

# EMERGENCY ACTION PLANNING GUIDE

This packet contains a study guide and templates to help you build a thorough Emergency Action Plan for your organization or business.



# HomeTown Ready Checklist:

## **Disaster Preparedness Training**

25% of your full time employees should attend this training.

OR

## **Community Emergency Response Team (CERT)**

For every 50 employees you have, two must receive CERT training. If you employ fewer than 50 people, you must still have a minimum of two people who have received CERT training. These employees should be full-time.

## **Facility Assessment**

Each building you operate must be assessed by OEM. This assessment is not an enforcement of any building codes, but rather an opportunity for you to discuss potential building hazards and refuge/sheltering areas with OEM.

## **Disaster Kits and General Preparedness**

As a Hometown Ready organization, your facility should keep a NOAA all-hazards weather radio on hand to provide warning of impending hazards. A disaster kit should also be assembled for your organization to include materials necessary for general disaster response (flashlights, work gloves, first-aid kit, etc.)

## **Emergency Operations Plan (EOP)**

Your organization must have an EOP to address response procedures to a variety of potential hazards. This plan should be kept up to date and revised as needed. The plan should be drawn up with your local facility in mind, though corporate plans or generic templates may be used as a starting point. Your EOP must be reviewed and approved by OEM, and OEM will retain a copy of your plan for its files.

## **Continued Engagement**

Hometown Ready certification must be renewed every three years.

**(Facility Name)**

Emergency Action  
and  
Recovery Plan

**Purpose:**

Preplanning is essential for successfully minimizing any adverse effects of an emergency or disaster on an organization and its operations. Emergencies and disasters can take many forms, and can also happen at any given time; including physical and work accidents or terrorism. The following action and recovery plans have been designed to help reduce the impact of an emergency or disaster.

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# Emergency Telephone Numbers

An emergency is any situation – actual or imminent – that endangers the safety and lives or the security of the properties.

## Emergency 911

**When you call:**

- Identify yourself and the specific location of the emergency
- Relate known or suspected injuries or fatalities
- Identify immediate help needed

**If appropriate notify: Individuals on your location’s emergency contact list.**

## Local Emergency Numbers

Ambulance \_\_\_\_\_

Fire \_\_\_\_\_

Gas Leaks \_\_\_\_\_

Poison Control Center \_\_\_\_\_

Police (emergency) \_\_\_\_\_

Police (non-emergency) \_\_\_\_\_

Doctor \_\_\_\_\_

Local Weather Line \_\_\_\_\_

## Your Location's Emergency Contact List:

Individuals who should be contacted in an emergency are:

Name	Work Number	Home/Cell Number

# Medical Emergency

EMERGENCY ACTIONS – In the event of an injury or other medical emergency:

- Call designated individuals listed on the Emergency Contact List, (page 4)
  - Identify your location: **building name, street address, office/room area of building.**

( \_\_\_\_\_ )

- Describe the situation
  - What happened?
  - Type(s) of injuries
  - Help needed
- Obtain or provide on-site first-aid.
- Alert any necessary individuals that an emergency is occurring.
- Alert appropriate individual \_\_\_\_\_ who has reference to any personnel files for emergency medical instructions (e.g. diabetic).
- Designated individual \_\_\_\_\_ should be chosen to notify family as appropriate.
- Make sure someone is in the parking lot to direct the emergency responders.

Personnel at your location who are trained and certified to administer First Aid/CPR:

Name	Telephone	First Aid	CPR



# Fire Plan

## Evacuate your building:

- Type construction
- Heating system
- Fire exits
- Evacuation routes
- Elevators
- Smoke barrier system (e.g. fire doors)
- Detection devices (e.g. heat, smoke or Carbon Dioxide, Security Systems)

## Know the location of fire emergency resources:

- Fire alarm pull stations
- Fire extinguishers
- Sprinkler systems
- Emergency lighting
- Detection devices (e.g. heat, smoke or flame detectors)

## Know your occupants:

- Pre-school
- Sunday school
- Day care or nursery
- Any outside organizations who utilize your facility
- When is facility at its greatest occupancy?

A fire evacuation diagram for each building should be developed containing all of the above items. This diagram should be posted throughout the building in visible prominent locations. (See Appendix A).

## EMERGENCY ACTIONS – If a fire occurs, or you detect smoke or a burning odor:

- Pull the closest fire alarm to initiate building evacuation.
- **Call 911** and report:
  - The location of the fire (address of building)
  - The suspected cause and current status of the fire
  - Your name and phone number
- **DO NOT** use elevators.
- Exit building using the closest possible evacuation route.
- After all individuals have been cleared from the area, close all doors to the immediate area of the fire to help isolate the smoke and fire.
- Use the proper fire extinguishers to fight the fire if there is no additional danger to you.
- Follow all instructions from the fire department and police.
- Assemble outside the facility in designated areas. \_\_\_\_\_
- Account for all individuals once assembled in designated areas.
- **DO NOT** go back into the building. Re-enter only after the ***all-clear*** is given by the fire department.

## Fire Drills

- Conduct on regular periodic intervals
- Identify opportunities for improvement of current fire evacuation plan
- Opportunity for staff to put plan into action

## Items to Evaluate

- Transmission of alarm
- Preparation for building evacuation
- Assembly and accounting of individuals
- Overall following of written fire evacuation plan

# Severe Weather/Tornado

As severe thunderstorms and tornadoes can effect almost all areas of the country, this section is devoted to procedures that should be followed in the event of these severe weather conditions.

## EMERGENCY ACTIONS – Should threatening weather conditions develop:

- Use your weather alert radio or television weather channel to monitor the approach and severity of the weather:
  - **Tornado Watch:** Weather conditions are favorable to the formation of tornadoes.
  - **Tornado Warning:** A tornado has been sighted in the area.
- If the Weather Service issues a severe weather or tornado warning for your immediate area, warn all individuals.
- Close all doors; stay away from windows.
- Employees should move to a pre-planned shelter area.
  - Location:  

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- A flashlight and battery-powered radio should be made available to keep in or take to this shelter area.
- Remain in the shelter area until released by personnel.
- Reconvene individuals when the emergency is passed to make sure everyone is safe.
- Discourage individuals from leaving the building in the event of an emergency.

## SEVERE WEATHER REFUGES

### Best areas:

- Basement
- Inside walls on opposite side of corridor from which storm is approaching
- Restrooms without windows
- Interior hallway on lowest or ground floor (no windows, doors secured at either end)

### Areas to avoid:

- Lobbies
- Walkways
- Atriums
- End rooms in one-story buildings
- Rooms with large glass areas
- Hallways that could become “wind tunnels”

### In open country:

If you are in a vehicle and you have the opportunity to drive away from the tornado, do so.

Tornadoes travel across land at an average speed of 35-45 mph, and therefore it may be possible to evade it entirely.

If you cannot drive away from the tornado, abandon your vehicle and seek shelter in a nearby sturdy structure (a house for example). If no buildings are available to shelter in, seek out a culvert, ditch or other low spot in which to wait out the storm. Remaining in your vehicle is a last-resort option, but should this be your only available shelter **leave your seatbelt buckled and lean down, positioning yourself as much below the vehicle’s windows as possible.**

# Natural Disasters

## EMERGENCY ACTIONS

### BLIZZARDS

- Monitor approaching winter storm conditions – freezing rain, sleet, heavy snow, sustained high winds, wind-chill conditions.
- Ensure that individuals are aware of cold weather safety rules and understand policy for operating or closing under adverse weather conditions.

### FLOODS

- In heavy rains, be aware of flash floods. If you see any possibility of a flash flood occurring, move immediately to a safer location.
- Monitor reports on flood conditions. If advised to evacuate:
  - Secure the building
  - Lock the doors and windows
  - Calmly leave immediately if safe to do so

### LIGHTNING

- When a thunderstorm threatens, go immediately inside for protection.
- Indoors, stay away from windows, water, sinks, faucets and phones.
- If you are in a hard-topped car, stay there.
- If you are caught outside, stay away from any object that could act as a natural lightning rod, such as a tall tree in an open area. Stay clear of open field, open water or small isolated sheds. If you are caught in a field, crouch low to the ground; do not lie flat on the ground.
- Keep away from fences or other metal objects.

# Menacing Person/Weapons Threat

EMERGENCY ACTIONS – If there is a potentially dangerous person in your area:

- Call 911 or other designated emergency number, \_\_\_\_\_, when it is safe to do so.
- Also notify any trustees or designated emergency personnel, \_\_\_\_\_, trained to handle these situations.
- If you are in a position to explain your situation, give as much information as possible.
- Give your address.
- Remain calm and cooperate with the person(s). Make no sudden movements.
- If safe to do so, quietly leave the area.

# Kidnapping/Hostage Situation

**EMERGENCY ACTIONS** – For any situation involving either kidnapping or hostage situation of staff or member of the facility: Summon appropriate designated personnel immediately.

**If you receive a phone call regarding an employee or member kidnapping/hostage situation:**

- Keep caller on the line to get as much information as possible.
- Use the Kidnapping/Hostage Checklist (Appendix B) to record all information.

**If you receive a ransom note:**

- Call appropriate designated personnel immediately. Minimize additional handling of the note until it can be delivered to authorities.



# Harassing/Obscene Telephone Calls

If you are receiving harassing calls, the best way to handle the situation is to immediately hang up without saying anything to the caller. If the caller does not receive a response, he/she will usually stop calling.

- If the calls are threatening in any way, or are continuous, please contact \_\_\_\_\_ immediately. Give this designated individual the following information:
  - Your name, extension number and location
  - Date and time of harassing phone calls
  - Content of the calls
- If any harassing or obscene message are left in your voice mailbox, please save those messages in case they are needed for evidence.
- Sometimes callers become abusive. If all customer relations tools and techniques do not move the customer into more productive behavior, it might become necessary to terminate the conversation.
- **Display empathy for caller's predicament.**
- Remain calm and reasonable.
- Forewarn caller that unless abusive language is discontinued, you will hang up.
  - Ex. *"I'm sorry you feel the way you do; however, this conversation is not productive. So if we can't get back on a positive track, I will terminate this call."*

# Bomb Threat

## EMERGENCY ACTIONS – WHEN A BOMB THREAT IS RECEIVED BY PHONE:

- If the threat of explosion is immediate, evacuate all people from the premises at once.
- If the caller indicates there's some time before the bomb will go off:
  - Try to get as much information as possible about the location and description of the bomb and the caller. Use the BOMB THREAT CHECKLIST (see Appendix C) to record all information.
  - **Stay** on the line only as long as the caller continues to provide useful information.
  - **Immediately evacuate the premises. Take the checklist with you.**
- Call 911 or other designated emergency number, \_\_\_\_\_, and convey all of the above information.
- All bomb threats and warnings received by phone or mail should be reported immediately to designated employees.

## EMERGENCY ACTIONS – DISCOVERY OF A SUSPICIOUS ITEM:

If you find an item you suspect is a bomb, **DO NOT touch, move or disturb the item.**

Call 911 or other designated emergency number, \_\_\_\_\_, immediately.

Then notify the appropriate individuals. Keep persons away from the area until help arrives.

### Bomb Threat Checklist:

See Appendix C

# Domestic Situation

**EMERGENCY ACTIONS** – For any domestic situation:

- Call the designated individual, \_\_\_\_\_.
- Remain calm.
- If safe to do so, alert other employees that an emergency/danger is present or imminent and quietly leave the area.
- In the event that you observe volatile behavior, politely ask to intercede.

Continue to monitor the situation. If it accelerates, call 911 or other designated emergency number, if necessary.

# Media Communications

Emergency situations attract media attention. For that reason, media crisis communications are an important part of emergency response procedures.

## **EMERGENCY ACTIONS:**

**Instruction individuals to direct all media inquiries they receive to the designated representative, \_\_\_\_\_.** This will help ensure that all media interview the designated spokesperson and that all media receive accurate, identical information.

# Recovery Profile

*Developed For:*

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

**Plan completed by:**

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

Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_

# Financial Authorization Approval

**Purpose:**

To know who in your organization has the authority to sign work authorizations on site so work can begin without delay in case of disaster.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Insurance Information

**Purpose:**

Notification of Insurance Company (s) of the problem or situation as soon as possible following a disaster or emergency:

Insurance Provider: \_\_\_\_\_

Building Insurance Carrier Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contents Insurance Carrier Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Broker Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# Primary Building Statistics

1. Year Constructed: \_\_\_\_\_

2. Year of Latest Renovation (structural): \_\_\_\_\_

3. Blueprint Location (specifically): \_\_\_\_\_

## 4. Blueprint Checklist:

- Electrical Structural: \_\_\_\_\_ - Renovations(structural): \_\_\_\_\_

- Plumbing Dimensions: \_\_\_\_\_ - Dimensions: \_\_\_\_\_

- HVAC Renovations (structural): \_\_\_\_\_ - Structural: \_\_\_\_\_

## 5. Building Specs:

- Number of Floors: \_\_\_\_\_

- Square Footage Per Floor: \_\_\_\_\_

- Total Square Footage: \_\_\_\_\_

## 6. Elevator:

- Number of Elevators: \_\_\_\_\_

- Service Elevators: \_\_\_\_\_

- Manual (override): \_\_\_\_\_

- Elevator that operates on emergency back up power: \_\_\_\_\_

**7. Stair Wells:**

- Number of Stairwells: \_\_\_\_\_
- Alarmed/Self Locking: \_\_\_\_\_
- Emergency Lighting: \_\_\_\_\_
- Inside/Outside or Building: \_\_\_\_\_
- Vented: \_\_\_\_\_

**8. Entrances:**

- Number of Entrances: \_\_\_\_\_
- Loading Docks: \_\_\_\_\_ Size: \_\_\_\_\_
- Overhead Doors: \_\_\_\_\_ Size: \_\_\_\_\_
- Walk Through Doors: \_\_\_\_\_ Size: \_\_\_\_\_

**9. Building Usage:**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Offices       | <input type="checkbox"/> Distribution Center | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehouse           | <input type="checkbox"/> Mall         |
| <input type="checkbox"/> Storage       | <input type="checkbox"/> Apartments          | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Cold Storage  | <input type="checkbox"/> Medical Facility    | <input type="checkbox"/> Classroom    |

w/ backup power?

Other: \_\_\_\_\_

**10. Standard Operation Hours Open** \_\_\_\_\_ to \_\_\_\_\_

**11. Type of Heating System:**

- |                                   |                                     |   |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Steam      | <input type="checkbox"/> Central System |
| <input type="checkbox"/> Gas      | <input type="checkbox"/> Radiator   |   |
| <input type="checkbox"/> Oil      | <input type="checkbox"/> Forced Air |   |

Smoke Sensor in HVAC Duct System:  Yes  No



**12. Hot Water Heaters:**

- Number of tanks: \_\_\_\_\_

- Location of tanks: \_\_\_\_\_

**13. Plumbing Information:**

- Water main shut-off location: \_\_\_\_\_

- Sprinkler shut-off location: \_\_\_\_\_

- Water/Sewer: \_\_\_\_\_  public  on site

**14. Fire Protection:**

Halon

Sprinkler

Dry System

Other: \_\_\_\_\_

Fire Extinguisher

**15. Hazardous Materials:**

- Are any hazardous materials stored on site?  yes  no

- Are they registered with the proper authorities?  yes  no

**16. Electrical:**

A. Distribution Location: \_\_\_\_\_

B. Building Service Capacity: \_\_\_\_\_ AMPS

C. Service Capacity Per Floor: \_\_\_\_\_ AMPS

D. Breaker Panel Location: \_\_\_\_\_

E. # of 20 AMP Circuits Per Floor: \_\_\_\_\_

F. # of 15 AMP Circuits Per Floor: \_\_\_\_\_

G. Emergency Lighting:  yes  no



**20. Grounds:**

1. Building/Grounds Miscellaneous

- On site parking
- Storage
- Hazardous storage area

2. Parking Lot Drainage

- On site
- Stream/Lake
- Sewer

3. Storage Tanks

- Water
- Storage Shed
- Oil
- Gasoline
- Guard House
- Other

4. Dumpster

Type:

- Front Open
- Top Open
- Compactor

Number \_\_\_\_\_ Size \_\_\_\_\_

**21. Electronics/ Audio Visual**

1. Is there a written computer/electronic hardware and software detail list?

- Yes (attach list)                       No

2. Is all software backed-up and in a secure, fire proof location?

- Yes                                       No                                       Off site

3. What medium is back-up stored?

- Magnetic tape                       Floppy Disk                       Optical/ Laser Disk  
 Hard Disk                               All the above                       Other

4. Is any of the electronic data processing equipment leased?

- Yes                                       No

Leasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Is there a service maintenance contract in place locally for equipment?

- Yes                                       No

If yes, list company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Should the facility sustain a loss rendering the system useless for a period of time, has an alternate plan of action been determined?

- Yes                                       No

Describe alternate plan: \_\_\_\_\_

\_\_\_\_\_

# Valuable Document, Book and Record Protection

1. Is there a priority section list of vital records, books and documents?

Yes (attach list)

No

2. Are confidential (restricted access) files and documents marked and prioritized for emergency removal?

Yes

No

Notes: \_\_\_\_\_

# Emergency Evacuation Diagram

( Appendix A)

# Kidnapping/Hostage Checklist

(Appendix B)

Use this form to record all information if you receive a call from someone claiming to have kidnapped or taken \_\_\_\_\_ an individual hostage.

REMAIN CALM: Continue to speak in a normal tone and ask the caller to repeat the message.

EXACT WORDS OF CALLER:

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Questions to ask:

1. Who has been kidnapped/taken hostage? \_\_\_\_\_
2. Who are you? \_\_\_\_\_
3. How can we be sure you have the person you claim to and how can we be sure he/she is safe? \_\_\_\_\_
4. What are your demands and under what conditions should they be met?  
\_\_\_\_\_
5. When will he/she be released? \_\_\_\_\_
6. Where, how and when can we reach you/ \_\_\_\_\_  
\_\_\_\_\_

**Callers Voice:**

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| <input type="radio"/> Male            | <input type="radio"/> Female            | <input type="radio"/> Adult           |
| <input type="radio"/> Accent          | <input type="radio"/> Well Spoken       | <input type="radio"/> Irrational      |
| <input type="radio"/> Foul            | <input type="radio"/> Calm              | <input type="radio"/> Angry           |
| <input type="radio"/> Slow            | <input type="radio"/> Rapid             | <input type="radio"/> Soft            |
| <input type="radio"/> Laughter        | <input type="radio"/> Crying            | <input type="radio"/> Normal          |
| <input type="radio"/> Nasal           | <input type="radio"/> Speech Impediment | <input type="radio"/> Unusual Breaths |
| <input type="radio"/> Clearing Throat | <input type="radio"/> Deep              | <input type="radio"/> High            |
| <input type="radio"/> Crackling Voice | <input type="radio"/> Familiar          | <input type="radio"/> Taped           |
| <br>                                  |   |                                       |
| <input type="radio"/> Juvenile        | <input type="radio"/> Other             |                                       |
| <input type="radio"/> Incoherent      |   |                                       |
| <input type="radio"/> Excited         |   |                                       |
| <input type="radio"/> Loud            |   |                                       |
| <input type="radio"/> Slurred         |   |                                       |
| <input type="radio"/> Raspy           |   |                                       |
| <input type="radio"/> Disguised       |   |                                       |

If voice is familiar, who did it sound like? \_\_\_\_\_

Estimated age of caller: \_\_\_\_\_

Did caller indicate knowledge of facility?  yes  no

If yes, explain: \_\_\_\_\_

\_\_\_\_\_



**Background Sounds**

- Street Noise
- Music
- Quiet
- Static
- Aircraft
- Other \_\_\_\_\_
- Dishes
- House Noise
- Office Machinery
- Factory Machinery
- Long Distance
- Voices
- Motor
- Animal Noises
- PA System

Name: \_\_\_\_\_ Date; \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

Date received: \_\_\_\_\_ Time: \_\_\_\_\_ Ended: \_\_\_\_\_

Call 911 immediately after caller hangs up.

# Bomb Threat Checklist

(Appendix C)

Use this form to record all information if you receive a bomb threat.

BE CALM. BE CORTEOUS. LISTEN. DO NOT INTERRUPT.

EXACT WORDS OF CALLER:

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Questions to ask:

1. When is the bomb going to explode? \_\_\_\_\_
2. Where is the bomb right now? \_\_\_\_\_
3. What kind of bomb is it? \_\_\_\_\_
4. What does it look like? \_\_\_\_\_
5. Why did you place it? \_\_\_\_\_
6. Where are you calling from? \_\_\_\_\_

**CALLERS VOICE:**

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| <input type="radio"/> Male            | <input type="radio"/> Female            | <input type="radio"/> Adult           |
| <input type="radio"/> Accent          | <input type="radio"/> Well Spoken       | <input type="radio"/> Irrational      |
| <input type="radio"/> Foul            | <input type="radio"/> Calm              | <input type="radio"/> Angry           |
| <input type="radio"/> Slow            | <input type="radio"/> Rapid             | <input type="radio"/> Soft            |
| <input type="radio"/> Laughter        | <input type="radio"/> Crying            | <input type="radio"/> Normal          |
| <input type="radio"/> Nasal           | <input type="radio"/> Speech Impediment | <input type="radio"/> Unusual Breaths |
| <input type="radio"/> Clearing Throat | <input type="radio"/> Deep              | <input type="radio"/> High            |
| <input type="radio"/> Crackling Voice | <input type="radio"/> Familiar          | <input type="radio"/> Taped           |
| <br>                                  |   |                                       |
| <input type="radio"/> Juvenile        | <input type="radio"/> Other             |                                       |
| <input type="radio"/> Incoherent      |   |                                       |
| <input type="radio"/> Excited         |   |                                       |
| <input type="radio"/> Loud            |   |                                       |
| <input type="radio"/> Slurred         |   |                                       |
| <input type="radio"/> Raspy           |   |                                       |
| <input type="radio"/> Disguised       |   |                                       |

If voice is familiar, who did it sound like? \_\_\_\_\_

Estimated age of caller: \_\_\_\_\_

Did caller indicate knowledge of facility?  yes  no

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Background Sounds**

- Street Noise
- Music
- Quiet
- Static
- Aircraft
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- Dishes
- House Noise
- Office Machinery
- Factory Machinery
- Long Distance
- Voices
- Motor
- Animal Noises
- PA System

Name: \_\_\_\_\_ Date; \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

Date received: \_\_\_\_\_ Time: \_\_\_\_\_ Ended: \_\_\_\_\_

Call 911 immediately after caller hangs up.