**<Name of your business>**

2017

Henrico County Risk Management

1/1/2017

<insert your company logo here>

**EMERGENCY ACTION PLAN**

 **(Building)**

**(Address)**

**(Date)**

\*\*Henrico Office of Emergency Management offers this template to help you build an emergency action plan suitable for your business site. Be sure to read the template thoroughly and make changes to adapt to your business’ policies and directives. This plan is offered as a guideline only, and does not dictate processes for your business.\*\*

#### TABLE OF CONTENTS

**Forward…………………………………………………………….……..…....iii**

**A. General………………………………………………………………..……..1**

**B. Purpose…………………………………………………………….………..1**

**C. Scope……………………………………………………………….………..1**

**D. Responsibilities……………………………………………………….…...1**

**E. Emergency Procedures………….………………………………….…....3**

**F. Emergency Team Procedures……..…………………………………….3**

**G. Training………………………………….…………………………………..4**

**H. Drills………………………………………………………………………….4**

 **APPENDICES**

**Emergency Escape Routes and Exits/Areas of Assembly.………………..……….A**

**Severe Weather Shelter Matrix…………………………………………………….…….B**

**Fire Emergencies…………………………………………………………………………..C**

**Loss of Water Utilities………………………………………………………………..……D**

**Severe Weather…………………………………………………………..…………..……..E**

**Earthquakes.…………………………………………………………………………..…….F**

**Electrical Blackouts…………………………………………………...…………….…….G**

**Threats in the Workplace…….……………………………………………………….......H**

**Threat & Bomb Reporting Form………………………………………………….……….I**

**First Aid Procedures……………………………………………………………………….J**

**Workplace Violence………………………………………………….…………….……....K**

**Hostile Intruder…………………………………………………………………….………..L**

**Emergency Telephone Numbers………………………………………………..….…...M**

**Important Things to Remember…………………….……………………………………N**

**Drill Log Sheet……………………………………………………………………………....O**

**Annual Review Certification………………………………………………………………P**

#### Foreword

<Name of your business> that its employees and visitors must be prepared for any and all foreseeable emergencies. This Emergency Action Plan (EAP) template was prepared in compliance with the Virginia Occupational Safety and Health Standards 29 CFR 1910.38. This EAP provides detailed emergency instructions for employees who work at <name of business and address>, to ensure employee and visitor safety and the protection of property during fire, severe weather, loss of utilities and other emergencies.

The <name of business, building name, etc> consists of \_\_\_\_ floors, including the basement. The building is equipped with an automatic sprinkler system **(if installed, list the type),** manual pull stations and fire alarms that are retrofitted with strobe lights. The building is equipped with heat/smoke detectors. Fire pull stations are located at exits and the heat/smoke detectors are located\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Fire Alarm Panel Box is located in Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is monitored by <name of your alarm company if applicable>. Each exit is equipped with an exit sign and hallway emergency lighting connected to an external generator.

Wall-mounted multi-purpose, portable fire extinguishers are placed throughout the facility. Their locations are noted on the evacuation route diagram located in Appendix A of this document.

Employees on duty must become familiar with duties and responsibilities of the Emergency Action Plan. Employees must also be familiar with the location of emergency flashlights, emergency equipment such as portable fire extinguishers, AEDs, First Aid Kits, Blood-borne Pathogens kits, and electrical circuit breaker panels.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of Approving Authority Signature of Approving Authority**

 **(print)**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### **The Emergency Action Plan**

1. **General**

Subpart E, Section 1910, paragraph 38 of the Virginia Occupational Safety & Health Standard requires employers to maintain, in writing, an emergency action plan that covers the designated actions employer and employees must take to ensure all personnel are safe during a fire and other emergencies. This Emergency Action Plan, henceforth referred to as the Plan or EAP, outlines procedures to be used when it is necessary to evacuate employees and other persons from any County of Henrico building safely. This Plan must be used in response to all hazardous events.

## **Purpose**

1. The purpose of this EAP is to provide instructions and guidelines for the predetermined actions that departments and their employees must take to ensure employee and visitor safety at the **(name of facility and address).**

2. The Plan includes guidelines for first aid treatment and the protection of persons and property from the potentially harmful effects of fires, blackouts, bomb threats, and natural disasters.

## **Scope**

1. This emergency action plan applies to all employees and volunteers assigned to duties at [(enter location(s)].\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .
2. **Responsibilities**
3. ***Department Heads (or their designees) are:***

(a) Responsible for implementation of the Plan and annual reviews for effectiveness. (See Appendix P, Annual Review Checklist, to document the review).

1. Responsible for coordinating with other Department Heads to ensure continuity when assigning one Emergency Team (consisting of \_\_\_\_\_\_\_ employees) to each occupied floor of the building.
2. Responsible for ensuring their departmental employees are trained according to the Plan, and other necessary tasks. For example, training for an Emergency Team Member shall include First Aid, Cardiopulmonary Resuscitation (CPR), and Blood Borne Pathogens. For Team Members designated to use a portable fire extinguisher for incipient (early) stage fires, annual fire extinguisher training is required. For clarification on any training requirements, contact Risk Management.
3. Responsible for providing Emergency Team Members on each floor with an up-to-date roll-call list of all employees or volunteers. This list will also record which employees have special conditions/needs for assistance, per each section/floor at all times.
4. Responsible for assembling his/her staff at the location identified in Appendix B during the emergency. If the nature of a certain emergency may make assembly at that location impossible, list an alternate assembly location for that situation.
5. Responsible for ensuring that Emergency Team Members keep all employee and/or volunteer medical information confidential. Such information will be released only to Emergency Medical Services (EMS) personnel and/or other authorities having jurisdiction.
6. Department Heads (or their designees) will coordinate at least annually to ensure the EAP for their departments remains up-to-date, comprehensive, and all pertinent training has been completed for affected employees.
7. Department Heads can consult with Risk Management or other internal partners for their department’s scheduled drills, as well as oversee any post-drill activities. (See Appendix O, Drill Log Sheet, to document drills).
8. ***Risk Management or whoever is responsible for this plan is:***

(a) Responsible for assisting Departments with the development and maintenance of a current Emergency Action Plan that identifies specific responsibilities and duties for that department’s employees if emergency action is needed.

(b) Responsible for providing, or assisting with, appropriate training to ensure all employees understand their responsibilities as outlined in their department’s Plan.

(c) Responsible for ensuring that each department maintains a copy of its Plan. During annual safety assessments, the Safety Officer(s) from Risk Management will ask to review the EAP to ensure the Plan is up-to-date, comprehensive, and all training for affected employees is complete and documented.

(d) Whenever an emergency allows for pre-planning, the Risk Manager and Safety Officers shall be available to Department Heads and other affected personnel to ensure, as best as is possible, that emergency procedures are in place. During or after any emergency, the Risk Manager and Safety Officers shall be available to the Department Heads for further instructions, or to assist with additional tasks.

1. ***Emergency Team Members are:***
2. Responsible for attending all initial and refresher training.
3. Responsible for reading and understanding the procedures in the Plan.
4. Responsible for following these procedures in the event of an emergency.
5. Responsible for ensuring that all medical information concerning employees and citizens is kept confidential.
6. ***Employees are*:**
7. Responsible for attending all initial and refresher training.
8. Responsible for following all procedures in the Plan.
9. Responsible for questioning any part of the Plan that is still unclear after training.
10. Responsible for responding to all emergencies and/or evacuating the building in an orderly and quiet manner. Designated employees will also assist those in need.
11. ***Employees with Disabilities:***
12. Employees with disabilities include those with mobility, vision, and/or hearing impairments, as well as those who are temporarily impaired, mentally impaired and/or employees with a heart/respiratory condition (asthma/emphysema). Other health conditions might be aggravated by the exertion required to evacuate many flights of stairs in unfamiliar and/or smoke-filled stair wells.
13. Employees with disabilities are required to advise supervisors and/or an Emergency Team Member of their special needs and what should be in place so they are able to evacuate the building safely. This includes, but is not limited to methods of:
14. Detection – How impaired employees will activate the building’s fire alarm system.
15. Notification – How impaired employees will be alerted to evacuate the building, and what modifications to their work areas need to be made, if any.
16. Movement – How to ensure impaired employees are evacuated from the building. If possible, special methods will be developed to evacuate these employees and their medical equipment at the same time.
17. **Emergency Procedures**
18. **Specific procedures for emergencies are outlined in Appendices A through R of this Plan.** Emergency escape routes and areas of assembly will be identified with the diagrams as labeled as Appendix A of this Plan. Employees and volunteers must become familiar with the building escape routes and assembly locations. Corridors and hallways serving as a means of egress to exits must remain clear and unobstructed at all times.
19. When an emergency requires a building evacuation, all employees and visitors will evacuate via the ***primary*** *e*xit. Persons will gather at the designatedassembly area identified in Appendix A of this Plan. Should conditions exist where safe egress through the ***primary*** exit is not possible; employees and visitors will evacuate through ***alternate*** exit(s) and gather at the secondary location for a head count or roll call. The Emergency Team must coordinate with other employees to account for all visitors present at the time of the emergency. The Emergency Team will report this information to <911 or your onsite security>.
20. A diagram of portable fire extinguisher locations, AEDs and emergency egress routes for each floor shall be included with the diagrams or documents listed in Appendix A.
21. **Emergency Team Member Requirements and Procedures**
22. Each department/section/agency/floor must have *(insert number)* employees assigned to the Floor Emergency Team.
23. All Emergency Team Members **must** have First Aid/CPR/AED and Blood-borne Pathogens Training. <or other company required training>
24. Annual fire extinguisher training is required **ONLY** for personnel designated to use a portable fire extinguisher to fight incipient (early) stage fires. Departments are not required to designate one or more Emergency Team Members to fight incipient stage fires. Departments that do not designate employees to fight incipient stage fires must make evacuation mandatory.

1. All Emergency Team Members must be physically fit enough to lift 300 pounds collectively with other team members, or with able bystanders.
2. When the fire alarm sounds, each Emergency Team, comprised of Floor Stewards and Floor EVAC Groups, will report to his/her assigned station immediately.

*(a) Floor Stewards will:*

1. Ensure all offices, training rooms, restrooms, closets, etc., have been evacuated.
2. Ensure all employees and visitors have evacuated the floor.
3. Ensure that all doors are closed once the entire floor is cleared.
4. Inform the Floor EVAC Group of results of the floor sweep; they will then notify <911 or your onsite security>.

*(b) Floor EVAC Groups must:*

1. Assist with the evacuation and maintain order as employees and visitors leave the building.
2. Assist disabled or impaired individuals who need to evacuate the building.
3. Ensure that all employees and visitors on each floor are counted.
4. Ensure that head-count forms have been filled out and given to <911 or your onsite security>.
5. If necessary, a Floor EVAC Group Member will administer First Aid.
6. **EAP Training**
7. Risk Management will ensure each Department Head (or his/her designee) has developed and implemented an EAP specific to departmental needs, and all appropriate training has been completed. All employees must understand their roles in the event of an emergency. Each Department Head, or designee, must review the Plan with affected employees as follows:
	1. Upon initial development of the Plan,
	2. Whenever an employee's responsibilities or designated duties under the Plan change,
	3. Whenever approved departmental changes are made to the Plan,

* 1. Whenever an employee is assigned, hired or transferred to his/her current position.
1. The Department Head, (or his/her designee) shall review the Plan with each employee upon initial assignment. Specific training an employee must have to protect himself/herself during an emergency will be completed and documented. This Plan will be kept current and on file in each department. The Plan shall be accessible to employees at all times.
2. **Drills**
3. At a minimum, drills shall be conducted annually or whenever a drill is deemed necessary by company policy.
4. Particularly for fire drills, <alarm company> and the Fire Marshal’s Office will be notified of drill dates and times at least two weeks in advance.
5. The drill date, reason for the drill, and affected department, will be recorded using Appendix O.

####

**EMERGENCY ESCAPE ROUTES AND EXITS/ AREAS OF ASSEMBLY**

**ATTACH EVACUATION ROUTE/ASSEMBLY AREA DIAGRAM(S) HERE**

**(use as many pages/attachments as necessary)**

**SEVERE WEATHER SHELTER MATRIX**

|  |  |
| --- | --- |
| **Department, Agency, or Office** | **Shelter Locations (Primary and Secondary)** |
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**FIRE EMERGENCIES**

**Action Plan:**

1. **Go to the nearest fire alarm pull station and pull it.** Immediately notify employees and visitors that everyone **must** quickly and calmly evacuate the building. Go to the nearest exit (***primary or alternate***) ***away from the fire.***
2. **If the fire alarm does not sound:**
3. Inform a supervisor of the situation.
4. Tell everyone to evacuate the building calmly.
5. Move to a safe floor (preferably below the fire) and call 9-1-1. Provide the dispatcher with:
6. **Name of the Building:** (Where the fire is located)
7. **Address of Building:**
8. **Name of Caller:** (Give name)
9. **Situation:** Tell the dispatcher about injuries, the size of the fire, and other valuable information.
10. Alert other departments and ensure everyone evacuates the building.
11. **Incipient stage fires:** If there is a second employee nearby, that employee should assess the situation. Use the nearest portable fire extinguisher to control the flames ***if it is in the incipient stage (small enough to extinguish easily)***. **If the employee has not been trained how to use a portable fire extinguisher, or the fire is spreading beyond its point of origin, all employees will evacuate the building immediately.**
12. **Escape through the nearest exit (*primary or alternate*) away from the fire:** Use the nearest stairway exit. ***Do not use elevators***. Employees at their desks may exit with personal belongings such as a coat, purse, or keys. Employees away from their desks must evacuate the building.
13. **Assemble in the designated location:** In a fire emergency that requires evacuation, all employees, volunteers, and visitors will assemble in the assembly area(s) indicated in Appendix A.
14. **Perform a roll-call or head count:** Emergency Team Members will perform a roll-call or a head count to ensure that every known person has left the building. The information will be provided to Security Services.Security Services will relay the information to the Incident Commander.
15. **Stay in place:** Do not leave the assembly area unless a member of the Floor Emergency Team has given permission to do so.

**LOSS OF WATER UTILITIES**

**Action Plan:**

1. **Notify <landlord, Facilities Management, etc…>:** In the event of water loss, the most senior employee on duty will notify **<landlord, Facilities Management, etc…>** that the water supply is cut off.
2. **Inform everyone of the situation:** The senior employee on duty shall inform employees and visitors of the situation.
3. **Brief water loss:** If the water supply is restored within one hour, employees will resume normal activities as scheduled.
4. **Extended water loss:** If the water supply **has not been restored within one hour**, or the source of the problem cannot be identified, the senior employee shall coordinate with <whomever makes decisions> for additional instructions.
5. **Building Security:** <whomever this task is assigned to>, or another designated authority, will secure the building. If employees are sent home, the Incident Commander will prevent unauthorized persons from entering the building until repairs are completed.

**SEVERE WEATHER**

**Severe weather includes, but is not limited to, the following:**

* Thunderstorms
* High Winds
* Lightning
* Hail
* Blizzards
* Ice Storms
* Hurricanes
* Tornadoes

**Advanced Warning:**

1. If local media release advanced warnings of severe weather, or NOAA issues a severe weather warning, preparations should begin immediately.
2. Department Heads, or their designees, will encourage employees to remain calm, and stay clear of windows and doors.

**During a Severe Weather Event:**

1. Emergency Team Members will direct employees to gather in the designated severe weather shelters as quickly and as calmly as possible. Appendix B identifies the primary and secondary shelter locations. Once everyone is safe, an Emergency Team Member will:
2. Perform a roll-call or a head count. Emergency Team Members will account for all employees, as well as any visitors and citizens.
3. All persons will remain sheltered until the danger has passed. Department Heads, Emergency Team Members, or designees, will determine when it is safe to exit the shelter. Employees may be sent home or return to work depending on the outcome of the emergency. <assigned staff> employees will ensure the safety of visitors, contractors, and guests who have taken shelter. See Appendix O for emergency telephone numbers if there is damage or an emergency.

### **EARTHQUAKES**

### **If Indoors…**

* **DROP** to the ground; take **COVER** under a sturdy table or other piece of furniture; and **HOLD ON** until the shaking stops. If there is not a table or desk nearby, cover face and head with both arms and crouch against the inside corner of the building.
* Stay away from glass, windows, outside doors and walls, and anything that could fall, such as a light fixture or floor lamp.
* Use a doorway for shelter only if it is nearby and has a load-bearing frame.
* Stay inside until the shaking stops and it is safe to go outside. Most injuries occur when people move to a different location inside the building, or exit it.
* Be aware the power may go out, and the sprinkler system or fire alarm may activate.
* **DO NOT** use elevators.

### **If Outdoors…**

* Stay outside. Do not enter a building.
* Move away from buildings, streetlights, and utility wires.
* Once in the open, remain there until the shaking stops. The greatest danger exists outside buildings, at exits, and alongside exterior walls. Ground movement is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

### **If in a Moving Vehicle…**

* Stop as quickly as safety permits. Stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
* Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

### **If Trapped Under Debris…**

* Do not light a match, or ignite a lighter.
* Do not move. Do not kick up dust.
* Cover mouth and nose with a handkerchief, or clothing.
* Alert rescuers by tapping on a pipe or wall. If available, use a whistle. To avoid inhaling dangerous levels of dust, shout aloud as a last resort.

**ELECTRICAL BLACKOUTS**

***If the Emergency Generator System Fails:***

1. **Remain Calm:** If the blackout occurs during darkness or reduced visibility, the senior employee shall inform personnel of the power failure and ask everyone to remain calm, stay together, and not move.
2. **Employees will turn off all electrical appliances and indoor lighting:** To avoid damage from a power surge, or damage to circuits or equipment, all electrical devices and lighting will remain off until the power is restored.
3. **Emergency Team Members will have flashlights to assist employees.**
4. **If power has not been restored within one hour,** **or the source of the outage cannot be identified:** The senior employee will coordinate with his/her Department Head for further instructions.
5. **Exit the building:** Leave work areas in a quiet and calm manner if the power cannot be restored in a reasonable period of time. The Department Head, or his/her designee, will determine whether employees should be sent home.

****

**THREATS IN THE WORKPLACE**

**Telephone/Bomb Threats:**

1. **Remain calm:** In the event of a telephone threat, the employee receiving the call must try to remain calm.
2. **Keep the caller on the telephone as long as possible**.
3. **Use the Threat & Bomb Reporting Form to record the caller’s exact words:** A special effort should be made to obtain the information on the attached form (Appendix J).
4. **Immediately notify authorities:** When the caller hangs up the telephone, the employee will ***immediately dial 9-1-1*** via the office landline system (i.e., regular phone).
5. **Alert supervisors and Emergency Team Members.**

##### **Bomb Threat Evacuation Instructions:**

1. **Evacuate:** Exit through the nearest (***primary or alternate***) exit away from the threat. Use the nearest stairway exit.Do **not** use elevators. Employees at their desks may bring coats, purses, car keys, etc., with them. Employees not at their desks must exit the building immediately.
2. **Assemble in the designated assembly areas:** During a threat that requires an evacuation of the building, all employees, volunteers, and visitors will assemble in theassembly area as indicated in Appendix A.
3. **Perform a roll call** **or head count. Wait until the Police/Incident Commander issues a release:**  Once everyone is accounted for, the information will be provided to ***<designated staff member>.*** A designeewill relay the information to the public safety Incident Commander.

1. **Stay in place:** Do not leave the assembly area unless an Emergency Team Member grants permission to do so.
2. **Do not re-enter the building:** Never re-enter the building unless it has been cleared by Henrico Fire or Police officials.

**Written Threats:**

1. **Preserve evidence:** Written threats should be handled as little and as carefully as possible in order to preserve the document. **Immediately dial 9-1-1** via the office landline system (i.e., regular phone) to report the threat.
2. **Evacuate the building:** If instructed by the Incident Commander and proceed with the evacuation instructions as outlined above. 🡹

**Suspicious Letters and Packages:**

1. **Do not open, move or attempt to un-wrap the letter or package:**  If a suspicious package has been delivered or discovered in the building, **immediately dial 911** via the office landline (i.e., regular phone) system. ***NEVER UNWRAP OR MOVE ANY SUSPICIOUS LETTER OR PACKAGE!!***
2. **Evacuate:** Exit through the nearest (***primary or alternate***) exit away from the threat. Use the stairway exit nearest the department.Do not use elevators. Employees at their desks may bring coats, purses, car keys, etc., with them. Employees not at their desks must exit the building immediately.

 **THREAT & BOMB REPORTING FORM**

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

**Immediately call 9-1-1 to report all threats.**

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

Telephone number from 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

Did caller speak with an accent? Yes No

Describe

Did caller have knowledge of facility? Yes No Unsure

If Yes, please explain

Were background noises heard? Yes No

If Yes, please explain

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

 **FIRST AID PROCEDURES**

**EMPLOYEES ARE ENCOURAGED TO BE TRAINED IN FIRST AID/CPR/AED AND BLOOD-BORNE PATHOGENS.**

# **Location of First Aid Kits and Blood-borne Pathogen Kits…**

**Each floor in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building has a First Aid Kit in or at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_where employees have unrestricted access to it.** The kit must be inspected and inventoried for completeness and serviceability monthly by a qualified person.

**An AED (*Automated External Defibrillator):*** In the \_\_\_\_\_\_\_\_\_\_\_ Building, the AED is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_ floor, and can be utilized by employees and the public. AEDs shall be inspected and maintained by the Department.

**Actions Taken…**

**Minor First Aid**

**Injuries that can be treated with basic first aid alone—these injuries are not recordable on the OSHA 300 Log <or appropriate company reporting forms>.**

**Report every injury to an Emergency Team Member:**  All injuries, no matter how minor, must be reported. The Team Member will assess the situation and, if needed, render the appropriate treatment.

**Major First Aid**

**Injuries that require treatment beyond basic first aid and/or require post-treatment care:**

1. **If the injury requires treatment beyond any employee’s level of** **training:** call **9-1-1** or direct a bystander to call **9-1-1.** Serious injuries must be handled by Emergency Medical Services (EMS) personnel. Keep the victim calm until EMS arrives at the scene.
2. **Provide the following information to the Dispatcher**:
	1. Site Name/Address: (Floor and Room number)
	2. Person Calling: (Give name)
	3. Situation: Describe who is injured, how the injury occurred, any first aid treatment being administered, the victim's condition, and other valuable information.
3. **Send a person to the building entrance (or other designated meeting point):** This person will direct the Emergency Medical Services personnel to the incident site once they arrive at the location.
4. **Prepare a First Report of** **Injury <or appropriate reporting form>:** Once Emergency Medical Services personnel have arrived and taken charge, the senior employee on-duty must prepare a First Report of Injury on each injured employee. Complete the report in ink. The report must be forwarded to Risk Management no later than the next business day.
5. **Report serious injuries:**  Contact the Department Head, or his/her designee, as soon as possible to report any serious injuries.

**Use Universal Precautions When Providing First Aid…**

**Universal precautions:** This is the approach to infection control that treats all human blood, and most human body fluids, as if they are known to be infected with HIV, HBV, and/or any other bloodborne pathogen.

1. **Always wear disposable gloves:** Wearing disposable gloves is mandatory for employees or volunteers authorized to render first aid to injured employees, visitors, or volunteers. This limits the exchange of body fluids and possible contraction of blood borne pathogens. Appropriate gloves will be stocked in the First Aid kit and in the Blood Borne Pathogens kit.
2. **If possible, use breathing barrier when performing CPR:**  If CPR is required, using a breathing barrier is recommended. This will limit the exchange of body fluids, and will minimize the transmission of blood borne pathogens. Follow instructions given by the 911 Dispatchers.
3. **Keep the area clear of bystanders:** If more than one employee is nearby, select an employee to keep the area clear of bystanders.
4. **Decontaminate or dispose of all equipment/supplies used:** After first aid treatment is concluded, all equipment and supplies shall be decontaminated with an appropriate disinfectant, or disposed of in an approved Bio-hazardous waste container. Employees must wear protective gloves during this process.
5. **Decontaminate floors, counter tops, tables, desks, etc.,:** Any surfaces or equipment contaminated by body fluids during treatment, (floors, counter tops, etc.); should be disinfected by custodial services personnel trained for this task. All decontamination shall be done in accordance with <agency policy>.

### **WORKPLACE VIOLENCE**

**Definition of Workplace Violence:**

**Any** intentional act that inflicts, attempts to inflict, or threatens to inflict bodily harm to 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 the act occurs in a County workplace, at a County site location or while an employee is engaged in County business**.** A “workplace” is all business property, as well as any other location where employees are working.

**Responsibilities:**

**Everyone is responsible** for responding to workplace violence. All employees are encouraged to protect themselves, and personal property. Report any workplace violence incidents or concerns to an immediate supervisor. Supervisors are responsible for addressing the concerns of employees in regard to threatening or intimidating behavior from other employees or citizens. Employees will cooperate whenever emergency response procedures are activated.

**Actions to take in a threatening or violent situation:**

1. **If possible, call 9-1-1. Provide the following information to the dispatcher:**

**Site Name/Address:** Building address**.**

**Person Calling**: Give name.

**Situation:** Describe the situation in detail. Include whether dangerous weapons/firearms are involved, as well as any other valuable information.

1. Evacuate via the safest exit (***primary or alternate***) and assemble in the designated location for a head count or roll call.

**NOTE: Due to the complexity of such situations, an Emergency Team Member may advise employees and others to shelter in place.**

1. **Remain outside:** Wait until Emergency Responders arrive. ***Do not take action that may escalate the severity of the situation.***
2. **Return to work:**  Re-enter the building onlyafter being cleared to do so by an Emergency Team Member.

**HOSTILE INTRUDER**

**Reaction to a Hostile Intruder is not complicated.**

**There are three options:**

 **RUN – HIDE – FIGHT**



****

**EMERGENCY TELEPHONE NUMBERS**

1. Fire or Police Emergency………………………………………………………………………………9-1-1
2. Emergency Medical Services……………………………………………………………...................9-1-1
3. <Alarm Company name & number>.……………………………………….….…………………..###-####
4. Landlord or maintenance contact………………………………………….………………….……###-####

## Poison Control Center……………….……………………….……...……......................1-800-222-1222

1. Gas Leak……………………………………………………………………….…………….................9-1-1
2. Dominion Energy (to report power outages)……………………………..……………….1-866-366-4357
3. Public Utilities (to report water main breaks).……………...…………….………………………501-4517

**Administration Numbers: (insert here)**

**Departmental Numbers: (insert here)**

Important Things to Remember…



**Emergencies in the Workplace**

RESPONSIBILITIES IN EMERGENCY SITUATIONS:

* FOLLOW TRAINING
* REACT CALMLY AND QUICKLY
* NO HEROICS

|  |  |
| --- | --- |
| **IF A FIRE IS DISCOVERED:**-Alert others at risk-Notify a supervisor -Activate the alarm system-If possible, turn off electronics-Evacuate the area  | **FIRE ALARM**-Use the nearest safe exit-Go to the gathering location-Stay with group-Do not re-enter building unless directed to do so |

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| **MEDICAL EMERGENCY**-Alert a supervisor and an Emergency Team Member  | **SEVERE WEATHER**-Turn off equipment-Report to evacuation location |

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| **Drill Log Sheet**Schedule a tornado drill **ONCE** per year during any of the following months: March, April, May, June, July, August, OR September.**Note:** Tornado drills shall be scheduled separately than a fire, storm or other drill.  |
| **Drill Log for Year:**  | **Department:**  |
| **Floor(s) or Agency:**  | **Building:** |
| **Month** | **Type of Drill** (write type of drill: firetornado, earthquake, storm) | **Date** | **Weather Conditions** | **Head Count** | **Comments** (evacuation time, special needs, etc.) | **Name of Person****Conducting Drill** |
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**Emergency Action Plan Annual Review**

**For**

**(Year)**

This document certifies that the <name of the business> has performed an annual review of its Emergency Action Plan (EAP).

This annual review will verify the following:

1. Site-specific training is up-to-date for all personnel;
2. The EAP contains all departmental updates, if necessary;
3. Emergency drills specific to the department were held;
4. Procedures for employees with disabilities are current with appropriate training;
5. Any annual updates to the Plan have been completed, including new training.

This EAP Annual Review is certified by:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_