**EMERGENCY PREPAREDNESS PLAN**

**OVERVIEW**

[EMPLOYER'S NAME] is committed to maintaining a safe and prepared workplace for all employees. To achieve this goal, this Emergency Preparedness Plan (EPP) has been developed to provide clear guidance on the actions to take during workplace emergencies. This plan aims to organize and support coordinated responses to minimize risks and ensure employee safety.

Emergencies that could disrupt workplace operations may include both natural and man-made events, such as fires, explosions, floods, earthquakes, hurricanes, tornadoes, wildfires, chemical spills, biological incidents, civil unrest, [workplace violence, and [OTHER EXAMPLES]]. [Hazards specific to our workplace may also contribute to emergencies, such as [PHYSICAL OR CHEMICAL HAZARDS]].

This policy complies with all applicable federal, state, and local laws, including those in Connecticut, ensuring adherence to regulations regarding workplace safety, emergency preparedness, and employee accommodations.

Purpose

This plan establishes [EMPLOYER'S NAME]’s policies and procedures for handling emergencies in a structured and efficient manner. It provides employees with the necessary steps and resources to mitigate risks and ensure personal safety during critical incidents. Key areas addressed in this plan include:

* Identification of personnel designated to manage emergencies, including an onsite emergency coordinator[, safety wardens][, employees with medical or rescue responsibilities,] and external emergency responders.
* Processes for reporting emergencies.
* Emergency alert systems and notifications for specific situations.
* Evacuation procedures and designated exit routes.
* Shelter-in-place protocols.
* Guidelines for fire extinguisher use.
* Procedures for shutting down critical operations during an emergency.
* Accounting for all employees [and visitors] post-evacuation.
* Contact details for [EMPLOYER'S NAME] representatives available to provide guidance or answer questions.
* [ADDITIONAL PROCEDURES OR POLICIES].

Employee responsibilities

Employees are expected to review and understand the contents of this plan. Adhering to the outlined procedures will help reduce risks and improve outcomes during emergencies by:

* Preventing or minimizing injuries.
* Avoiding confusion or disorganization.
* Protecting property and minimizing damage.
* [Mitigating [OTHER RISKS]].

By fostering a culture of safety and preparedness, [EMPLOYER'S NAME] seeks to ensure the well-being of all employees and safeguard business continuity during unforeseen events.

**EMERGENCY LEADERSHIP ROLES**

Onsite emergency coordinator

The designated onsite emergency coordinator, [NAME/JOB TITLE] is responsible for managing and directing emergency procedures during a workplace incident. Key responsibilities include:

* Evaluating the situation to determine if emergency protocols should be activated.
* Leading evacuation efforts and overseeing the execution of emergency procedures.
* Communicating and coordinating with external emergency responders.
* Authorizing shutdowns of utilities or operations if deemed necessary.
* [OTHER RESPONSIBILITIES.]

Employees are required to comply with the instructions of the emergency coordinator during an emergency, as they are authorized to make critical decisions to ensure safety and minimize risks.

Role of outside emergency officials

When external emergency responders, such as the local fire department or [OTHER EMERGENCY SERVICES], arrive on site, their role includes:

* Assuming responsibility for the safety of all building occupants, including employees and visitors.
* Making authoritative decisions regarding evacuation and other life-protecting measures.

The highest-ranking external responder will take command of the emergency response. While this individual will coordinate efforts with the onsite emergency coordinator, ultimate responsibility for directing all emergency actions will rest with the external responder in charge.

This structured chain of command ensures clear decision-making and efficient management of emergency situations.

**REPORTING EMERGENCIES**

External emergency reporting

In the event of an emergency requiring fire, medical, or rescue services, employees must immediately contact external emergency personnel by dialing 911 [or [OTHER]]. Prompt notification ensures that the appropriate authorities can respond swiftly.

Internal emergency reporting

To report an emergency within the workplace, employees should:

1. Call [EMPLOYER'S NAME]’s emergency number: Dial [NUMBER(S)], which are posted [on/near] [telephones, bulletin boards, or other conspicuous locations].
2. Use the public notification system: Utilize [EMPLOYER'S NAME]’s [intercom, radio, or public address system] to alert others.
3. Activate a manual alarm: [Pull/activate] a manual pull box alarm located at [LOCATION(S)].
4. [OTHER INTERNAL REPORTING METHOD.]

Off-hours emergency reporting

During non-business or off-duty hours, employees must notify designated key personnel in the following order of priority:

* [[NAME], [POSITION], at [CONTACT INFORMATION]].
* [ADDITIONAL KEY PERSONNEL.]

All employees should familiarize themselves with these reporting procedures to ensure a rapid and effective response to emergencies.

**EMERGENCY ALARMS**

In the event of an emergency requiring action, employees will be alerted via specific signals. These signals, along with the corresponding actions, are outlined below:

|  |  |  |
| --- | --- | --- |
| **Emergency** | **Signal** | **Action** |
| General evacuation | [SIGNAL] | Follow evacuation procedures below. |
| Shelter-in-place | [SIGNAL] | Follow shelter-in-place procedures below. |
| Fire | **[**SIGNAL] | [ACTION] |
| [Earthquake] | **[**SIGNAL] | [ACTION] |
| [Tornado] | **[**SIGNAL] | [ACTION] |
| [OTHER EMERGENCY] | [SIGNAL] | [ACTION] |

Notifications for disabled employees

To ensure all employees, including those with disabilities, are promptly informed of emergencies, [EMPLOYER'S NAME] has implemented the following procedures:

* [Procedure example 1]: Assign a designated emergency buddy to assist disabled employees during an alert.
* [Procedure example 2]: Use visual and audible alarms to accommodate individuals with hearing or vision impairments.
* [Procedure example 3]: Provide emergency notification via text or email alerts to employees who require additional communication methods.

These measures are designed to ensure the safety and well-being of all employees during emergencies.

**EVACUATION PROCEDURES**

Evacuating the [worksite/building] or a specific work area may be necessary in emergencies such as [fires, chemical spills, gas leaks, earthquakes, or other similar situations].

Evacuation orders

An evacuation order will be issued by [the emergency coordinator/[NAME]/[TITLE]], following the established chain of command:

* [CHAIN OF COMMAND].

An evacuation will be signaled by [SIGNAL], which is distinct from [SIGNAL] used for shelter-in-place orders.

Evacuation routes

Employees must promptly evacuate using the nearest marked exit. Emergency escape routes are prominently displayed [on walls, near exits, or in high-traffic areas] and included below:

[INSERT FLOOR PLAN DIAGRAM WITH ESCAPE ROUTES CLEARLY MARKED].

Additional instructions during evacuation

If possible and safe to do so, employees should:

* Shut windows.
* Turn off equipment.
* Close doors behind them.
* [OTHER ACTIONS].

Assistance for employees with disabilities

During an evacuation, [[the emergency coordinator/an evacuation warden]] may ask employees if they require assistance due to a disability or medical condition.

Before exiting the building, [the emergency coordinator/evacuation warden(s)/designated personnel] will conduct a thorough sweep of the [office/floor/[AREA]] to ensure all employees and visitors have evacuated.

Reentry after evacuation

Employees are prohibited from reentering the building unless directed to do so by [the emergency coordinator/[NAME]/[TITLE]/emergency officials].

Compliance with evacuation orders

[EMPLOYER'S NAME] prohibits discrimination or retaliation against employees who comply with evacuation orders. Employees who evacuate should report their absence using the procedures outlined in [EMPLOYER'S NAME]'s [Attendance Policy/[POLICY NAME]].

**SHELTERING-IN-PLACE**

In certain emergencies, employees may be instructed to shelter-in-place rather than evacuate. This decision will be based on the nature of the emergency, available information, and guidance from local authorities.

Conditions for sheltering-in-place

Sheltering-in-place may be appropriate in situations such as:

* The release of chemical, biological, or radiological contaminants that make remaining indoors safer than evacuating.
* [OTHER CONDITIONS].

Ordering sheltering-in-place

Sheltering-in-place will be ordered by [the onsite emergency coordinator/[NAME]/[JOB TITLE]] and signaled by [SIGNAL], distinct from the [SIGNAL] used to signal an evacuation.

Employees must immediately proceed to the designated [INTERIOR ROOM] upon hearing the signal.

Communication and updates

During sheltering-in-place, [EMPLOYER'S NAME] will use telephones, televisions, radios, and the internet to monitor updates and share further instructions. If it is deemed safe to evacuate, [EMPLOYER'S NAME] will order an evacuation following the established procedures.

Basic shelter-in-place procedures

Employees should adhere to the following steps until further instructions are provided:

* [Close the business.]
* Lock all exterior doors.
* Close window shades, blinds, or curtains.
* Stay indoors and refrain from driving or walking outside.
* If customers, clients, or visitors are present, ask them to stay inside.
* Contact emergency contacts to inform them of your location and safety status. Encourage visitors to do the same.
* Collect essential disaster supplies, including:
	+ Nonperishable food and bottled water.
	+ Battery-powered radios.
	+ First-aid kits.
	+ Flashlights and extra batteries.
	+ Duct tape, plastic sheeting, and garbage bags.

Prevented contaminated air entry

If there is a risk of contaminated air entering the room, take these actions:

* Close and seal all windows and doors with plastic sheeting and duct tape or other available materials.
* Turn off and seal vents or systems that exchange indoor and outdoor air.
* Disable fans, heating, air conditioning, and other mechanical systems. [Only employees familiar with the building’s systems should perform this task.]

Accounting for individuals

* Write down the names of everyone in the room.
* Call [EMPLOYER'S NAME]’s designated emergency contact at [EMERGENCY CONTACT AND TELEPHONE NUMBER] to report the names and affiliations (employee, visitor, client, or customer) of those sheltering-in-place.

Additional procedures

[Include any other procedures specific to the organization or workplace environment.]

**FIRE EXTINGUISHERS**

In the event of a fire, [EMPLOYER'S NAME] has established the following guidelines for the use of portable fire extinguishers:

* Non-use policy: Portable fire extinguishers are provided but are not intended for employee use. Employees are not authorized to use fire extinguishers and must evacuate the building immediately.
OR
* General use policy: Portable fire extinguishers are provided for employee use. Employees may use portable fire extinguishers to attempt to extinguish a fire if they feel it is safe to do so before evacuating.
OR
* Designated use policy: Only the following designated individuals are authorized to use portable fire extinguishers to attempt to extinguish a fire before evacuating:
	+ [DESIGNATED INDIVIDUALS AND JOB TITLES]**.**

All other employees must evacuate the workplace immediately upon hearing a fire alarm or upon being instructed to do so by the emergency coordinator.

Employees should prioritize their safety and follow evacuation procedures as outlined in this EPP. For any questions about fire safety or the use of fire extinguishers, contact [the [DEPARTMENT NAME] Department/[TITLE]].

**EMPLOYEES WITH DIABILITIES**

[EMPLOYER'S NAME] is dedicated to ensuring the safety of employees who may require assistance due to a disability or medical condition during an evacuation or other workplace emergency.

To facilitate this, [EMPLOYER'S NAME] will take the following steps:

* Self-identification process:
	+ [After extending a job offer but before employment begins, asking new employees whether they will need assistance during an emergency.]
	+ [Periodically surveying employees to voluntarily identify whether they will require assistance during an emergency.]
	+ [Asking employees with known disabilities if they will require assistance, without assuming that assistance is needed unless confirmed by the employee.]
* Gathering necessary information: Employees who indicate they may need assistance will be asked to specify the type of help they anticipate needing. [EMPLOYER'S NAME] will only collect information necessary to provide emergency assistance and does not require disclosure of detailed medical conditions.
* Confidentiality assurance: Information about employees requiring assistance will be kept confidential and shared only with personnel directly involved in emergency response, such as:
	+ First aid and safety personnel.
	+ Emergency coordinators and [floor/evacuation] wardens.
	+ Colleagues who have volunteered to act as buddies.
	+ Building security officers verifying evacuations.
	+ Other non-medical personnel tasked with ensuring safe evacuations.

Employees with questions or concerns about emergency assistance for disabilities should contact [the [DEPARTMENT NAME] Department/[TITLE]] for more information.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date