

# General Emergency Action Plan Template



Henrico County Emergency Management & Workplace Safety (EMWS) provides this template in an effort to guide businesses in the development of their personalized emergency action plans. Development of your plan should include feedback from EMWS, Office of the Fire Marshal, and the Division of Police as appropriate. These entities can also put you in touch with the “first due” engine company and your community services liaison to your business to allow you the opportunity to share your plan with them and participate in pre-planning at your site.

## Other Emergency Action Plan Development resources:

- [Ready.gov](https://www.ready.gov)
- [Henrico County Emergency Management & Workplace Safety](#)
- [Henrico County Division of Fire](#)
- [Henrico Fire Marshal's Office](#)
- [Henrico County Police Division](#)
- [U.S. Small Business Administration](#)

## **6 Vital Steps to Developing Your Business Preparedness Plan**

1. Plan to Stay in Business
2. Vital Records Management
3. Emergency Contact Information
4. Emergency Communications Plan
5. Evacuation Plan
6. Shelter-in-Place Plan and Review

### **Plan to Stay in Business**

A flexible and resilient business plan must include the following information basics to be in a central place:

- Business Name, Address, Phone #
- Our Business Online- Website URL, Social Media accounts
- Alternative Business Location, Phone #
- Name and Contact Info of the Crisis Manager and Alternate
- List of Risks – natural and man-made that could impact our business
- Emergency Planning team and Contact Info
- List of Community Partners and contact info
- Priority List of critical business operations, staff and procedures
- List of Suppliers- addresses, contact info, account #s and materials
- Alternate Suppliers
- Review Insurance Coverage periodically and have on hand
- Prepare for Utility disruptions – plan to obtain the information you need without power
- Safeguard Facilities, Buildings and Plants and document this
- Cyber Security: how is our hardware and software protected, back-ups, cloud

## **Your Facility Emergency Action Plan Needs to be based on a Solid Risk Assessment**

A risk assessment is a process to identify potential hazards and examine what could happen if a hazard occurs. For each hazard there are many possible scenarios that could transpire depending on timing, magnitude, and location of the hazard. What risks are around your business, including major highways, nuclear power, past history of events and being in a flood plain?

Assets may be at risk from these hazards. Life safety, property preservation and environmental impact should always be considered. The event or incident will also impact your reputation and customer faith in your business. As you work through a risk assessment the central column above asks you to identify weaknesses that may add to the degree of damage when an event happens. You may want to do [a business impact analysis \(BIA\)](#) that predicts the consequences of a disruption to your business.

The TOP TEN Hazards in Henrico County are:

1. Severe Weather
2. Transportation Incidents
3. HAZ-MAT Incidents
4. Major Power Outage
5. Flooding
6. Cyber
7. Water Supply Disruption, Drought, or Contamination
8. Shortage of Medical Facilities
9. Resource Shortage
10. Civil Disturbance, Terrorism or Act of Violence

### **Vital Records Management**

- Obtaining and maintenance of key pieces of information is key to the continuity of operations and recovery from a disaster
  - Backup Responsibility – POC responsible for backing up critical records including payroll and accounting systems, contact info
  - Onsite Backup- back up records including a copy of the emergency plan, site maps, insurance policies, bank account records and computer backups are stored onsite
  - Offsite Backup- another set of back-up records at alternate site & contact info
  - Accounting Continuity- if our accounting records are destroyed, we will provide for continuity in the following ways—list out procedures

### **Emergency Contact Information**

- Key Phone #s of Fire/Police/Emergency Medical, Poison Control and Insurance Provider

### **Emergency Communications Plan**

- How will our business communicate your emergency plans with co-workers and what methods will you use to communicate when a disaster occurs
- Create a list of your employees and their individual emergency contact information

### **Evacuation Plan**

- Your evacuation warning system is \_\_\_\_\_
- We will test the warning system and procedures and record results \_\_\_\_\_ times a year
- Your Assembly site location and phone #s is/are \_\_\_\_\_
- Your Alternate Assembly site location and phone #s is/are \_\_\_\_\_
- Your Assembly Manager and alternate manager and their duties
- Your Shutdown Manager is \_\_\_\_\_
- Name of the point of contact responsible for sounding all clear
- Evacuation Check offs- we have worked with neighboring businesses and building owners to avoid confusion and gridlock, your business as located, copied, and posted building and site maps, exits are clearly marked and practice evacuation

### **Shelter-in-Place Plan**

- If our business needs to shelter quickly, we \_\_\_\_\_
- Our business shelter-in-place notification is \_\_\_\_\_
- Our business tests this notification, procedures, and record results \_\_\_ times of year
- Sheltering also means protection from air quality, so identify the storm shelter location, alternate storm shelter, and cease the HVAC system
- Our business shelter manager and alternate manager is/are \_\_\_\_\_
- Name of the point of contact for issuing all clear is \_\_\_\_\_
- Shelter in place points to remember are: where are your emergency supplies located and to practice this drill many times of year

### **Build a Plan, Train and Revisit that Plan**

- Educate your employees about your plan, promote family and individual preparedness and support employee health after a disaster
- Leadership staff reviews the plan annually

### **Step One: Form a Team and Define Roles**

- Be sure to include:
  - Upper Management/Middle Management/Employees
    - Be sure to consider employee needs such as mobility, or physical needs such as accommodating those with vision or hearing problems
  - Human Resources
  - Operations and Maintenance
  - Finance/Purchasing
  - Legal Counsel
  - Sales/Marketing
  - Public Relations
  - IT/Systems Management
  - Security
  - Personnel with safety and/or medical training

### **Step Two: Understand the Situation**

- Evaluate strengths, weaknesses, opportunities, and threats that could potentially affect your organization.

### **Step Three: Develop Goals and Objectives**

- List actions to take to get your organization up to speed in deficient areas and then prioritize the list.
- Determine what operations are the truly vital operations that can ensure your business can continue to operate after a disaster and work to ensure they can continue.

### **Step Four: Plan Development**

- Identify time frame to craft plan, highlight decision points
- The who, what, when, where of the action and resources/skills needed
- Come to a consensus on courses of actions

### **Step Five: Plan Preparation, Review & Approval**

- Use the template included here to help you fashion your plan in a useable document
- Include:
  - Statement of Purpose and a statement of the organization's emergency management policy
  - List the authorities and responsibilities of key personnel
  - List types of emergencies that your plan covers
  - Statement of where response operations will be managed

- Communicate this process to your employees and contractors

### **Step Six: Implement the Plan & Annual Evaluation**

- Integrate the plan into all aspects of operations and train your employees through workshops and drills
- Share your plan with the first responders in your community
- Evaluate your plan at least annually and after any disaster or incidence where you use the plan.

## **EMERGENCY MANAGEMENT PLANNING CRITERIA FOR BUSINESSES**

Use this form as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in the plan on the line to the left of each item. This will ensure accurate review of your facility's plan if you choose to submit it for review by Henrico County Emergency Management personnel.

### **I. INTRODUCTION**

\_\_\_\_\_A. Provide basic information concerning the facility to include:

- \_\_\_\_\_1. Name of facility, address, telephone number, emergency contact telephone number and pager number if available, and fax number, type of facility and license.
- \_\_\_\_\_2. Owner of facility, address, telephone.
- \_\_\_\_\_3. Year facility was built, type of construction and date of any subsequent construction.
- \_\_\_\_\_4. Name of primary point of contact for an Administrator/Business Owner (preferably a local contact), address, work/home telephone number  
Include local contact information for an alternate point of contact also
- \_\_\_\_\_5. Name, address, work, and home telephone number of person implementing the provisions of this plan, if different from the Administrator.
- \_\_\_\_\_6. Name and work and home telephone number of person(s) who develop this plan.
- \_\_\_\_\_7. Provide an organizational chart, including phone numbers, with key management positions identified.

\_\_\_\_\_ B. Provide an introduction to the Plan that describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the facility that has bearing on implementation of this plan.

## II. AUTHORITIES AND REFERENCES

\_\_\_\_\_ A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc. (*why the plan is being written*)

\_\_\_\_\_ B. Identify reference material used in the development the Plan.

\_\_\_\_\_ C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

## III. HAZARD ANALYSIS

\_\_\_\_\_ A. Describe the potential hazards that the facility is vulnerable to such as tornadoes, flooding, fires, hazardous materials from fixed facilities or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.

\_\_\_\_\_ B. Provide site-specific information concerning the facility to include:

\_\_\_\_\_ 1. Number of employees that could be on site at any given time. (Be sure to consider employees with temporary or permanent mobility issues, employees who have special medical equipment, or employees with hearing or vision problems)

\_\_\_\_\_ 2. Number of customers or clients that could be on site at any given time. (Be sure to consider customers with temporary or permanent mobility issues, customers who have special medical equipment, or customers with hearing or vision problems)

\_\_\_\_\_ 3. Identification of which flood zone facility is in as identified on a Flood Insurance Rate Map. (Visit [www.floodsmart.gov](http://www.floodsmart.gov) for more information)

\_\_\_\_\_ 4. Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents).

\_\_\_\_\_ 5. Identify if facility is located within 10 mile or 50 mile of emergency planning zone of a nuclear power plant.

#### IV. CONCEPT OF OPERATION

This section of the plan defines the policies, procedures, responsibilities, and actions that the site will take before, during and after any emergency situation. At a minimum the building plan needs to address direction and control, notification, evacuation and sheltering.

\_\_\_\_\_ **A. Direction and Control** - Define the management function for emergency operations. Direction and control provide a basis for decision-making and identifies who has the authority to make decisions for the facility.

\_\_\_\_\_ 1. Identify, by title who is in charge during an emergency, and one alternate, should that person be unable to service in that capacity. This person can provide important information to on scene first responders.

\_\_\_\_\_ 2. Identify the chain of command to ensure continuous leadership and authority in key positions. (For example, who is in charge if a manager is injured or not available)

\_\_\_\_\_ 3. State the procedures to ensure timely activation and staffing of the facility in emergency functions.

\_\_\_\_\_ 4. State the operational and support roles for all staff. (This will be accomplished through the development of Standard Operating Procedures, which should be attached to this Plan).

\_\_\_\_\_ 5. State the procedures to ensure the following needs are supplied:

\_\_\_\_\_ a. Emergency power, natural gas, or diesel. Do you use a back-up generator? How is it fueled? If natural gas, identify alternate means should loss of power occur which would affect the natural gas system. What is the capacity of emergency fuel system?

\_\_\_\_\_ b. Transportation (may be covered in the evacuation section). If needed, do you have a plan in place to move employees or clients if needed? Also, do you have a plan to get employees into the workplace if they are needed/expected to report?

\_\_\_\_\_ **B. Notification** - Procedures should be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff, and clients of potential emergency conditions.

- \_\_\_\_\_ 1. Define how the business will receive warnings.
- \_\_\_\_\_ 2. Define how employees and customers will be alerted.
- \_\_\_\_\_ 3. Identify alternative means of notification should the primary system fail.
- \_\_\_\_\_ 4. Define the procedures and policy for reporting to work for key workers.
- \_\_\_\_\_ 5. If you need to evacuate to another business location, identify procedures for notifying those facilities where you are evacuating to.
- \_\_\_\_\_ 6. Identify procedures for notifying employees and their families if the business is being evacuated or closed and where/when to report to work.

\_\_\_\_\_ C. **Evacuation** - Describe policies, roles, responsibilities, and procedures for the evacuation of employees/customers from the facility.

- \_\_\_\_\_ 1. Identify the individual responsible for implementing site evacuation procedures.
- \_\_\_\_\_ 2. Identify an on-site area where personnel should evacuate to (preferably away from the building itself like a specific area in a parking lot).
- \_\_\_\_\_ 3. Identify and mark evacuation pathways out of the building to safety.
- \_\_\_\_\_ 4. If the site itself needs to be evacuated and personnel need to be moved to another location, list vehicles that will be used in the event of an evacuation (i.e., personal cars, facility owned vans, etc....).
- \_\_\_\_\_ 5. Identify an off-site area where personnel can evacuate to or can be moved to if needed.
- \_\_\_\_\_ 6. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
- \_\_\_\_\_ 7. Identify routes to known public shelter sites in case your staff has to move to a shelter because they cannot immediately return home.

\_\_\_\_\_ 8. Establish procedures for responding to family inquiries about personnel who have been evacuated.

\_\_\_\_\_ 9. Establish procedures for ensuring all personnel are accounted for and are out of the facility.

\_\_\_\_\_ **D. Shelter-in-Place** – There may be incidents where it is safer to stay inside your facility rather than to evacuate. These procedures describe policies, roles, responsibilities, and procedures for sheltering in place in a facility.

\_\_\_\_\_ 1. Identify the individual responsible for implementing site shelter-in-place procedures.

\_\_\_\_\_ 2. Identify an on-site area where personnel should go to. This should include an area that is an interior to the center of the building and has a few windows as possible.

\_\_\_\_\_ 3. Identify and mark evacuation pathways to the shelter in place site.

\_\_\_\_\_ 4. Identify who can shut off utilities (such as the HVAC system) and provide instructions at the shut off site.

\_\_\_\_\_ 5. Create a shelter in place kit which includes snacks, water, a battery powered radio, duct tape and pre-cut plastic sheets to cover doors and windows if practical.

\_\_\_\_\_ 6. Establish procedures for responding to family inquiries about personnel who have been impacted by an event at your facility.

\_\_\_\_\_ 7. Establish procedures for ensuring all personnel are accounted for at the facility.

\_\_\_\_\_ **E. Re-Entry** - Once a facility has been evacuated, procedures need to be in place for allowing staff to re-enter the facility once authorized to do so by the appropriate emergency services agency.

\_\_\_\_\_ 1. Identify by title who is the responsible person(s) for authorizing re-entry to occur for the facility.

\_\_\_\_\_ 2. Identify procedures for inspection of the facility to ensure it is structurally sound.

## **V. INFORMATION, TRAINING AND EXERCISES**

This section shall identify the procedures for increasing employee and their family's awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.

- \_\_\_\_\_A. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- \_\_\_\_\_B. Identify a training schedule for all employees and identify the provider of the training.
- \_\_\_\_\_C. Identify the provision for training new employees regarding their disaster related role(s).
- \_\_\_\_\_D. Identify a schedule for exercising all or portions of the disaster plan on at least an annual basis.
- \_\_\_\_\_E. Establish procedures for correcting deficiencies noted during training exercises.

## **VI. ANNEXES**

The following information needs to be included in a solid plan, yet placement in an annex is optional, if the material is included in the body of the plan.

- \_\_\_\_\_A. Roster of employee and companies with key disaster related roles.
  - \_\_\_\_\_1. List the names, addresses, and telephone numbers of all staff with disaster related roles.
  - \_\_\_\_\_2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, emergency medical services, etc.
- \_\_\_\_\_B. Agreements and Understandings
  - \_\_\_\_\_1. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This should include any specific service providers or commodity providers (i.e., food vendors, etc....), transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

\_\_\_\_\_ 2. Any business that is required to have fire extinguishers in place must have them maintained yearly by a certified fire equipment provider. Be sure to include copies of certification and contact information for your vendor in your plan.

\_\_\_\_\_ a. If your facility has a fire sprinkler system in place, be sure to document any applicable installation paperwork and note the contact information for your vendor/maintenance agreement.

\_\_\_\_\_ C. Evacuation Route Map

\_\_\_\_\_ 1. A map of the evacuation routes and description of how to get to an offsite evacuation site for personnel or drivers.

\_\_\_\_\_ D. Support Material

\_\_\_\_\_ 1. Any additional material needed to support the information provided in the plan.

\_\_\_\_\_ 2. Copy of the facility's fire safety plan that is approved by the Henrico County Division of Fire Office of the Fire Marshal, if required.

\_\_\_\_\_ 3. Copies of applicable evacuation routes out of the building itself which include notations on where employees should congregate if a building is evacuated.

\_\_\_\_\_ 4. Copies of information sheets that should be posted at each telephone including notation of the building address, call back phone number.

**EMERGENCY ACTION PLAN**

**INSERT EVACUATION ROUTE DIAGRAM(S) HERE  
(MAPS)**

**EMERGENCY ACTION PLAN**

**INSERT ASSEMBLY AREA DIAGRAM(S) HERE**

## EMERGENCY ACTION PLAN

### FIRE EMERGENCY

#### Action taken:

1. **Go to the nearest fire alarm pull station and pull it** – Immediately notify the staff that they must quickly and calmly evacuate the building. Go to the nearest exit (*primary or alternate*) **away from the fire** and evacuate the building.
2. **If the fire alarm doesn't sound:**
  - a) Inform your supervisor of the situation.
  - b) Have everyone begin to evacuate the building calmly.
  - c) Go to the floor below you and call **911**- At this time provide the dispatcher with the following:

1) **Name of the Facility:** <Name of the building that you are in>

2) **Address of Facility:** <Address of the facility>

3) **Name of Caller:** <Your Name>

4) **Situation:** Tell the dispatcher if there are injuries, the size of the fire, or other pertinent information).

d) Alert other departments and evacuate the building.

2. **Can the fire be put out?** - If there is a second employee on duty, that employee should assess the situation and use a portable fire extinguisher to control the fire *if it is in the incipient stage (just starting; very small)*. **If the employee has not been trained in the use of a portable fire extinguisher or the fire is spreading beyond the point of origin, the employee will evacuate the building immediately.**

**\*The first priority is the safety of employees, residents and visitors.**

3. **Exit through the nearest exit (*primary or alternate*) away from the fire. Use the stairway exit nearest the department. *Do not use the elevators.*** If you are at your desk, bring your coat and car keys. If you are not, do not go back to get them.
4. **Assemble in your designated assembly area** (See Appendix B Areas of Assembly.) - In the event of a fire emergency that requires evacuation of your building, all employees, volunteers, and patrons will assemble in their designated assembly area, as indicated in **Appendix B, Areas of Assembly.**

## EMERGENCY ACTION PLAN

5. **Perform a roll-call** – Your Floor Emergency Team members will perform a floor roll-call to ensure that everyone is accounted for. They will then provide communications and updates between your group and the directors of the agencies (or their designees at the established assembly point).
6. **Stay where you are** – Do not leave your assembly area unless a member of your Floor Emergency Team has cleared you to do so.

## EMERGENCY ACTION PLAN

### Loss of Utilities (Water, Sewer, Electricity)

#### Action Taken

1. **Notify the appropriate utility company** (*state utility company and include contact information*)
2. **Inform everyone of the problem** – The senior departmental employee on duty shall inform the staff and visitors of the problem.
3. **If the water comes back on** - If the water supply is restored within one hour, the staff activities may proceed as scheduled.
4. **If the water doesn't come back on** - If the water supply **has not been restored after one (1) hour**, or the source of the problem cannot be identified, the senior department employee shall coordinate with maintenance and security for further instructions.
5. **Follow the directions of The Emergency Evacuation Team**
6. **Secure the building** –The Emergency Evacuation Team and Security shall then secure the building to prevent re-entry by unauthorized persons, in the event that employees are sent home.

## EMERGENCY ACTION PLAN

### Severe Weather

#### What's Severe Weather?

Heavy Thunderstorms; High Winds; Lightning; Hail; Snow and Ice Storms; Hurricanes; and Tornadoes.

#### Action Taken:

#### Advanced Warning:

1. **Begin preparations immediately** - If advanced warnings of severe weather are known, begin preparations immediately!
2. **The senior employee will brief all staff to remain calm and stay away from windows and doors.** In a thunderstorm or lightning conditions, employees and visitors must not operate electrical equipment or use the telephone.
3. **If there is sufficient advanced warning,** everyone should survey the surrounding grounds and bring loose equipment and objects (trashcans, chairs, tables, etc.) inside the building.
  - a) Any items, which cannot be brought inside, should be secured to the ground or a fixed object as best as possible. This will reduce the potential for flying objects to cause injuries or property damage.
  - b) **Do not subject yourself to potential injury just to secure equipment.** Everyone must go inside as soon as weather conditions make remaining outside hazardous to personnel.

#### What about Extremely Severe Weather (Hurricane, tornado, etc.)?

If the weather becomes extremely severe or there is information or reason to believe that a hurricane or tornado is passing through the area, everyone will:

1. **Calmly and quickly move to the designated areas of refuge in the building and;**
2. **Perform a roll-call** – Your Floor Emergency Team members will perform a floor roll-call to ensure that everyone is accounted for. They will then provide communications and updates between your group and the senior staff.
3. **Stay in the designated areas of refuge until the danger has passed.** Emergency Team members or the senior employee on duty will make the determination to return to work based upon coordination with their Administration. See Appendix J-1 for telephone numbers.

## EMERGENCY ACTION PLAN

### Blackout Conditions

In the event of a **BLACKOUT**, the building's emergency generator will activate.

If it is a true blackout of power, all electric lights and streetlights in adjacent and surrounding buildings will be off!

### Action Taken

1. **Remain Calm** - If the blackout occurs during the hours of darkness or reduced visibility, the senior departmental employee-on-duty shall inform the staff of the problem and ask that they remain calm, stay together, and to not move about.
2. **Staff must ensure that all electrical appliances and lights are turned off** -To avoid a power surge and possible damage to circuits or equipment when the power is restored.
3. **Members of the Emergency Team will have flashlights and assist employees, if needed.**
4. **If the blackout has not been restored with the activation of the generator** or the source of the problem cannot be identified, the senior departmental employee on-duty will coordinate with Security Services for further instructions.
5. **Leave in a quiet and calm manner** – Exit the building in a quiet and calm manner in the event that the power cannot be restored, and employees are sent home.

## EMERGENCY ACTION PLAN

### Threats

#### Telephone/Bomb Threats

1. **Remain calm** - In the event of a telephonic threat, the employee receiving the call must remain as calm as possible.
2. **Attempt to keep the caller on the telephone as long as possible.**
3. **Use the Threat & Bomb Reporting Form and record the caller's exact words** - A special effort should be made to obtain the information on the attached form.
4. **Immediately Make Notifications** – The member who receives a bomb threat call shall contact 9-1-1. **(Cellular telephones WILL NOT be utilized; they could set the bomb off).**
5. **Notify – Supervisors and Emergency Team Members.**

#### Evacuation Instructions:

1. The decision to evacuate <the name of the business> shall be the responsibility of <designate this responsibility> and/or by the Public Safety responders on scene. Follow instructions as they are given by the 9-1-1 center, police, or fire personnel. In the event that decision is made:
  - a. An announcement that the building is being evacuated shall be made over the paging system (or however your business would do this)
  - b. Employees shall close all doors, leaving them unlocked.
  - c. Elevators shall not be used.
2. When the evacuation order is given:
  - a. a) Desks and work areas shall be cleared of any confidential and important papers;
  - b. Computers logged off;
  - c. Drawers to desks and file cabinets will be closed;
  - d. Cash and money instruments shall be secured; and
  - e. Exit doors shall be closed, but not locked.

## EMERGENCY ACTION PLAN

3. In a calm and orderly manner, all persons shall move toward prearranged evacuation routes, making sure that all visitors accompany employees.
4. All persons shall leave the building at ground level, proceed at least 300 feet from building and not hinder the Division of Fire or other emergency services activities.

### Written Threats

1. **Preserve the evidence** - Written threats should be handled as little and as carefully as possible in order to preserve the document as evidence. **Follow procedures for receiving a bomb threat call.**
2. **Evacuate the building - If the decision is made, by the department head or you are advised to so by emergency personnel to evacuate** - Precede with the evacuation instructions as outlined above.
3. **Do not use your cellular phone until you are in your designated assembly area.**

### Suspicious Letters & Packages

1. **Do not open, move or attempt to unwrap the letter or package** - If the bomb is delivered to the **<name of your business>** or if a suspicious package is discovered in the building, **immediately dial 911. NO ATTEMPT SHOULD BE MADE TO UNWRAP IT OR MOVE IT!!**
2. **Evacuate the building - If the decision is made, by the department head or you are advised to so by emergency personnel to evacuate** - Precede with the evacuation instructions as outlined above.
3. **Do not use your cellular phone until you have reached the designated area of assembly.**

## THREAT & BOMB REPORTING FORM

Remain calm, listen carefully and do not interrupt the caller. Try and obtain the answers to the following questions to the best of your ability while the caller is still on the line. Immediately contact **911** to report all threats received.

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ AM / PM

Telephone # of caller (If obtained through caller ID) \_\_\_\_\_

Telephone extension where call was received \_\_\_\_\_

Person or area threatened \_\_\_\_\_

Location of bomb \_\_\_\_\_ Detonation time \_\_\_\_\_ AM / PM

### CALLER CHARACTERISTICS

Male    Female    Adult    Young Adult    Child

Caller's exact statement \_\_\_\_\_

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Did caller speak with an accent?    Yes    No

Describe \_\_\_\_\_

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Did caller have knowledge of facility?    Yes    No    Unsure

If Yes, Please explain \_\_\_\_\_

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Were background noises heard?    Yes    No

If Yes, Please explain \_\_\_\_\_

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Name of person receiving call \_\_\_\_\_ Ext \_\_\_\_\_

**IMMEDIATELY CONTACT 9-911 TO REPORT ALL THREATS.**

## EMERGENCY ACTION PLAN

### First Aid Procedures

#### Who Responds? (Performs First Aid Duties?)

Only employees who have been trained in first aid/CPR/AED and blood-borne pathogens can render first aid.

#### Where Are Our First Aid and Blood-borne Pathogen Kits?

The <name of business> has a first aid kit located at where employees have unrestricted access to it. The kit must be inspected and inventoried for completeness and serviceability monthly. A first aid instruction book is also located adjacent to the kit.

Each Floor Emergency Team should have a Blood-borne Pathogens Kit. The kit includes personal protective equipment (gloves, gowns, masks, etc.) for those giving major first aid and a spill clean-up kit. The contents are sealed so that they cannot be used more than once.

An AED (*Automated External Defibrillator*) – Is located in the first floor lobby and shall only be used by Emergency Team Members, or other trained first responders. AED's shall be inspected and maintained by <whoever is assigned to do this>.

#### Action Taken

**Minor First Aid** (Includes those injuries that can be treated by first aid alone.)

1. **Report it to one of the Emergency Team members** - Everyone who discovers an emergency situation will inform one of the members of the Floor Emergency Team. They shall assess the situation and render the appropriate first aid treatment.

**NOTE: Employees shall only render first aid procedures for which they are trained and certified.**

**Major First Aid** (Includes those injuries that require greater treatment than first aid and/or post-treatment care.)

2. **If the treatment required is beyond your level of training – call or direct someone to call 911 or 9-9-1-1** - Any treatment required beyond the level of training of which the employee is certified must be handled by emergency medical service personnel. Keep the victim calm. Direct someone to call 9-9-1-1.

## EMERGENCY ACTION PLAN

3. **Provide the following information to the emergency dispatcher:**
  - a. **Site Name/Address:** <Your Floor and Room number>  
<Address>
  - b. **Person Calling:** Give your name.
  - c. **Situation:** Describe who is injured, how the injury occurred, first aid treatment being administered, victim's condition, and any other pertinent information.
4. **Send someone to the Main Entrance area to direct emergency crews when they arrive.**
5. **Prepare an Injury/Illness Report** - Once the emergency medical service personnel have arrived and taken charge, the senior departmental employee on-duty must prepare a Injury/Illness Report on each injured person. Complete the report in ink. The report must be forwarded to Risk Management by the following business day.
6. **If the injury is serious** - Contact your supervisor and department leads or other appropriate departments as soon as possible to report any serious injuries.

### How Do I Protect Myself While Rendering First Aid?

1. **Blood borne Pathogens Exposure Control**
  - a. **Always wear disposable latex or vinyl gloves** - Wearing disposable latex or vinyl gloves is mandatory for all employees or volunteers authorized to render first aid to injured patrons, volunteers, or other employees. This will limit the exchange of body fluids and subsequent contraction of blood borne pathogen diseases. There are gloves in the first aid kit and in the BBP kit.
  - b. **Always use a pocket mask with a one-way valve when giving artificial respiration** - If artificial respiration (rescue breath) is required, the use of a pocket mask with a one-way valve is mandatory. This will limit the exchange of body fluids and subsequent contraction of blood borne pathogen diseases.
  - c. **Keep the area clear of bystanders** - If more than one employee is on duty, one employee shall keep the area clear of bystanders.
  - d. **Always decontaminate or dispose of all equipment/supplies used** - Once first aid treatment is concluded, all equipment and supplies shall be properly decontaminated or disposed of. Employees must wear protective gloves during this process.

## EMERGENCY ACTION PLAN

- e. **Clean up all floors, counter tops, tables, desks, etc.** – If contaminated by a body fluid or equipment used during treatment, all floors, counter tops, etc. shall be cleaned and disinfected in accordance with company policy.

## EMERGENCY ACTION PLAN

### Workplace Violence

#### What is it?

**Any** intentional act that inflicts, attempts to inflict, or threatens to inflict bodily hurt on another person or that inflicts, attempts to inflict, or threatens to inflict, damage to property, **whether committed by an employee or by anyone else** and which occurs in the workplace, at a business site location or while an employee is engaged in company business. A Workplace is composed of all company property and any other locations where employees are performing their work.

#### Who is Responsible?

**Everyone is responsible** for responding promptly to Workplace Violence. All staff members are encouraged to take appropriate measures to protect themselves and personal property and report Workplace Violence incidents or concerns to their supervisor. Supervisors are responsible for responding to the concerns of employees pertaining to threatening or intimidating behavior from internal and external customers. All staff members are responsible for cooperating when emergency response procedures are activated.

#### Actions Taken - (Threatening or Violent Situations)

- a. **If possible immediately call 911 and provide the following information to the emergency dispatcher:**

**Site Name/Address**

**<name of business>**

**<address>**

**Give the floor number and your location**

**Person Calling:**

Give your name.

**Situation:** Describe the situation in detail and whether dangerous weapons/firearms are involved and any other pertinent information.

- b. **Activate the fire alarm** – Evacuate through the safest exit (primary or alternate) to the corresponding assembly area for accountability.
- c. **Remain outside** – until emergency personnel arrive. Do not take any actions that may result in further escalation of the situation.
- d. **Return to work** – only after being cleared to do so by the On-Scene Commander.

## EMERGENCY ACTION PLAN

### Emergency Numbers

- A. Fire or Police Emergency.....911
- B. Emergency Medical Services.....911
- C. Security Desk.....<your facility's SD number>
- D. Maintenance.....<your facility's maintenance number>
- E. Poison Control Center .....1-800-222-1222
- F. Gas Leak.....911
- G. Dominion Power..... 866-366-4357 (M-F 8:00am to 5:00pm)
- H. Henrico Public Utilities (Water, Sewer) .....804-501-4275  
    After Hours (Emergency's Only) .....804-501-5025
- I. Henrico Public Works (Roads, Traffic Signals) .....804-501-4393

### Administration Numbers

<list important company contacts, department heads, etc....>