**Emergency Action Plan**

(COMPANY NAME)

(To customize, please complete and remove the highlighted areas of the program)

Note: The following emergency action plan is provided only as a guide to assist employers and employees in complying with the requirements of 29 CFR 1910.38, as well as to provide other helpful information. It is not intended to supersede the requirements of the standard. An employer should review the standard for particular requirements which are applicable to their individual situation and make adjustments to this program that are specific to their company. An employer will need to add information relevant to their particular facility in order to develop an effective, comprehensive program.

Date Created:

Date Reviewed:

**1. Company Policy**  
  
The objective of the Emergency Action Plan is to comply with the Occupational Safety and Health Administration’s (OSHA) Emergency Action Plans Standard, 29 CFR 1910.38, and to prepare employees for dealing with emergency situations.  This plan is designed to minimize injury and loss of human life and company resources by training employees, procuring and maintaining necessary equipment, and assigning responsibilities.  This plan applies to all emergencies that may reasonably be expected to occur at **(Name of Company).**

**2. Assignment of Responsibility**

**(Name of person or job title)** is the Emergency Coordinator.  Their responsibility is to manage the Emergency Action Plan for **(Name of Company)**.   The Emergency Coordinator shall also maintain all training records pertaining to this plan and coordinating with local public resources, such as the fire department and emergency medical personnel, to ensure that they are prepared to respond as detailed in this plan.

The following employees can be contacted for more information about the Emergency Action plan:

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Phone Number** |
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**3. Emergency Reporting**  
  
The following emergencies are to be reported to the Emergency Coordinator or area supervisor:

* Fire
* Natural Disasters (tornado, flood, earthquake)
* Medical
* Workplace Violence
* Hazardous Material Spill
* Injury or Vehicle Accident
* **(Other Emergencies- bomb threat, power outages, etc.)**

**4. Alarm(s) for evacuations**

The alarm system shall provide warning for necessary emergency action. The alarm shall be capable of being perceived above ambient noise or light levels of noise. The alarms used for different actions should be distinctive and might include horn blasts, sirens, or even public address systems.

**Alarm systems for notifying all employees in case of an emergency are:**

|  |  |
| --- | --- |
| **Alarm system** | **Sounds(describe in detail)** |
| Fire | ???? |
| Natural Disasters (tornado, flood, earthquake) | ???? |
| Medical | ???? |
| Workplace Violence | ???? |
| Hazardous Material Spill | ???? |
| Injury or Vehicle Accident | ???? |
| Other Emergencies – Bomb, power outages, etc. | ???? |

**5. Evacuation Plans (Attach Routes)**

When an evacuation signal is given, each supervisor involved will assume a station in the vicinity of the designated exit/assemble area. The supervisor will insure all personnel are evacuated and will provide assistance to employees requiring same.

Emergency escape routes are **listed below and/or provided in a map attached**. Exit routes shall be assigned to each person and an emergency escape route chart is posted on the workplace bulletin board, indicating by Department, a primary and a secondary exit or escape route in the event emergency evacuation is necessary. Department supervisors are to insure all employees within their department are familiar with this plan.

Exit Route and Assembly Areas Outside:

1.

2.

3.

4.

5.

Exit Route and Assembly Areas Inside:

1.

2.

3.

4.

5.

**6. Employee Accountability Procedures after Evacuation**

Once evacuated, all employees will then proceed to a previously designated assembly area/accounting area for an additional head count by their supervisor. The head count will be done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (with use of attendance sheets, timesheets, visitor logs, contractor logs, etc…)

After evacuation, each **(Name of person or job title)** is responsible for accounting for each employee assigned to them at their predetermined rally point by conducting a head count using **\_\_\_\_\_\_(fill in method for accounting) – Ex. Attendance sheets, timesheets, software tracking, etc…\_\_\_\_\_\_\_\_**. Each employee will be accounted for by name. Each employee is responsible for reporting to his or her supervisor so an accurate head count can be made. All supervisors are required to report their head count to the Emergency Coordinator. No one is to re-enter the building for any reason until the Fire Department or other responsible agency has notified us the building is safe for re-entry.

**7. Rescue or Medical Duties**

\*(NOTE)\* Your company must decide how/if you will have employees perform rescue or medical duties.  There are several options for responding to an emergency. Pick what option(s) that applies to your facility.

It may become necessary in an emergency to rescue personnel and perform some specified medical duties, including first-aid treatment. All employees assigned to perform such duties will have been properly trained and equipped to carry out their assigned responsibilities properly and safely.

(Most small businesses rely on local resources such as hospitals or fire departments to provide rescue and medical services. Where that is the case, list those resources. If employees have such duties include a list of these individuals and the training they have received.)

* **(Name of Company)** is going to rely on local resources such as hospitals or fire departments to provide rescue and medical services.
* **(Name of Company)** has trained employees, but DOES NOT REQUIRE certain employees to administer first aid and CPR.  If the employee chooses to administer aid, then they will be acting as a "Good Samaritan" and are not included in a Bloodborne Pathogen program
* **(Name of Company)** has trained and REQUIRES certain employees to administer first aid and CPR.  All employees assigned to perform such duties have been properly trained and equipped to carry out their assigned responsibilities.  These employees will be included in a Bloodborne Pathogen program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Location Assignment** | **Special Assignment** | **Training Provided** |
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Special Instructions and Procedures

All personnel performing emergency rescue and medical duties must follow these instructions:

1.

2.

3.

4.

5.

6.

**8. Critical Operations**

In the event that evacuation of the premises is necessary, some items may need to be secured to prevent further detriment to the facility and personnel on hand (such as securing confidential/irreplaceable records, or shutting down equipment to prevent release of hazardous materials).

All individuals remaining behind to shut down critical systems or utilities shall be capable of recognizing when to abandon the operation or task.  Once the property and/or equipment has been secured, or the situation becomes too dangerous to remain, these individuals shall exit the building by the nearest escape route as soon as possible and meet the remainder of the employees at the designated rally point.  Only the following individuals may remain in the building for the prescribed amount of time to secure the property and equipment to which they have been assigned.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Property or Equipment to Secure** | **Location of Property or Equipment** | **Estimated time to complete security process** |
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**9. Training**  
  
Training is provided to employees:

* When the plan is initiated
* When employee’s required actions and responsibilities change
* When there are any changes to the plan
* Initially for new employees
* Refresher training annually

Items reviewed during training:

* Emergency escape procedures and rally points
* Escape route assignments
* Fire extinguisher locations and training
* Procedures to account for employees
* Major workplace fire hazards
* Employee training programs
* Fire prevention practices
* Means of reporting fire and other emergencies
* Alarm system(s)
* Proper housekeeping
* Emergency action plan availability
* Hazardous Weather Procedures
* Medical Emergencies
* Any other emergency procedures needed for this facility (bomb threat, workplace violence, etc)

**Emergency Phone Number List**

**(post in key areas throughout facility)**

|  |  |
| --- | --- |
| **Fire Department** |  |
| **Police Department** |  |
| **Paramedic/Ambulance** |  |
| **Security/Alarm Company** |  |
| **Building Manager** |  |
| **Electric Company** |  |
| **Water Company** |  |
| **Gas Company** |  |
| **Telecommunication Company** |  |

**Fire Emergency**

When fire is discovered:

* Activate the nearest fire alarm (if installed)
* Notify the local Fire Department by calling                                                .
* If the fire alarm is not available, notify the site personnel about the fire emergency by the following means: voice communications, radio, phone paging, other. **(pick options)**

Fight the fire ONLY if:

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

Upon being notified about the fire emergency, occupants must:

* Leave the building using the designated escape routes
* Assemble in the designated area **(specify location)**
* Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter

Emergency Coordinator or supervisors must:

* Coordinate an orderly evacuation of personnel
* Perform an accurate head count of personnel reported to the designated area
* Notify Fire Department about missing personnel
* Provide the Fire Department personnel with the necessary information about the facility

Supervisors must:

* Ensure that all employees have evacuated the area/floor
* Report any problems to the Emergency Coordinator at the assembly area

**Natural Disasters (tornado, flood, earthquake)**

**Tornado:**

* Emergency Coordinator will monitor the weather conditions;
* Notify the site personnel about the emergency by the following means: voice communications, radio, phone paging, other**(pick options)**
* When a warning is issued by sirens or other means, seek inside shelter **(add designated shelter point)**

**Consider the following: Small interior rooms on the lowest floor and without windows, Hallways on the lowest floor away from doors and windows, and rooms constructed with reinforced concrete, brick, or block with no windows.**

* Stay away from outside walls and windows
* Use arms to protect head and neck
* Remain sheltered until the tornado threat is announced to be over

**Flood:**

* Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official
* Notify the site personnel about the emergency by the following means: voice communications, radio, phone paging, other **(pick options)**
* Follow the recommended evacuation routes

**Earthquake:**

* Stay calm and await instructions from the Emergency Coordinator or the designated official
* Keep away from overhead fixtures, windows, filing cabinets, and electrical power
* Evacuate as instructed by the Emergency Coordinator and/or the designated official

**Medical**

The Emergency Coordinator or supervisor shall call the appropriate emergency responder.  Do not move victim unless absolutely necessary.

Provide the following information:

* Nature of medical emergency
* Location of the emergency (address, building, room number)
* Your name and phone number from which you are calling
* Notify personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help. **(If applicable)**

**Workplace Violence**

**(Name of Company)** resources may not be used to threaten, stalk or harass anyone at or outside the workplace. Indirect or direct threats of violence, incidents of actual violence and suspicious individuals or activities should be reported as soon as possible to the Emergency Coordinator or supervisor.  When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

**Consider creating a detailed plan about active shooter, bomb threat, or disgruntled employee/customer.**

**Hazardous Material Spill**

Safety of personnel during chemical exposure is of paramount importance.

* Report all material spills to the Emergency Coordinator or supervisor
* Emergency Coordinator will notify a local spill cleanup company or the Fire Department (if arrangements have been made) to perform a large chemical spill cleanup
* Only those trained in emergency operations shall perform clean-up operations
* Trained personnel shall take precautions to prevent the spread of chemical spills
* Utilize Safety Data Sheets (SDS) to determine appropriate response measures.  SDS are located in **(SDS location)**
* Spills must be handled in a safe manner, while wearing the proper PPE

**Off Site Injury or Vehicle Accident**

In the event a worker is conducting working operations at any off-site location and experiences any accident or injury, the Emergency Coordinator is to be notified immediately.  
  
State the location, the nature of the accident, type of injury and location being transported to.  Emergency Responders are authorized to exercise judgment in transportation to the appropriate medical facility.   
  
The Emergency Coordinator shall make appropriate notification to the worker’s emergency contacts, and if practicable, meet them at the medical facility.

In the event of a transportation accident, in addition to the steps listed above, a report shall be made with the appropriate locality law enforcement.

**Emergency Action Plan Training Roster**

Training Performed By(print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Employee Signature** | **Training Date** |
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