunburn is a first degree burn.
    a. Signs:
        - ✓ Red; Painful to touch
        - ✓ Skin will show mild swelling
    b. Treatment:
        - ✓ Apply cool, wet compresses, or immerse in cool, fresh water. Apply ice using a clean barrier between the injury and the ice. Hold in place for about 20 minutes. Continue until pain subsides.
        - ✓ Cover the burn with a sterile, non-adhesive bandage or clean cloth.
        - ✓ Do not apply ointments or butter to burn; these may cause infection.
        - ✓ Over-the-counter pain medications may be used to help relieve pain and reduce inflammation.
        - ✓ First degree burns usually heal without further treatment. However, if a first degree burn covers a large area of the body, or the victim is an infant or elderly, seek emergency medical attention.

2. **Second-Degree Burns** involve the first two layers of skin.
    a. Signs:
        - ✓ Deep reddening of the skin
        - ✓ Pain
        - ✓ Blisters
        - ✓ Glossy appearance from leaking fluid
        - ✓ Possible loss of some skin
    b. Treatment:
        - ✓ Immerse in fresh, cool water, or apply cool compresses. Continue to apply compresses every 10 to 15 minutes.
        - ✓ Dry with clean cloth and cover with sterile gauze.
        - ✓ Do not break blisters.
        - ✓ Do not apply ointments or butter to burns; these may cause infection
        - ✓ Elevate burned arms or legs.
        - ✓ Take steps to prevent shock: lay the victim flat, elevate

the feet about 12 inches, and cover the victim with a coat or blanket. Do not place the victim in the shock position if a head, neck, back, or leg injury is suspected, or if it makes the victim uncomfortable.

- ✓ Further medical treatment is required. Do not attempt to treat serious burns unless you are a trained health professional.

3. **Third-Degree Burns** penetrate the entire thickness of the skin and permanently destroys tissue.
   a. Signs:
      - ✓ Loss of skin layers
      - ✓ Often painless. (Pain may be caused by patches of first- and second-degree burns which often surround third-degree burns)
      - ✓ Skin is dry and leathery; May appear charred or have patches that appear white, brown or black.
   b. Treatment:
      - ✓ Cover burn lightly with sterile gauze or clean cloth. (Don't use material that can leave lint on the burn).
      - ✓ Do not apply ointments or butter to burns; these may cause infection
      - ✓ Take steps to prevent shock: lay the victim flat, elevate the feet about 12 inches.
      - ✓ Have person sit up if face is burned. Watch closely for possible breathing problems.
      - ✓ Elevate burned area higher than the victim's head when possible. Keep person warm and comfortable, and watch for signs of shock.
      - ✓ Do not place a pillow under the victim's head if the person is lying down and there is an airway burn. This can close the airway.
      - ✓ Immediate medical attention is required. Do not attempt to treat serious burns unless you are a trained health professional.

II. FIRE

EMERGENCY/FIRE EVACUATION PROCEDURES:

Building occupants (staff, faculty or students) should learn the location of exits and fire alarm system devices. Remember the acronym **R.A.C.E.**

RESCUE	Rescue persons in immediate danger.
ALARM	Alarm must be sounded. Alert the people in the vicinity of the danger as quickly as possible. Pull the fire alarm station and ask other people to assist in the evacuation of the building. Instruct someone to or call the ACCD DPS at 208-8099 or 911 prior to any attempt at extinguishing the fire and give the following information: ▪ Building Name ▪ Floor ▪ Room Number Type of Emergency
CONTAIN	Contain the fire by closing all doors in the fire area.
EXTINGUISH or EVACUATE	Extinguish small fires. Attempt to extinguish the fire only if it is small enough to be contained AND you have been trained to operate the extinguisher. Place yourself between the fire and an exit when using an extinguisher to prevent being trapped. If the fire cannot be extinguished - EVACUATE! Use stairways to exit the building. Do NOT use elevators. As you exit the building, close as many doors as possible.

NOTE:
Evacuation plans and fire drills are essential for building occupants to respond correctly to a fire alarm. Refer to the Emergency Preparedness chapter for more information.

PLAN AHEAD

IN ALL CASES OF FIRE, CONTACT THE SAN ANTONIO FIRE DEPARTMENT IMMEDIATELY AT **911** (ON CAMPUS PHONES DIAL 9 FIRST FOR OUTSIDE LINE).

PLAN For The EVENT OF A FIRE:

- PLAN AHEAD:
  - If unfamiliar with a building, look for fire escape and alternate route(s) upon entering. Refer to floor plan and be familiar with nearest alarm location.
  - If familiar with building,
    - Know location of closest emergency exit, fire extinguishers, escape routes (fire exits), and alarm systems in area and know how to use them.
    - Be aware of alternative exits in event smoke or fire blocks closest exit.
  - All individuals who might need assistance during a fire should be identified during planning.
    - Individuals with disabilities and those with known medical problems such as heart disease or epilepsy should EACH seek a ***partner*** during the planning phase to guide them safely during evacuations.
    - Everyone should have their own evacuation plan in mind, especially those with hearing, sight, and mobility disabilities.
- FIRE EXIT DRILLS:
  - Drills will be carefully planned to simulate varied times, locations, and conditions which force occupants to consider and utilize various means of escape.
  - Fire exiting drills will be scheduled to test the campus evacuation plan. Speedy evacuation of buildings, safety, and maintenance of proper order are the primary objectives of fire drills exercises.

- Assist individuals with disabilities and special needs. . Capable individuals will evacuate individuals in scooters and wheelchairs to predetermined assembly points. Evacuate in orderly manner and proceed to pre-assigned assembly point (located on the evacuation map) —-preferably 300 feet upwind and away from danger.

EMERGENCY/FIRE EVACUATION PROCEDURES:

- **IN EVENT OF A FIRE EVACUATION**:

1. Alert people in the immediate vicinity to evacuate.

2. Activate building fire alarm.

3. Call 911 (Remember to dial 9-911 when using a campus phone.). Give the nature of the emergency and the location. If possible, stay on the phone long enough to answer any questions the dispatcher might have. This will ensure that proper equipment and personnel respond.

4. Without delay, walk quickly to the nearest marked exit. Evacuate in orderly manner and proceed to pre-assigned assembly point (located on e evacuation map) —-preferably 300 feet upwind and away from danger. Do not use elevators.

5. Assist individuals with disabilities and special needs.

6. After evacuating building, stand well clear of it. Recommend at least 300 feet away (up wind if possible). Never re-enter a burning building except to save a life. Stay clear of fire-fighting personnel.

IN THE EVENT OF A SMALL FIRE:

1. Don't panic - keep calm.

2. **If a minor fire appears controllable, IMMEDIATELY extinguish the fire by grabbing fire extinguisher, pulling pin, pointing nozzle at base of flames and squeezing the handle thereby directing charge of hand-held fire extinguisher toward base of flame.**

a. Floor fires- sweep from edge in.
b. Wall fires- sweep from bottom up.

3. Avoid smoke or fumes. Stay low-out of heat and smoke.

4. Always maintain accessible exit. Keep near door so you can escape. Avoid being trapped, stay outside closets, dead end hallways, or other confined areas. Keep aisles, exits, and exit signs clear of obstructions so that you can exit quickly. Close, but do not lock, all doors. Never enter a smoke-filled room. Never enter a room if Top Half of Door is Warm. Never endanger yourself to put out a fire. (Training and information is available through Risk Management & College Services).

5. Make sure everyone not essential to assisting you evacuates the building. **Assist individuals with disabilities!**

   a. Never fight a fire that seems too large. Let the professionals put out the fire.

   b. Never breathe the smoke from fire. Stay low and even crawl if necessary to avoid it. Smoke from some plastics and other common materials is toxic. After occupants have evacuated buildings, they should stay upwind so combustion products will blow away from them.

   c. If more than one person is present, many of the foregoing actions can be accomplished simultaneously.

   d. A significant number of fire fatalities result when people who have successfully evacuated a fire area return to retrieve a valued item or to search for someone missing. Do not reenter a burning or smoke filled structure. If a life may be in jeopardy, advise the professionals and let them enter with proper equipment.

6. Notify the fire department or campus police by:

   a. Activating fire alarm pull station, or

   b. Calling campus police at x2531 or 208-8099, or

   c. Attempt to determine as accurately as possible the source of the alarm. When calling, give brief, detailed, and accurate information. Speak slowly and plainly. Give address, extent, and nature of fire. Wait if possible to answer any questions. If the fire is still small and manageable - fight it.

7. If in laboratory, kitchen, shop, boiler, or mechanical room, turn off all gas,

oxygen, or air jet valves; turn off valves on all oxygen and combustible gas (i.e. acetylene) tanks; shut down all electrical equipment, power tools, or appliances.

IN THE EVENT OF A LARGE FIRE:

- In the Event of a Large Fire, IMMEDIATELY evacuate all rooms, closing all doors to confine the fire. **Do NOT** turn off lights. If at night, turn on lights as you depart building**. DO NOT LOCK DOORS**. Locking the door hinders the fire department's search and rescue efforts.
- Alert people in the area to evacuate.
- Activate the building alarm if not already sounding. The alarm is NOT hooked directly to the fire station. An alarm will ring at ACCD DPS Dispatch. DPS Dispatch will call the fire Department.
    - Call the San Antonio Fire Department from a safe place at 911 and Campus Police at 348-2531. Notify the fire department at 911 and Campus Police.
- Shut off all equipment and stabilize laboratory experiments. Turn off all gas, air, oxygen, and electrical if possible.
- **GET OUT OF BUILDING!** Proceed to the nearest safe exit and to the designated assembly point.
- **NEVER, NEVER** use elevators under any circumstances.
- Stay low to avoid smoke and toxic gases. The best air is close to the floor, so crawl if necessary. If possible, cover your mouth and nose with a damp cloth to help you breathe.

Assist individuals with disabilities

- Once in the stairwell, proceed down to the first floor. Never go up.
    - In some circumstances, smoke, toxic or super-heated fumes, or fire may block all routes of egress. At those times, it is safer to await aid in a life-supporting environment rather that blindly striking out through the corridor or down a stairwell subject to the effects of combustion.
- Once outside the building, report to the designated assembly point.

HOW TO USE A SMALL FIRE EXTINGUISHER

- **How to Use a Portable Fire Extinguisher**

  a. Remember the acronym, "P.A.S.S."--

  P .....Pull the Pin.

  A .....Aim extinguisher nozzle at the base of the flames.

  S .....Squeeze trigger while holding the extinguisher upright.

  S .....Sweep the extinguisher from side to side, covering the area of the fire with the extinguishing agent.

  b. Remember:

  - Should your path of escape be threatened
  - Should the extinguisher run out of agent
  - Should the extinguisher prove to be ineffective
  - Should you no longer be able to safely fight the fire

  …**Then Leave the Area Immediately!**

WHAT TO DO IF TRAPPED IN A BURNING BUILDING

1. IF YOU ARE TRAPPED IN THE BUILDING:

a. Do not panic.

b. As smoke and/or heated air can kill, crawl if you get trapped; cleaner air is near the floor. Take short breaths, and if possible, cover face with wet cloth.

c. Before passing through door, check metal door handle to see if warm or knob is hot. If the door is hot, use an alternative route. If not warm, brace you shoulder against the door and open it cautiously. Be ready to slam it if smoke or heat rush in. After passing through door or window, CLOSE IT; openings allow horizontal spread of fire.

   - When feeling a closed door, use the back of your hand to

prevent burning your palm. If the door is hot, try another exit. If none exists, use wet towels to seal space under and around doors and vents to prevent the entry of smoke.

d. If door to room you are in is **hot to the touch** and/or smoke is seeping in around it, **DO NOT OPEN IT**. Remain calm. Walls, ceilings, floors, and doors are designed to withstand fire for a safe period of time.

e. **Let someone know you are trapped.** Call 911 and stay on the line until the dispatcher tells you to hang up. If there is no phone available, yell and wave out of a window to gain attention. Stay low to the floor near the window, as the smoke will fill higher areas first.

f. If trapped in a room, if possible open windows from the top to let out heat and smoke, open the windows from the bottom to let in fresh air. If you cannot exit through the window, stuff cracks and cover vents to keep out smoke.

g. If you become trapped in a building during a fire and a window is available and can be opened, **place an article of clothing (shirt, coat, etc.) outside the window as a marker for rescue crews.** If there is no window, stay near the floor where the air will be less toxic. Shout at regular intervals to alert emergency crews of your location. Try not to panic!

WHAT TO DO IF SOMEONE CATCHES ON FIRE:

- **What to Do if Someone Catches on Fire**

  a. If you should catch on fire:

  STOP - where you are

  DROP - to the floor

  ROLL - around on the floor

  This will smother the flames, possibly saving your life.

  Just remember to STOP, DROP and ROLL.

b. **If an individual catches on fire, smother flames by grabbing a blanket or rug and wrapping them up in it. That could save them from serious burns or even death.**

Fire Extinguishers

Campus Fire Extinguishers carry Underwriters' Laboratory (UL) approved label, are inspected annually, and are distributed in sufficient numbers in conspicuous locations throughout the buildings, i.e., hung no more than five feet from fire hazards.

Types and use:

1. **Water pressure**- for class "A" fires (ordinary combustibles, wood, paper, cloth, trash, must be protected from freezing). **Do not use on burning liquids or electrical fires**. Contains 2 1/2 gallons of water (or water and anti-freeze) with air pressure of 100lbs. per square inch, which can be read on dial near the handle. To operate, pull safety pin (twist if you encounter difficulty breaking plastic seal), squeeze handle, and direct water stream to base of fire, sweeping from side to side. Watch for re-flash or re-ignition, move in close, and pull apart the burned area to get at the hot spots. Discharge the contents of the extinguisher. Remove burning article from building when safe to do so.

2. **Carbon Dioxide (CO_2)** - smothers fire. Should be used on class "B" fires- flammable liquids such as oil, gasoline, paint, solvents, thinners, and grease, or, class "C" fires - electrical fires such as burning motors, controls, wiring. Remove from mounting, flip up horn, pull ring pin and break seal - twist if you have to. Approach the fire as closely as possible, squeeze the handle and direct the discharge to the edge of the fire and work in, sweeping back and worth. Guard against re-flash or superheated flammable or combustible liquid. Expend extinguisher, get second extinguisher, and repeat cooling and smothering process.

3. **Dry Chemical**- smothers fire. For class "B" and "C" fire. Contains a powder that blankets liquid or electrical fires. Pull pin, break seal. Aim nozzle at base of fire. Press or squeeze handle and sweep back and forth. Discharge contents. Obtain second extinguisher and guard against re-flash.

4. **All Purpose or Multipurpose Dry Chemical** - Smother fire. For Class "A," "B," and "C" fires, most versatile type. Operate the same as Dry Chemical.

5. **Dry Powder for Combustible Metals** - chemical reaction with burning metal. Should be located in laboratories containing highly unstable metals. For class "D" fires. Operate as with Dry Chemical.

<u>Provisions for the Evacuation or Protection of the</u>

IN THE EVENT OF FIRE, BUILDING ELEVATORS ARE PROGRAMMED TO RETURN TO THE GROUND FLOOR RENDERING THEM USELESS AS ESCAPE ROUTES. THOSE WHO DEPEND ON ELEVATORS FOR MOVING ABOUT THE BUILDING SHOULD PROCEED TO STAIRWELLS AND INSTRUCT THAT THEIR WHEREABOUTS BE MADE KNOWN TO BUILDING FIRE OFFICERS AND EMERGENCY PERSONNEL.

Everyone should take the following provisions for protection and evacuation of the Individual with special needs into account:

1. ASSIST INDIVIDUALS WITH DISABILITIES IN EXITING THE BUILDING! DO NOT USE THE ELEVATORS during a fire. **Obtain the EVAC Chair in MLH 234.** Smoke is the greatest danger in a fire so stay near the floor where air will be less toxic.

2. Each handicapped individual may need several persons available to assist them in the event of such a contingency, thus all employees should be made aware of the plight of the handicapped in emergencies.

3. If the fire is on the floor where the handicapped individual is located, that person should be moved literally away from the fire, then down a safe stairwell as quickly as possible.

4. If a mobility-impaired individual is situated **above** the fire floor and **exiting is not practical** past the involved level, place individual in a protected room, preferably with an outside window and/or telephone. Do not evacuate. The reason for this is twofold.

    a. To eliminate potential for injury or death and obstruction of stairwells and exits in situations where panic is a potential and

rapid exiting is imperative. Any obstruction would increase possibility of life threatening situations and injury to all.

b. To better assure the safety of the handicapped person above the fire floor, then, and room preferably with two (2) hour fire-resistive walls, floor, and ceiling, plus one and a half hour (1 1/2) rated door should be adequate. A window exposure to fresh air is mandatory to assure a life-supporting atmosphere in the room.

ASSISTANCE THE DISABLED

- EMERGENCY ESCAPE PROCEDURES FOR DISABLED PERSONNEL

1. **Obtain the EVAC Chair in MLH 234.** If however, the disabled person cannot safely evacuate the building, one person should stay with the disabled individual while another person reports his/her location to the Campus Police.

2. Hearing impaired and visually impaired persons need only one person each to notify them of a fire alarm or guide them to safe escape routes during an evacuation.

3. NOTE: Reminders to those who are disabled or have special needs:

   a. Take control without depending on others to take the first step.

   b. Don't be afraid to let others know you need assistance.

   c. Don't hesitate to communicate what your special needs are in order to make the evacuation easier and safer for you and for your assistants.

   d. Communicate with those who can help as soon as you are able by dialing 208-8099 to reach campus Police.

   e. Plan ahead. Be prepared. Know what you are going to do before an emergency arises. Make a plan and then test it. Determine what your alternatives are.

   f. When you enter an unfamiliar building, look it over and locate

the most available telephones, note horizontal exits and ramps, note exit signs and enclosed stairwells determine if landings are large enough, note rooms that would make good areas of refuge, and note the location of fire alarm pull stations.

g. Never take an elevator in a building on fire.

h. Don't delay your evacuation or communication to evacuate. Speaking with someone over the telephone will help to keep you calm.

ASSEMBLY POINT(S): Find a Safe Area

1. Follow evacuation plan. Listen for directions and congregate at the designated assembly point. Do not re-enter building. Never re-enter a burning building.

2. Once outside, move at least 300 feet away from the affected building towards the farthest paved parking lot. Keep streets, fire lanes, hydrants, and walkways clear for emergency vehicles and crews.

3. Once outside, a head count should be taken to ensure everyone is out of the building.

4. An emergency command post may be set up near the emergency site. Keep clear of the command post unless you have official business. If requested, assist emergency crews as necessary.

First Aid at Fire Scenes

1. **Burns**

   a. Slight- small, on surface, reddening of skin. Apply cold running water or ice to relieve pain.

   b. Serious-large or deep, blistering or charring. Call for medical aid (physician or trained EMT), remove clothes, cut around sticking cloth. Don't attempt to clean wound. Cover loosely with clean, dry dressing. Treat for shock. Never use iodine, cotton, grease, or oil on burns.

2. **Inhalation of Smoke or Fumes** - dizzy or unconscious, violent coughing, irregular breathing, ringing ears, seeing spots.

    a. Get to fresh, warm air.

    b. Lay person down

    c. If victim is not breathing, give artificial respiration.

    d. Give oxygen if available

    e. Call for medical aid (physician, nurse, or EMT), treat for shock.

3. **Shock** - severe upset to nervous system-symptoms are a pale, cold sweat, clammy skin, irregular breathing, listlessness.

    a. Lay person down - raise hips, legs - loosen clothes.

    b. Keep warm - maintain body temperature - wrap blankets under as well as over person - but don't overheat. Call for medical aid.

III. TORNADO

TORNADO

- **<u>IF A TORNADO IS IMMINENT/NEARBY</u>. Go to the lowest floor of your building and get in a small interior room or hallway. Those in portable buildings should proceed to the College Commons building. Stay away from glass and exterior walls. Close all doors to rooms with exterior windows, avoid all windows and other glassed areas. The most dangerous locations of a building are usually along South and West sides and at corners (i.e. try to stay on the northeast side of the building away from windows.)**

TORNADO

- **TORNADO: A tornado is a particularly dangerous severe storm with rotary winds that can exceed 300 miles-per-hour.**

    a. A tornado is usually accompanied by hail, severe thunderstorms and often times dangerous lightning.

    b. A dark funnel cloud or roaring noise (like a train) is evidence of an actual tornado.

    c. The primary dangers associated with tornadoes are high winds and flying debris.

    d. Most tornadoes move from southwest to northeast and generally occur in late spring, but they can happen any time.

    e. When a tornado threatens, immediate action can save lives.

- **TORNADO WATCH: Conditions are such that storms capable of producing a tornado may develop.**

- **TORNADO WARNING: A tornado has either been sighted or it is highly probable that one will develop.**

    a. A warning will be signaled by the storm warning sirens.

    b. Move to basement or first floor of multistory buildings.

c. Because of possible power failures, it would be wise to avoid using elevators.

d. Remain clear of glass areas. Inner hallways are normally safe. If in a trailer, frame, or sheet metal building, if conditions permit, move to a brick or stone building for added protection.

Tornado Procedures

When outdoor tornado sirens are sounded, persons who are outdoors should proceed to the nearest sturdy building and take shelter. Persons who are indoors should heed the specific procedures posted in each room in each campus facility.

Tornado Warning

ACCD DPS Personnel shall quickly alert occupants of all buildings about a tornado warning via the college's emergency intercom system or portable bullhorns.

When warning message is heard, do not wait for further notification. Warn others and go quickly to a first floor, inner hallway away from windows. Do not use elevators.

If outside, remember that vehicles are not safe during a tornado; go inside a building or if that is not possible, lay face-down in a ditch or low area.

Tornado warnings normally last about 20 minutes; if the sirens sound again, it means that another tornado has been spotted and the warning is continuing.

The safest locations are:

- ✓ AB first floor inner hallways,
- ✓ LRC, first floor mailroom
- ✓ LRC, first floor president area copier room
- ✓ Commons, first floor vending machine area
- ✓ CTC first floor inner hallways

In a Portable Building

DO NOT STAY IN A PORTABE BUILDING DURING A TORNADO. Portable buildings can turn over during strong winds. Plan ahead. If you are in a portable building, go to the College Commons vending area, back of bookstore, or kitchen. Avoid windows.

In general, avoid rooms on outer walls and rooms above the ground floor level.

Signs of an Approaching Storm

Some tornadoes strike rapidly, without time for a tornado warning, and sometimes without a thunderstorm in the vicinity. The following weather signs may mean that a tornado is approaching:

- A dark or green-colored sky.
- A large, dark, low-lying cloud.
- Large hail.
- A loud roar that sounds like a freight train.

If you notice any of these weather conditions, take cover immediately, and keep tuned to local radio and TV stations or to a NOAA weather radio.

Sighting a Funnel Cloud

If you see a funnel cloud nearby, take shelter immediately (see the following section for instructions on shelter). However, if you spot a tornado that is far away, help alert others to the hazard by reporting it to the newsroom of a local radio or TV station before taking shelter as described later. Use common sense and exercise caution: if you believe that you might be in danger, seek shelter immediately.

Outdoors

If you are caught outside during a tornado and there is no adequate shelter immediately available--

- Avoid areas with many trees.
- Avoid vehicles.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

IV. VIOLENT OR CRIMINAL BEHAVIOR

VIOLENT OR CRIMINAL BEHAVIOR

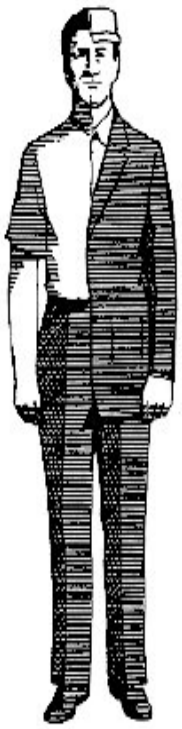
- Be alert and aware of suspicious situations and promptly report them to DPS at 208-8099. They are available 24/7.
- Do not be a risk taker.
- When you notify Public Safety to report an incident, include the following:
    - Identify yourself
    - Give phone number
    - Your location
    - Nature of incident
    - Location of incident
    - Description of persons) involved
    - Description of property involved
- Assist the officers when they arrive by supplying them with all additional information.
- Should gunfire or explosives discharge, take cover immediately.

HOSTAGE SITUATIONS

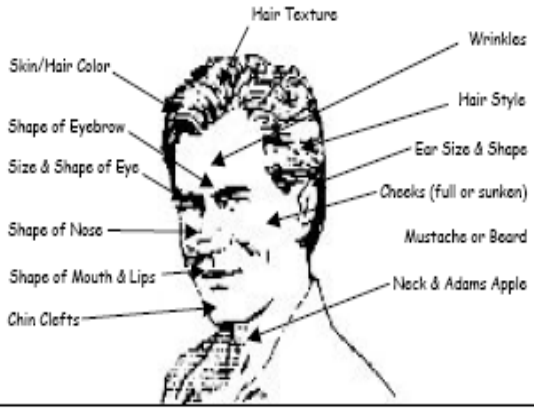
- Be patient. Time is on your side. Avoid drastic actions.
- The initial minutes are the most dangerous. Follow instructions, be alert and stay alive. The captor could be emotionally unbalanced. Don't make mistakes which could hazard your well-being.
- Don't speak unless spoken to and then only when necessary. Avoid appearing hostile. If possible, maintain visual contact with the captor at all times, but do not stare and avoid eye contact. Treat the captor with respect.
- Try to rest. Comply with instructions as best you can. Avoid arguments. Expect the unexpected. Be observant. You may escape or be released, in which case, the personal safety of others may depend on your memory.
- Be prepared to answer questions by police on the phone.
- If medications, first aid, or restroom privileges are needed by anyone, say so.

Suspect Description Form

(First, Notify POLICE. Then fill in the blanks)

SEX: Male ☐ Female ☐	RACE: White ☐ Black ☐ Other ☐	AGE
HEIGHT		LEFT/RIGHT HANDED
WEIGHT		HAT (COLOR/TYPE)
HAIR		TIE
EYES		COAT
GLASSES TYPE		SHIRT
TATOOS		TROUSERS
SCARS/MARKS		SHOES
COMPLEXION		WEAPON

Facial Appearance



Only those specific facial details you definitely remember.

What did the robber say?

Did the robber have an accent?

VEHICLE	Color	Make	Model
Body Style		Damage/Rust	License Number
Antenna		Bumper Sticker	Wheel Covers
Direction of travel:			

V. BOMB THREAT

BOMB THREAT

1. If you observe a suspicious object or bomb on campus, DO NOT HANDLE THE OBJECT! Clear the area immediately and call the Department of Public Safety by calling 208-8099.
2. When a bomb threat is received by telephone, the recipient will record all pertinent information relating to the threat using the Bomb Threat Checklist and immediately notify the Department of Public Safety by calling 208-8099.
3. The Department of Public Safety will then notify the President of the College or designee to determine if the area will be evacuated as a result of the threat.
4. If evacuation is necessary, DPS will notify campus occupants.
5. Evacuees will then use the nearest safe exit and proceed to the designated assembly points.
6. DPS will follow Campus Evacuation Procedures outlined in that section.

ATF BOMB THREAT CHECKLIST

Exact time of call: _____

Exact words of caller: _____

_____

_____

_____

QUESTIONS TO ASK:

1. When is bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of a bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____

8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

CALLER'S VOICE: (Circle all that apply)

Calm	Disguised	Nasal	Angry	Broken
Stutter	Slow	Sincere	Lisp	Rapid
Giggling	Deep	Crying	Squeaky	Excited
Stressed	AccentLoud	Slurred	Normal	

If the voice is familiar, whom does it sound like? _____

Were there any background noises? _____

Remarks: _____

_____

Person receiving call: _____

Telephone number call received at: _____

Date: _____

Report call immediately to **SUPERVISOR, 208-8099 or 911**

VI. NOAA WEATHER ALERT RADIOS

NOAA Weather Radios
NOAA weather radios are the best way to receive warnings from the National Weather Service. By using a NOAA weather radio, you can receive continuous updates on all the weather conditions in your area. The range of these radios is up to 40 miles. The radios are sold in many stores. The National Weather Service recommends buying a radio with a battery backup (in case the power goes off) and a tone-alert feature that automatically sounds when a weather watch or warning is issued.

VII. EVAC Chair

EVAC Chair *In case of an emergency, evacuate the building using the closest and safest route. Use the stairs to descend to the ground floor. In most incidents do not use the elevators. For those who can not use the stairs follow these steps:*

Use the **EVAC-Chair** located in the Mountain Laurel Hall in Room **MLH 234.**

Use the **EVAC-Chair** to assist individuals to ground level.

Please return all evacuation equipment to its original location.

Transporting Motorized Wheelchair/Scooters

In case the elevators are inoperable and there is a need to move a Motorized Wheelchair / Scooter to the ground level use the following steps:

Use the **Hand Truck** (dolly) located in **Huisache Hall** in the storage closet on the **West** side of the cafeteria (near the vending machines).

Located with the **Hand Truck/Dolly** are four **Evac Straps (**Secured on the Audio Cart**)**

Secure the Motorized Wheelchair to the **Hand Truck** using the four **Evac straps** and transport the Motorized Wheelchair to ground level. The **Hand Truck/Dolly** and four **Evac Straps** are all stress for a load capacity of 700 lbs.

NOTE: Because of the diversity of various manufactures each Motorized Wheelchair will pose unique strapping requirements. The key is to be **safe** and **secure** in your methods.

After the emergency, please return all evacuation equipment to its original location.

VIII. PANDEMIC FLU PLAN

Pandemic Flu Plan

In preparing for an influenza pandemic, Northwest Vista College will use the Colleges and Universities Pandemic Influenza Planning Checklist published by the Department of Health and Human Services, Center for Disease Control (CDC) located at:

http://www.pandemicflu.gov/plan/pdf/colleges_universities.pdf

COLLEGES AND UNIVERSITIES PANDEMIC INFLUENZA PLANNING CHECKLIST

In the event of an influenza pandemic, colleges and universities will play an integral role in protecting the health and safety of students, employees and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic. Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
❑	❑	❑	Identify a pandemic coordinator and response team (including campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director, academic staff and student representatives) with defined roles and responsibilities for preparedness, response, and recovery planning.
❑	❑	❑	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
❑	❑	❑	Incorporate into the pandemic plan scenarios that address college/university functioning based upon having various levels of illness in students and employees and different types of community containment interventions. Plan for different outbreak scenarios including variations in severity of illness, mode of transmission, and rates of infection in the community. Issues to consider include: ■ cancellation of classes, sporting events and/or other public events; ■ closure of campus, student housing, and/or public transportation; ■ assessment of the suitability of student housing for quarantine of exposed and/or ill students (See www.hhs.gov/pandemicflu/plan/sup8.html); ■ contingency plans for students who depend on student housing and food services (e.g., international students or students who live too far away to travel home); ■ contingency plans for maintaining research laboratories, particularly those using animals; and ■ stockpiling non-perishable food and equipment that may be needed in the case of an influenza pandemic.
❑	❑	❑	Work with state and local public health and other local authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university. Identify and review the college/university's legal responsibilities and authorities for executing infection control measures, including case identification, reporting information about ill students and employees, isolation, movement restriction, and provision of healthcare on campus.
❑	❑	❑	Ensure that pandemic influenza planning is consistent with any existing college/university emergency operations plan, and is coordinated with the pandemic plan of the community and of the state higher education agency.
❑	❑	❑	Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services to meet the needs of the college/university and community during and after a pandemic.
❑	❑	❑	Establish an emergency communication plan and revise regularly. This plan should identify key contacts with local and state public health officials as well as the state's higher education officials (including back-ups) and the chain of communications, including alternate mechanisms.
❑	❑	❑	Test the linkages between the college/university's Incident Command System and the Incident Command Systems of the local and/or state health department and the state's higher education agency.

March 20, 2006
Version 2.2

1. Planning and Coordination: *(continued)*

Completed	In Progress	Not Started	
❑	❑	❑	Implement an exercise/drill to test your plan, and revise it regularly.
❑	❑	❑	Participate in exercises of the community's pandemic plan.
❑	❑	❑	Develop a recovery plan to deal with consequences of the pandemic (e.g., loss of students, loss of staff, financial and operational disruption).
❑	❑	❑	Share what you have learned from developing your preparedness and response plan with other colleges/ universities to improve community response efforts.

2. Continuity of Student Learning and Operations:

Completed	In Progress	Not Started	
❑	❑	❑	Develop and disseminate alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures.
❑	❑	❑	Develop a continuity of operations plan for maintaining the essential operations of the college/university including payroll; ongoing communication with employees, students and families; security; maintenance; as well as housekeeping and food service for student housing.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
❑	❑	❑	Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, cough/sneeze etiquette). (See Infection Control www.cdc.gov/flu/pandemic/healthprofessional.htm). Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza. Encourage students and staff to get annual influenza vaccine (www.cdc.gov/flu/protect/preventing.htm).
❑	❑	❑	Procure, store and provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based hand hygiene products, tissues and receptacles for their disposal).
❑	❑	❑	Establish policies for employee and student sick leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).
❑	❑	❑	Establish sick leave policies for employees and students suspected to be ill or who become ill on campus. Employees and students with known or suspected pandemic influenza should not remain on campus and should return only after their symptoms resolve and they are physically ready to return to campus.
❑	❑	❑	Establish a pandemic plan for campus-based healthcare facilities that addresses issues unique to healthcare settings (See www.cdc.gov/flu/pandemic/healthprofessional.htm). Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand.
❑	❑	❑	Adopt CDC travel recommendations (www.cdc.gov/travel/) during an influenza pandemic and be able to support voluntary and mandatory movement restrictions. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.

4. Communications Planning:

Completed	In Progress	Not Started	
❑	❑	❑	Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans that link with public health authorities and other key stakeholders (See www.hhs.gov/pandemicflu/plan/sup10.html).

4. Communications Planning: ***(continued)***

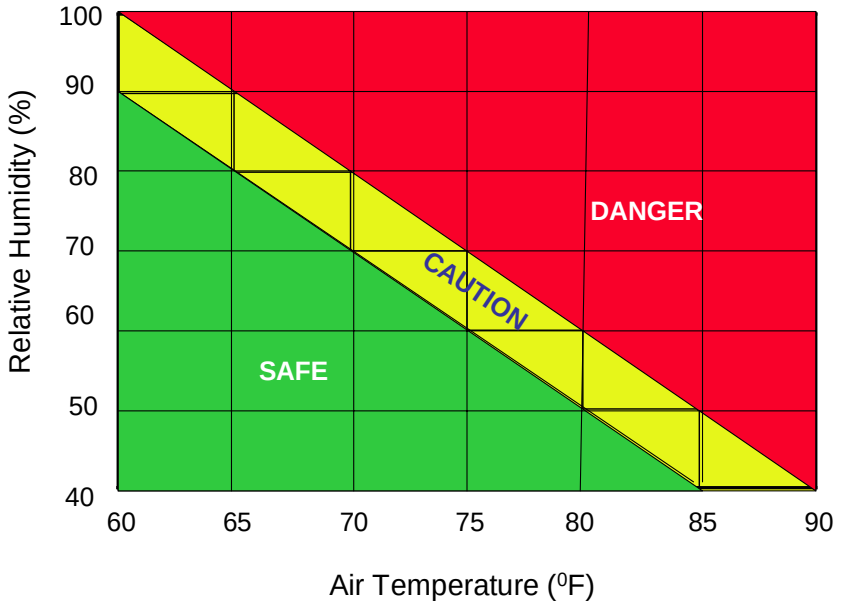
Completed	In Progress	Not Started	
❑	❑	❑	Develop a dissemination plan for communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications.
❑	❑	❑	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, local radio or television) for communicating college/university response and actions to employees, students, and families.
❑	❑	❑	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
❑	❑	❑	Advise employees and students where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
❑	❑	❑	Disseminate information about the college/university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on student housing closure, and the contingency plans for students who depend on student housing and campus food service, including how student safety will be maintained for those who remain in student housing.
❑	❑	❑	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (including the HHS Pandemic Influenza Planning Guide for Individuals and Families at www.pandemicflu.gov/plan/tab3.html), and the at-home care of ill students or employees and their family members.
❑	❑	❑	Anticipate and plan communications to address the potential fear and anxiety of employees, students and families that may result from rumors or misinformation.

IX. HEAT and HUMIDITY RISK SCALE

HEAT and HUMIDITY RISK SCALE. Using the values of air temperature and relative humidity the Heat & Humidity Risk is determined where the two points converge. When the points converge in the caution zone extra precaution is warranted to prevent heat stress related injuries. When the points converge in the danger zone a concerted effort is required to prevent heat stress and heat exhaustion.

NORTHWEST VISTA COLLEGE

HEAT AND HUMIDITY RISK SCALE



(Hafen, Karren, & Frandsen, 1999)

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Creating A Next of Kin Notification Program

What if you could locate your patient's next of kin and medical history quickly and easily? What if there was as a simple plan you could use to reduce liability and increase patient safety in Seven Steps? What if you could seamlessly implement the process in your facility in 90 days or less? Now you can! In "Creating a Next of Kin Notification Program", you'll receive the tools your facility needs to locate an unconscious patient's emergency contact information, perform next of kin notifications and obtain informed consent, quickly and easily. With easy to follow benchmarks, the program has everything that hospitals need to train trauma team members to perform next of kin notifications quickly and easily in every situation, **and everything you need to create your own Notification Program**. It's quick, easy & you can be up and running within 90 days! Available in:

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VIDEOS

Here you'll find videos on subjects including Hurricane, Tornado and Evacuation planning and preparation and Leeza Gibbons speaking on behalf of our Next of Kin Law.

BLOGS

Family Safety Blog

College Student Safety Blog

Notification/Patient Safety Blog

MEDIA

Here you'll find media coverage on The Next of Kin Education Project, Stuf & our legislative efforts including the Next of Kin Laws

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