

**Emergency Action Plan**

**Introduction**

The intent of this sample Emergency Action Plan is to assist you in customizing your own action plan. It is provided with the caveat that this is simply a template and your action plan may be more — or less — specific than the one provided here. This action plan is intentionally broad and should be supplemented and modified according to the specific needs of your practice.

**How to use this document:** Review this action plan and edit/add/delete the verbiage and information to make it specific to your practice. **You will see that there is text in red throughout the action plan.** These are instructions to you and are intended to be deleted after inserting your practice information. If you need assistance or have questions, please call BSM customer relations at 866-220-3184.

This action plan has been adapted from the Emergency Response Plan provided by the Federal Emergency Management Agency (FEMA) and the Emergency Action Plan from the Centers for Disease Control (CDC). For a PDF version of the FEMA and CDC plans, go to:

**FEMA**

[bit.ly/2juM8yD](http://bit.ly/2juM8yD)

**CDC**

[bit.ly/2kyaVQ0](http://bit.ly/2kyaVQ0)

***Sample***

Emergency Action Plan

[Practice Name]

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1. I. Practice Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** |  | | |
| **Address** |  | | |
| **City, State, Zip** |  | | |
| **Telephone** |  | | |
| **Contact Name** |  | **Title** |  |
| **Last Plan Revision Date** |  | | |

**II. Policy and Organizational Statements**

**Practice Goals and Objectives**

***Identify your specific goals and objectives for the emergency response plan.***

**Expectations of Emergency Response Team**

***Define what your emergency response team is expected to do during an emergency (e.g., evacuate employees and visitors, provide first aid, etc.).***

**Practice-Specific Regulations**

***Identify any regulations covered by your Plan (e.g., OSHA, fire code, etc.).***

**Plan Distribution and Access**

The Plan will be distributed to members of the emergency response team and department heads. A master copy of the document should be maintained by the emergency response team leader. The Plan will be available for review by all employees.

***Provide print copies of this Plan within the room designated as the Emergency Operations Center (EOC). Multiple copies should be stored within the facility EOC to ensure that team members can quickly review roles, responsibilities, tasks, and reference information when the team is activated.***

***An electronic copy of this Plan should be stored on a secure and accessible website that would allow team member access if company servers are down.***

***Electronic copies should also be stored on a secured USB flash drive for printing on demand.***

**III. Emergency Personnel Names and phone numbers**

***Insert additional rows if there is more than one person responsible in each area.***

|  |  |  |
| --- | --- | --- |
| **Emergency Team** | **Name** | **Phone Number** |
| Designated Responsible Official (highest ranking manager at location) |  |  |
| Emergency Coordinator |  |  |
| Area/Floor Monitor(s) (one per floor) |  |  |
| Assistant(s) to Physically Challenged |  |  |
| Stairwell and Elevator Monitor(s) |  |  |
| Assembly Area Monitors (account for evacuees at the assembly area and inform first responders if anyone is missing or injured) |  |  |

**Public Emergency Services & Contractors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency**  **Service** | **Name** | **Emergency Telephone** | **Business Telephone** |
| Fire Department |  |  |  |
| Emergency Medical Service (EMS) |  |  |  |
| Police Department |  |  |  |
| Emergency Management Agency |  |  |  |
| Security |  |  |  |
| Building Manager |  |  |  |
| Utilities: Electric |  |  |  |
| Utilities: Water |  |  |  |
| Utilities: Gas |  |  |  |
| Utilities: Phone |  |  |  |
| First Hospital |  |  |  |
| Second Hospital |  |  |  |
| Public Health Department |  |  |  |
| State Environmental Authority |  |  |  |
| National Response Center (EPA) |  |  |  |
| Fire Protection Contractor |  |  |  |
| Elevator Service |  |  |  |
| Hazardous Materials Cleanup |  |  |  |
| Cleanup/Disaster Restoration |  |  |  |

**IV. Emergency Reporting Plans**

Many emergencies require an evacuation plan.

* Evacuation Plan

Types of emergencies site personnel are to report include:

* Medical Emergency
* Fire Emergency
* Extended Power Loss
* Chemical Spill
* Severe Weather and Natural Disasters
* Structure Climbing/Descending
* Telephone Bomb Threat
* National Pandemic Emergency
* Other***(specify)***

**Evacuation Plan**

Evacuation may be required if there is a fire in the building or another hazard. The emergency team will direct the building evacuation and account for all employees who assemble at the designated gathering location.

|  |  |
| --- | --- |
| Employees will be warned to evacuate the building using the following system: (e.g., text notification, building alarm, etc.) |  |
| Employees should assemble at the following location to be accounted for by the evacuation team: |  |
| Staff position who will bring the employee roster and patient sign-in sheet to the evacuation assembly area to account for all evacuees (the evacuation team leader will be informed if anyone is missing or injured): |  |

Evacuation route maps are posted in each work and patient waiting area, e.g., exam rooms, reception, employee breakroom, etc. The following information is marked on the evacuation maps:

* Emergency exits
* Primary and secondary evacuation routes
* Locations of fire extinguishers
* Fire alarm pull station location(s)
* Assembly point(s)

Site personnel should know at least two (2) evacuation routes.

**Medical Emergency Plan**

If there is a medical emergency in the practice, follow the steps below:

1. Call the medical emergency phone number, e.g., 9-1-1.
2. Provide the following information:
   1. Nature of medical emergency
   2. Number of affected victim(s)
   3. Location of the emergency (address, building, room number)
   4. Hazards involved
   5. Nearest access point
   6. Your name and phone number from which you are calling
3. Do not move the victim unless absolutely necessary.
4. Call the internal personnel trained in CPR, first aid, or use of an automated external defibrillator (AED) to provide the required assistance before the arrival of professional medical help.

**Procedures**

* Only trained responders should provide first aid assistance.
* If no first aid trained personnel are available, as a minimum, attempt to provide the following assistance:
  + Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
  + Clear the air passages using the Heimlich maneuver in case of choking.
* Use Personal Protective Equipment (PPE) to prevent contact with body fluids and exposure to bloodborne pathogens.
* If personnel are exposed to hazardous materials while rendering assistance, consult the Safety Data Sheet (SDS) for the hazardous material, and wear the appropriate personal protective equipment.
* Do not move the victim unless the victim’s location is unsafe.
* Control access to the scene.
* Meet the ambulance at the nearest entrance or emergency access point; direct them to the victim(s).

**Fire Emergency Plan**

If a fire is discovered, follow the steps below:

1. Activate the nearest fire alarm.
2. Notify the fire department by calling 9-1-1. Provide the following information:
   1. Business name and street address
   2. Nature of fire
   3. Fire location (building and floor)
   4. Type of fire alarm (detector, pull station, sprinkler water flow)
   5. Location of the fire alarm (building and floor)
   6. Name of the person reporting the fire
   7. Telephone number for a return call
3. If a fire alarm is not available, notify the site personnel about the fire emergency by the following means:
   1. Voice communication
   2. Phone or paging
   3. Radio
   4. Other ***(specify)***

Fight the fire ONLY if:

* The fire department has been notified.
* The fire is small and is not spreading to other areas.
* The fire extinguisher is in working condition, and personnel are trained to use it.
* Escaping the area is possible (by backing up to the nearest exit).

Upon being notified about the fire emergency, employees and patients must:

* Leave the building using the designated evacuation routes.
* Assemble in the designated area of **(*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
* Remain outside until the competent authority (designated official or designee) announces that it is safe to re-enter.

**Procedures**

* Evacuate building occupants along evacuation routes to primary assembly area(s) outside.
* Redirect building occupants to stairs and exits away from the fire.
* Prohibit use of elevators.
* Evacuation team must account for all employees and patients in the assembly area.
* Meet with the leader of the fire department incident team. Inform the fire department leader if everyone has been accounted for and if there are any injuries. Provide an update on the nature of the emergency and actions taken. Provide building floor plans, keys, and other assistance as requested.

**Extended Power Loss Plan**

In the event of extended power loss to a facility, certain precautionary measures should be taken depending on the geographical location and environment of the facility:

* Unnecessary electrical equipment and appliances should be turned off in case power restoration would surge, causing damage to electronics and effect sensitive equipment.
* Facilities with freezing temperatures should turn off and drain the following lines in the event of a long-term power loss:
  + Fire sprinkler system
  + Standpipes
  + Potable water lines
  + Toilets
* Add propylene glycol to drains to prevent traps from freezing.
* Equipment containing fluid may freeze due to long term exposure to freezing temperatures, and should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon restoration of power and heat:

* Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensation from forming on circuitry.
* Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility, and water turned back on.

**Chemical Spill Plan**

|  |  |
| --- | --- |
| Location of Spill Containment and Security Equipment: |  |
| Location of Personal Protective Equipment (PPE): |  |
| Location of Material Safety Data Sheets (MSDS): |  |

When a *large* chemical spill occurs:

1. Immediately notify the designated official and Emergency Coordinator.
2. Contain the spill with available equipment, e.g., pads, booms, absorbent powder, etc.
3. Secure the area and alert other site personnel.
4. Do not attempt to clean the spill unless trained to do so.
5. Attend to injured personnel and call the medical emergency number, e.g., 9-1-1, if appropriate.
6. Call a local spill cleanup company or the fire department (if an arrangement has been made) to perform a large chemical, e.g., mercury, spill cleanup.
7. Evacuate building as necessary.

|  |  |
| --- | --- |
| Name of Spill Cleanup Company: |  |
| Phone Number: |  |

When a *small* chemical spill occurs:

1. Notify the Emergency Coordinator or supervisor.
2. If toxic fumes are present, secure the area with caution tapes or cones to prevent other personnel from entering.
3. Refer to the Safety Data Sheet (SDS) and clean up the spill in accordance with the instructions.
4. Wear the proper Personal Protective Equipment (PPE).

**Severe Weather and Natural Disaster Plan**

If warned to “shelter-in-place” from severe weather or an outside airborne hazard, a warning should be broadcast, and all employees should move to shelter.

|  |  |
| --- | --- |
| **Shelter-in-Place Team Assignments** | **Staff Position** |
| Team Leader: |  |
| Monitor weather sources for updated emergency instructions and broadcast warning if issued by weather services: |  |
| Direct personnel outside to enter the building: |  |
| Direct employees to designated shelter(s)/assembly area: |  |
| Monitor assembly area (to account for evacuees at the assembly area): |  |
| **Warning System & Shelter Locations** | **Location** |
| Location of warning system controls: |  |
| Location of shelters: |  |
| **Ventilation System Shutdown** | **Name / Location** |
| Position to shut down the ventilation system and close air intakes: |  |
| Location controls to shut down the ventilation system: |  |
| Location of air handling units, fan rooms, or air intakes: |  |

***Below are suggestions for various types of severe weather and natural disasters. Delete any of those that may not apply.***

**Tornado**

* When a warning is issued by sirens or other means, seek shelter inside. Consider the following:
  + Small interior rooms on the lowest floor and without windows.
  + Hallways on the lowest floor away from doors and windows.
  + Rooms constructed with reinforced concrete, brick, or block with no windows.
* Stay away from outside walls and windows.
* Use arms to protect head and neck.
* Remain sheltered until the announcement that the tornado threat is over.

**Earthquake**

* Stay calm and await instructions for the Emergency Coordinator or the designated official.
* Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
* Assist people with disabilities in finding a safe place.
* Evacuate as instructed by the Emergency Coordinator and/or the designated official.

**Flood**

* Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
* Follow the recommended primary or secondary evacuation routes.

**Hurricane**

The nature of a hurricane provides for more warning than other natural and weather disasters. A hurricane watch is issued when a hurricane becomes a threat to a coastal area. A hurricane warning is issued when hurricane winds of 74 mph or faster, or a combination of dangerously high water and rough seas, are expected in the area within 24 hours.

* Once a hurricane watch has been issued:
* Stay calm and await instructions from the Emergency Coordinator or the designated official.
* Continue to monitor local TV and radio stations for instructions.
* Move out of low-lying areas or from the coast at the request of officials.
* If you are on high ground, away from the coast, and plan to stay, secure the building, move all loose items indoors, and board up windows and openings.
* Once a hurricane warning has been issued:
* Be ready to evacuate as directed by the Emergency Coordinator or designated official.
* Leave areas that might be affected by a storm surge or stream flooding.
* During a hurricane, remain indoors and consider the following:
* Small interior rooms on the lowest floor without windows.
* Hallways on the lowest floor away from doors and windows.
* Rooms constructed with reinforced concrete, brick, or block with no windows.

**Blizzard**

* Stay calm and await instructions from the Emergency Coordinator or the designated official.
* Stay indoors!
* If there is no heat:
  + Close off unneeded rooms or areas.
  + Stuff towels or rags in cracks under doors.
  + Cover windows.

**Structure Climbing/Descending Emergency Plan**

List structures maintained by site personnel, e.g., tower, ASC, etc.

*If no Emergency* *Response Organization is available within a 30-minute response time, additional personnel trained in rescue operations and equipped with a rescue kit must accompany the climber(s).*

***Attach Emergency Response Agreement if available.***

**Structure Climbing/Descending Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Structure  Type** | **Location** (Address, if applicable) | **Emergency Response Organization\*** (if available, within 30-minute response time) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| \* *If no Emergency Response Organization is available within a 30-minute response time, additional personnel trained in rescue operations and equipped with a rescue kit must accompany the climber(s).* | | | |

**Telephone Bomb Threat Plan**

Instructions: *Be calm; be courteous. Listen. Do not interrupt the caller.* Attempt to collect the following information:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Name:** | |  | | | | | | | | **Time/Date:** | | |  | | | | | |
| **Caller’s information (check applicable boxes):** | | | | | | | | | | | | | | | | | | |
| Male |  | | | Female | |  | | | | Adult | |  | | | Juvenile | |  | |
| **Voice Characteristics** | | | | | | | | | | **Speech** | | | | | | | | |
| Loud | | |  | Soft | | | | |  | Fast | | | |  | Slow | | |  |
| High Pitch | | |  | Deep | | | | |  | Distinct | | | |  | Distorted | | |  |
| Raspy | | |  | Pleasant | | | | |  | Stutter | | | |  | Nasal | | |  |
| Intoxicated | | |  | Other | | | | |  | Slurred | | | |  | Other | | |  |
| **Language** | | | | | | | | | | **Accent** | | | | | | | | |
| Excellent | | |  | Good | | | | |  | Local | | | |  | Not Local | | |  |
| Fair | | |  | Poor | | | | |  | Foreign | | | |  | Regional | | |  |
| Foul | | |  | Other | | | | |  | Ethnicity | | | |  |  | | |  |
| **Manner** | | | | | | | | | | **Background Noises** | | | | | | | | |
| Calm | | |  | Angry | | | | |  | Factory | | | |  | Animals | | |  |
| Rational | | |  | Irrational | | | | |  | Machines | | | |  | Quiet | | |  |
| Coherent | | |  | Incoherent | | | | |  | Music | | | |  | Voices | | |  |
| Deliberate | | |  | Emotional | | | | |  | Office | | | |  | Airplanes | | |  |
| Righteous | | |  | Amused | | | | |  | Street | | | |  | Party | | |  |
|  | | | | | | | | | | Traffic | | | |  | Other | | |  |
| Trains | | | |  |  | | |  |
| **Bomb Facts**  Pretend you are having a difficult time hearing the caller; keep them talking. If the caller seems agreeable to further conversation, ask questions like: | | | | | | | | | | | | | | | | | | |
| When will it go off? | | | | Certain Hour: | | |  | | | | Time Remaining: | | | | |  | | |
| Where is it located? | | | | Building: | | |  | | | | | | | Area: | |  | | |
| What kind of bomb? | | | |  | | | | | | | | | | | | | | |
| What kind of package? | | | |  | | | | | | | | | | | | | | |
| How do you know so much about the bomb? | | | | | | | |  | | | | | | | | | | |
| What is your name and address? | | | | |  | | | | | | | | | | | | | |

If the building is occupied, inform the caller that detonation could cause injury or death.

**Activate malicious call trace:** Hang up the phone and *do not* answer another line. Choose the same line and dial \*57 (if your phone system has this capability). Listen for the confirmation announcement, record the information, and hang up.

Call security at ***(insert phone number)*** and relay information about the call.

Did the caller appear familiar with the building by his/her description of the bomb location? Write out the message in its entirety and any other comments on a separate sheet of paper and attach it to the telephone bomb checklist.

**National Pandemic Emergency Plan**

The occurrences of pandemics have increased over the past 20 years. To prepare, staying abreast of confirmed outbreaks overseas is essential. Additionally, when there are confirmed outbreaks in the United States, increased surveillance of patients and staff is required to determine the risk of exposure.

* Stay informed about the local pandemic situation.
  + Work closely with your local public health department to learn how the pandemic is affecting your community and what steps you need to take to protect your workers.
  + Review your practice obligations as they relate to community-wide disaster preparedness and communicate with your local/state Community Emergency Response Team (CERT) as appropriate to notify them of your closure/reduction in operating hours.
  + Sign-up to receive alerts and updates directly from the CDC during a pandemic. To become a subscriber, visit [www.cdc.gov/Other/emailupdates/](http://www.cdc.gov/Other/emailupdates/)
* Implement non-pharmaceutical actions to protect your workers and others.
  + Stay home if sick.
  + Frequently wash hands with soap and water for 20 seconds or use hand sanitizer.
  + Cover coughs and sneezes with a tissue or cough into your upper sleeve. Immediately dispose of the tissue.
  + Wash hands or use hand sanitizer after blowing your nose, sneezing, or coughing.
  + Avoid shaking hands.
  + Avoid touching your face, particularly your eyes, nose, and mouth.
  + Practice social distancing by allowing at least six (6) feet between you and another person.
  + Keep surfaces that receive frequent touching, e.g., phones, desks, countertops, computer equipment, etc., clean.
  + Avoid using others’ phones, desks, and computers, if possible.
  + Use e-mail, text, and phones to communicate instead of meetings.
  + For more information go to <https://www.osha.gov/Publications/protect-yourself-pandemic.pdf>
* Track worker absenteeism related to pandemic symptoms.
  + If a worker shows signs of illness, implement an at-home quarantine protocol.
  + Exposed co-workers should use masks and watch for signs of illness.
* Provide pandemic-prevention supplies and distribute health messages and materials to workers.
  + Address the concerns of workers who are at high risk for pandemic complications.
* Provide information to staff clearly, concisely, and compassionately.
  + Explain why and when on-site operations and services may be temporarily reduced or halted.
  + Provide clear protocols for re-scheduling or cancelling patients. A script for staff to use is helpful.

**V. Critical Operations**

During some emergency situations, it will be necessary for specially assigned personnel to remain at the work areas to perform critical operations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assignments** | | | |
| **Work Area** | **Name** | **Job Title** | **Description of Assignment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Personnel involved in critical operations may remain on the site with permission of the site designated official or Emergency Coordinator.

In case the emergency will not permit any personnel to remain at the facility, the designated official or other assigned personnel shall notify the appropriate offices to initiate backups.

**VI. Lockdown Plan**

Persons trained to use the warning system to warn persons on “lockdown.” The shelter locations will be provided.

|  |  |
| --- | --- |
| **Name** | **Location** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Instructions for Broadcast Warnings** | |
| Where to access the warning system (e.g., telephone, public address system, etc.) |  |
| Instructions for using the system |  |

**VII. Property Conservation**

***Identify preparations before a forecast event such as severe weather.***

***Identify how you will assess damage, salvage undamaged goods, and clean up the building following the incident.***

***Identify the contractors, equipment, and materials that would be needed. Update the Public Emergency Services and Contractors table at the end of this Plan.***

**VIII. Appendices**

**Emergency Response Teams**

Identify the members of emergency response teams not identified elsewhere.

* Facilities or building management staff familiar with building utility and protection systems and those who may assist with property conservation activities
* Security
* Others trained to use fire extinguishers or clean up small hazardous material spills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team** | **Member Name** | **Location** | **Work Phone** | **Home/Cellphone** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Emergency Response Organization(s)** | |
| **Name** | **Phone Number** |
|  |  |
|  |  |

**Warning, Notification, and Communications Systems**

The following systems are used to warn employees to take protective action, e.g., evacuate, move to tornado shelter, shelter-in-place, or lockdown, and provide them with information. These systems enable members of the emergency team to communicate with each other and others.

|  |  |  |
| --- | --- | --- |
| **System** | | **Location / Control Panel or Access Point** |
| Warning System | Fire alarm |  |
| Public address |  |
| Other (describe) |  |
| Notification System | Electronic |  |
| Telephone call tree |  |
| Communications Capabilities | Telephone |  |
| Two-way radio |  |

**Fire Protection Systems**

Document the fire protection systems, including the types of systems, location, area, or hazard protected, and instructions.

|  |  |  |
| --- | --- | --- |
| **System Type** | **Location** | **Access Point / Instructions** |
| Sprinkler System | Control valve |  |
| Control valve |  |
| Control valve |  |
| Fire Pump | Fire Pump |  |
| Special Extinguishing Systems | Computer room |  |
| Kitchen |  |
| Clinic |  |

**Plan Distribution and Access**

The Plan will be distributed to members of the emergency response team and department heads. A master copy of the document should be maintained by the emergency response team leader. The Plan will be available for review by all employees.

This plan will be revisited and updated at least annually by the Emergency Response Team.

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision No.** | **Date** | **Description of Changes** | **Authorization** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Provide print copies of this Plan within the room designated as the Emergency Operations Center (EOC). Multiple copies should be stored within the facility EOC to ensure that team members can quickly review roles, responsibilities, tasks, and reference information when the team is activated.***

***An electronic copy of this Plan should be stored on a secure and accessible website that would allow team member access if company servers are down.***

***Electronic copies should also be stored on a secured USB flash drive for printing on demand.***