



ENVIROMENTAL & OCCUPATIONAL HEALTH AND SAFETY EMERGENCY ACTION GUIDELINES

EVENT	WHAT YOU SHOULD DO
<p>* When calling 911 or 2911, provide this information:</p> <ul style="list-style-type: none"> • Type of emergency • Location (building and room number) • Your name • Unless you must leave, stay on the phone as needed 	<p>If elevators are inoperable, people in wheelchairs should be moved to a stairwell and await assistance. Alert UA police at ext. 2911 that this person needs assistance.</p> <p>If you are calling from a non campus phone such as a cell phone you must dial (330) 972 2911 to reach UAPD dispatch.</p> <p>All emergencies need to be reported to UAPD Dispatch Center.</p> <p>Building Emergency Response Leader (BERL): Mark Beers BERL (Alternate 1): Dave Tiller</p>
Fire	<p>Immediately stop what you are doing and exit area. (do not use elevators)</p> <p>Pull closest fire alarm pull station.</p> <p>Report to your designated evacuation rally point.</p> <ul style="list-style-type: none"> ➤ Rally Point 1: Parking Lot (32nd College) ➤ Rally Point Coordinator: Building Emergency Response Leader and Evacuation Rally Point Coordinator 1 <p>Remain at the Rally Point until given the all clear to re-enter the building</p>
Medical Emergency	<p>Provide the following information to the dispatcher your name, type of emergency, location of the victim(s), condition of the victim(s), any dangerous conditions, clear the area and have someone monitor the injured person until EMS arrive.</p> <p>Comfort and reassure injured person</p> <p>An AED is located on the table near garage entrance.</p>
Power Outage	<p>Turn off and unplug computers and any electronic equipment.</p> <p>Move cautiously to lighted area.</p> <p>Stay in lit area until given the order to evacuate or the power comes back on.</p>
Hazardous Materials Incident Occurring Outside of Building	<p>Upon notification close and shut doors , windows</p> <p>Report to a inside shelter location:</p> <p>Stay in the shelter until given all clear</p>
Bomb Threat	<p>Write down or electronically save the threat.</p> <p>Report anything suspicious to responding UAPD or EOHS personnel.</p> <p>If ordered to evacuate the building and notice anything out of the ordinary or suspicious make sure to inform UA Safety Forces.</p> <p>Be sure to take all important belongings (purses, wallets, medication, briefcases, etc) with you when exiting because reentry to the building might not be possible for several hours</p>
Active Shooter / Violent Incident lockdown of (classrooms and offices)	<p style="text-align: center;">Follow the A.L.I.C.E. concepts</p> <p>Alert</p> <p>Lockdown- secures your room, by locks, furniture or ties to the door. Turn off lights and silence your cell phones.</p> <p>Information will be coming to you. Use this information and make good decisions on whether to escape or be prepared to counter.</p> <p>Counter- Find items to use to distract the attacker. le-books, pens, paper, book bags etc. Prepare to swarm the attacker directly after the distraction.</p> <p>Escape- If you are able to escape then do so. Use the information that is being disseminated to help you make that decision.</p>
Tornado	<p>Upon notification of the National Weather Service issuing a tornado warning for the City of Akron report to your building's designated tornado shelter</p> <p>All clear" signal will come via text messaging, 2 way radio and campus outdoor warning system.</p>



Telephone Bomb Threat Checklist

Instructions: Remain calm and be courteous with the caller. Do not interrupt the caller. Pretend you can't hear the caller and try to keep the caller talking. Fill out the form below with as much information as possible.

1. Where is the bomb going to explode?	5. What will cause the bomb to explode?
2. When is the bomb going to explode?	6. Did you place the bomb? If so, why?
3. What does the bomb look like?	7. What is your address?
4. What kind of bomb is it?	8. What is your name?
Exact wording of the threat: <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/>	

Time of Call:	Date:	Phone Number Call Received From:
Accent: <input type="checkbox"/> Local <input type="checkbox"/> Middle East <input type="checkbox"/> Hispanic <input type="checkbox"/> African <input type="checkbox"/> Slavic <input type="checkbox"/> Southern <input type="checkbox"/> Northern <input type="checkbox"/> Midwestern <input type="checkbox"/> Other: _____	Manner: <input type="checkbox"/> Calm <input type="checkbox"/> Rational <input type="checkbox"/> Coherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Righteous <input type="checkbox"/> Angry <input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing <input type="checkbox"/> Other: _____	Background: <input type="checkbox"/> Machines <input type="checkbox"/> Music <input type="checkbox"/> Office <input type="checkbox"/> None <input type="checkbox"/> Traffic <input type="checkbox"/> Trains <input type="checkbox"/> Animals <input type="checkbox"/> Voices <input type="checkbox"/> Airplanes <input type="checkbox"/> Other: _____
Voice: <input type="checkbox"/> Loud <input type="checkbox"/> High Pitch <input type="checkbox"/> Raspy <input type="checkbox"/> Intoxicated <input type="checkbox"/> Soft <input type="checkbox"/> Deep <input type="checkbox"/> Pleasant <input type="checkbox"/> Other: _____	Speech: <input type="checkbox"/> Fast <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Slurred <input type="checkbox"/> Slow <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Other: _____	Language: <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Foul <input type="checkbox"/> Other: _____ <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Age: ()	Call Origin: <input type="checkbox"/> Local <input type="checkbox"/> Non-Local
Your Name:		Your Phone Number:
Your Position:		Date of Report: