Is there an emergency sticker on your campus telephone? If not, call 114.
EMERGENCY TELEPHONE STICKERS

• Every telephone at UCLA should have an up-to-date emergency sticker. The stickers include dialing instructions to reach emergency support as well as the UCLA Emergency Information Line Telephone number. Stickers can be obtained from the CTS Storeroom Coordinator by calling 60006 or 114.

Telephone Emergency Sticker Placement Instructions

• Check the sticker illustrations to determine which one is correct for individual telephone in your department.

CAMPUS

| Place sticker under handset or on front of set |
| Regular (1A) Telephone Set |

ECS (off-campus)

| Place sticker under handset earpiece or on top of handset |
| Norstar or EBS Telephone Set |

- Place the new sticker in the appropriate location, as shown on the telephone diagrams. You may place the new sticker on top of an existing sticker, if necessary.

Questions?

• If you need additional emergency stickers, please send your email request to customerservice@cts.ucla.edu. If you have questions or need more information, please contact your CTS Project Manager or call CTS Customer Service at 53775.
Most emergencies occur without any warning. Everyone must understand emergency procedures in advance. Call 911, 8-911, or if you are calling from a cellular telephone, 51491 to report an emergency (see inside front cover for dialing instructions from your location). You don’t need an outside line and you don’t need coins to call 911 from a pay phone.

After ANY Emergency
- Remain calm. Follow University instructions.
- Use pay phones, not campus phones, for personal calls.
- Do not call 911 for service for information requests.
- Get information from the Emergency Hotline (800) 900-UCLA, or 51234, or UCLA Emergency Radio AM 1630.
- Avoid spreading rumors; do not go sightseeing.

Evacuation Instructions
- When a building evacuation is ordered, follow emergency personnel to assembly areas adjacent to the building.
- In an area-wide disaster, go to the nearest Region Evacuation Area for information and instructions (see map, page iv).
- In any evacuation, wait for instructions before re-entering any building.
- If the campus must close, cooperate with sequential evacuation directions.

Guidelines for Specific Situations

Accidents: Call 911 for help. Give first aid to injured victims only if you are qualified. Do not attempt to move a seriously injured person.

Earthquake: Take cover immediately. Get under a desk or table, brace yourself in a doorway, or take cover in a hallway. Do not run outside. If you are outdoors when a quake starts, move to an open area and drop. If you are in a car, stay there. After a severe quake, follow evacuation instructions. Do not use elevators. For additional seismic safety information, contact the Emergency Management Office at 56800.

Fire: If you see a fire, close the door where the fire is located. Pull the nearest alarm. Call 911. In the Medical Center, call both 911 and #36. Use an extinguisher only if you know how to use it and it is safe. Exit the building quickly and calmly. Do not use elevators. You must also call the EH&S Hotline at 59797 and Facilities Trouble Desk at 59236 any time a fire extinguisher is used or discharged.

Hazardous Spill: Students and employees should not clean up spills unless they have suitable training. Report spill incidents to the instructor, supervisor, or lab manager. If the spill is sizeable, or in an unsupervised area, call 911. In the Medical Center, call both 911 and #36. You must also call the EH&S Hotline at 59797 to assess and clean up spills involving highly toxic chemicals, radioactive materials, biohazard spills or large quantities of hazardous materials (i.e. >1 liter).

For more information on emergency preparedness and response, call the Office of Environment, Health & Safety at 55689. In the Medical Center, call the Office of Building & Safety at 54012 or 53389.

Escort Service
The UCLA Police Department provides free escort service every day of the year from dusk until 1 a.m. Uniformed escorts – specially-trained UCLA students employed by UCLA Police – are available to walk students, faculty, and staff members between campus buildings and local living areas or Westwood Village.

To obtain an escort, call 4-WALK about 10 minutes before you need one.

Evening Van Service
The evening van service is a free shuttle that circles the campus approximately every 15 minutes from 6 p.m. to 11 p.m., Monday – Thursday. It makes several stops including the residence halls and sorority row. It runs only during the regular academic year. For more information, call CSO Programs at 59800.

Rape Prevention & Education Services
The Center for Women and Men and the Police Department both offer workshops, self-defense training, counseling, and referrals to provide practical suggestions on safety, increase physical and mental preparedness, and heighten awareness.

For more information, call 53945 or 56111.

Emergency Reporting System (ERS)
There are 27 Emergency Reporting System stations (large dark blue telephone stations) located throughout the campus and CHS community. The ERS system is a customized telecommunications device designed to be used by anyone in an emergency situation. The ERS telephone provides immediate access to the UCLA Police Department. Please use ERS telephones ONLY in extreme emergency conditions where immediate emergency service response is required (police, fire, or paramedic).

In addition, over 200 Emergency 911 Quick Link stations (yellow call boxes with flashing blue lights) are located in all parking structures. Placed in highly visible areas, the stations provide immediate one-button access to the UCLA Police Department.
Campus Evacuation Areas for Major Emergencies or Disasters

Region Evacuation Areas

If several buildings must evacuate outdoors during emergencies, occupants will gather in region evacuation areas. Information command posts will be set up at these sites.

1. Sculpture Garden / Anderson Complex
2. Perloff / Schoenberg Plaza / Dickson Plaza
3. Drake Stadium
4. Sunset Recreation Center
5. Science Quad
6. Mathias Botanical Garden
7. Parking Lot 36
8. Region evacuation area

AM 1630 Emergency & Traffic Information 800 900 UCLA Emergency Hotline
## AILMENT | SIGNS & SYMPTOMS | FIRST AID
--- | --- | ---
Poison | Symptoms vary greatly. Aids to determine whether poison was swallowed: 1. Information from victim or observer 2. Presence of poison container 3. Condition of victim (sudden onset of pain or illness) 4. Burns around lips 5. Breath odor 6. Pupil contracted to pinpoint size | All Victims  • Call Emergency rescue squad  • Save sample of vomitus material Conscious Victims  • Dilute poison with milk or water  • Do not neutralize with counter agents Unconscious Victims  • Maintain open airway (victim on side)  • Give mouth-to-mouth resuscitation or CPR if necessary Convulsions  • Do not restrain victim  • Watch for airway obstructions  • Do not induce vomiting | • Call poison control center  • Save label or container of ID Do not give oils Do not induce vomiting Do not give fluids Loosen tight clothing Do not give fluids
Shock | 1. Skin pale (or bluish), cold to touch; possibly moist or clammy 2. Weakness 3. Rapid pulse (over 100) 4. Rate of breathing usually increases; may be shallow or deep and irregular | Keep victim lying down. Cover victim only enough to prevent loss of body heat; obtain medical help as soon as possible.
Burn | Skin is: 1. Red - 1st Degree 2. Blistered - 2nd Degree 3. Charred - 3rd Degree | Pain of 1st degree and of a small 2nd degree burn can be relieved by excluding air in any of these three ways: 1. Submerge in cold water (do NOT use ice!) 2. Apply a cold pack 3. Cover with a thick dressing. Do NOT apply grease or ointment. For a 3rd degree burn, cover with dry clean cloth and call for medical help. If any burn occurs on the victim’s face area, watch for possible need for artificial respiration.
Heart Attack | Three principal symptoms: 1. Acute pain in chest, upper abdomen, or down left arm and shoulder 2. Extreme shortness of breath 3. Absence of pulse and breathing in an unconscious person | Place victim in comfortable position, usually sitting up. If not breathing, give artificial respiration. If no pulse is present, administer CPR. Call for medical help and give prescribed medication, if any. Do NOT give liquids to unconscious victims.
Loss of Consciousness | Unresponsive | Keep victim warm and lying down, head turned to one side. If consciousness is not regained quickly, send for medical help. If breathing stops, give artificial respiration. Never give an unconscious person food or liquids.

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### For an Unconscious Victim – Cardiopulmonary Resuscitation (CPR)

There are hundreds of possible causes of unconsciousness, but the first thing you must check for is breathing.

1. Try to awaken 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 on his or her back. If you have to roll the victim over, move his or her entire body at one time.
   B. Loosen tight clothing around the neck or chest.
3. Open the airway. If there are no signs of head or neck injuries:

   **Head-Tilt Maneuver**
   A. Tilt the head gently with one hand.
   B. Push down on the forehead with the other hand, as you tip the head back.
   C. Place your ear close to the victim’s mouth. Listen for breathing sounds. Watch his or her chest and stomach for movement. Check for at least 5 seconds.

D. Give rescue breathing immediately. Have someone else summon professional help.

In the case of a suspected spinal injury, the airway may be opened without extension or flexion of the neck by using the CHIN-LIFT MANEUVER.
Chin-Lift Maneuver
A. Place one hand on the patient’s forehead and stabilize the head.
B. With the other hand, place thumb in patient’s mouth and grasp the chin.
C. Lift the chin forward, opening the airway.

Rescue Breathing (CPR)
To perform mouth-to-mouth ventilation on an adult:

A. Place one hand under the victim’s neck supporting and lifting up slightly to maintain an open airway.
B. With the other hand, place it on the victim’s forehead pinching the victim’s nostrils together while with the heel of the hand continue to exert pressure on the forehead to maintain the backward tilt of the head.
C. Take a deep breath. Open your mouth wide. Place it over the victim’s mouth making a tight seal. Blow air into the victim until you see his or her chest rise.
D. Remove your mouth and allow the victim to exhale, turning your head to watch the chest fall and listening for air escaping.
E. If you hear air escaping and see the chest fall you know that rescue breathing is working. Continue until help arrives.
F. Repeat the cycle every 5 seconds (12 breaths per minute).

The first 2 breaths must be given in succession waiting for the victim’s lungs to deflate. Check the pulse in the neck of the victim. If there is no pulse, move on to artificial circulation immediately. If there is a pulse continue rescue breathing.

Airway Obstruction
If during mouth-to-mouth ventilation, the victim does not start breathing and it appears that your air is not going into the victim’s lungs, use the following procedure:

A. Abdominal Thrusts
   A rapid series of 8-10 abdominal thrusts (upward) are delivered to the upper abdomen. To give the thrusts, place one of your hands on top of the other with the heel of the bottom hand in the middle of the abdomen, slightly above the navel and below the rib cage. Do not press to either side. Repeat if needed. This technique should be applied whether the patient is sitting, standing or lying down.

B. Finger Probe
   Procedure to be used with the unconscious victim only, and used only when the object blocking the airway is visible and near the front of the mouth.
   - Hold the victim’s mouth open with one hand using your thumb to depress the tongue.
   - Make a hook with the pointer finger of the other hand and in a gentle sweeping motion reach into the victim’s throat and feel for an object which may be blocking the air passage.

   Repeat until successful:
   1. 8-10 abdominal thrusts
   2. Probe in mouth
   3. Try to inflate lungs

ARTIFICIAL CIRCULATION (CPR)

External Chest Compression Technique
A. Place the heel of the hand on the lower third of the victim’s breastbone (not on the lower tip of the breastbone).
B. Place your other hand on the hand that is in position, interlocking your fingers and pull slightly away from the chest wall. Keep the heel of the lower hand only in contact with the breastbone.
C. Exert pressure downward through both arms, keeping the arms straight, and depress the adult (5 years and older) breastbone one and one-half to two inches, delivering the pressure from the shoulders.
D. Keep the heel of the hand on the chest during relaxation. (Note: rescuer’s hands should not bounce or come away from the chest).
E. Make sure that compression and relaxation are rhythmic.

One-Rescuer Method
Because of interruptions for lung inflation, perform chest compressions at a rate of approximately 80 per minute, with two rapid ventilations interposed between 15 chest compressions, or a ratio of 15:2.

CHOKING
Anything stuck in the throat blocking the air passage can stop breathing and cause unconsciousness and death within 4 to 6 minutes.

1. Do not interfere with a choking victim who can speak, cough, or breathe. However, if the choking continues without lessening, call for emergency medical help.
2. If the victim cannot speak, cough, or breathe, immediately have someone call for emergency medical help while you take the following action.

A. For a Conscious Victim:
   Stand behind the victim, who can be sitting or standing, wrap your arms around his or her middle just above the navel. Clasp your hands together in a doubled fist and press in and up in quick thrusts. Repeat several times.

   If still unsuccessful, repeat with 8-10 quick thrusts until the victim is no longer choking or becomes unconscious.

B. For an Unconscious Victim:
   Place the victim on the floor or ground and give rescue breathing (see Rescue Breathing Section).

   If the victim does not start breathing and if it appears that your air is not going into the victim’s lungs, roll the victim onto his/her back and give one or more manual thrusts (see Airway Obstruction procedures).