Outline for Emergency Disaster Plan

Chain of Command/Communication Tree

Emergency Phone Numbers & info

Employee Records/Personnel Info
  Onsite location
  Offsite location

Payroll
  Company name
  Account number
  Payroll Rep
  Phone/email

Office Lease/Building Deed
  Onsite location
  Offsite location

Insurance
  Gen’l Liability/Commercial Umbrella
  Other (auto, professional liability, etc.)
  Directors & Officers’ Liability
  Health Insurance
  Unemployment Insurance
    List Company/Underwriter, Policy #, Rep’s contact info & Broker contact info for each

Financial Info
  Bank Names
  Account Numbers
  Brand Reps
  Contact info

Investment
  Financial Planner/Broker Company
  Rep name
  Contact info

  (Identify those authorized on accounts, check signers, etc.)

Inventory
  Business, Casualty, Disaster and Theft Loss Workbook
Business Continuity & Disaster Preparedness Plan (Ready Business)
  Supplier & Contracts
  Shelter in Place Plan
  Evacuation Plan (Disability Plan)
  Relocation Plan (Disability Plan) – MOUs with agencies

Emergency Procedures
  Informing the Public/Press
  Medical Emergency
  Explosion & Random Acts of Violence
  Flooding/Water Damage
  Chemical Accident
  Hurricane
  Phone/Mail/Suspicious Object Threats
  Power Loss
  Thunderstorm/Tornado
  Fire
  Emergency Evacuation Procedure

IT/Data Procedures
CHAIN OF COMMAND

During and immediately following a disaster, the Emergency Plan should identify key staff, including a line of succession, who will have decision-making authorization for the agency.

EXAMPLE:
<table>
<thead>
<tr>
<th>NAME</th>
<th>WORK LOCATION</th>
<th>CONTACT #</th>
<th>CONTACT #</th>
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</table>
BUSINESS CONTINUITY AND DISASTER PREPAREDNESS PLAN

Plan to stay in Business

If this location is not accessible
We will operate from location below

_____________________________________
Business Name

_____________________________________
Address

_____________________________________
City, State, Zip Code

_____________________________________
Telephone Number

The following person is the primary crisis manager
and will serve as the company spokesperson in an
emergency.

_____________________________________
Primary Emergency Contact

_____________________________________
Telephone Number

_____________________________________
Alternate Number

e-Mail

If the primary crisis manager is unable
to manage the crisis, the person below will
succeed in management.

_____________________________________
Secondary Emergency Contact

_____________________________________
Telephone Number

_____________________________________
Alternate Number

e-Mail

Emergency Contact Information

Dial 911 in an Emergency

_____________________________________
Non-Emergency Police/Fire Number

_____________________________________
Insurance Provider
EMPLOYEE RECORDS/PERSONNEL INFO

Names, home addresses, phone numbers, e-mail, emergency contacts, etc.

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<thead>
<tr>
<th></th>
<th>Onsite Location</th>
<th>Offsite Location</th>
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<tbody>
<tr>
<td>I-9s</td>
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<tr>
<td>Payroll</td>
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<td>Company Name</td>
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<td>Account Number</td>
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<td>Payroll Rep</td>
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<tr>
<td>Phone Number</td>
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<td>e-Mail</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Onsite Location</th>
<th>Offsite Location</th>
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<tbody>
<tr>
<td>Office Lease/Building Deed</td>
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</table>

Insurance

General Liability/Commercial Umbrella

<p>| | | |
|                      |                 |                  |
| Company/Underwriter  |                 |                  |
| Policy Number        |                 |                  |
| Representative Name  |                 |                  |
| Representative Number|                 |                  |
| Representative e-mail|                 |                  |
| Broker Name          |                 |                  |
| Broker Phone         |                 |                  |
| Broker e-mail        |                 |                  |</p>
<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Company/Underwriter</th>
<th>Policy Number</th>
<th>Representative Name</th>
<th>Representative Phone #</th>
<th>Representative e-mail</th>
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<tr>
<td>Other Insurances (auto, professional liability, etc.)</td>
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<td>Representative e-mail</td>
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<td>Company/Underwriter</td>
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<td>Representative e-mail</td>
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<td>Directors &amp; Officers Liability</td>
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<td>Company/Underwriter</td>
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<td>Representative e-mail</td>
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<td>Unemployment Insurance</td>
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<td>Representative e-mail</td>
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</tbody>
</table>
Financial Information

Bank Name(s)

____________________________________________

Account Numbers

____________________________________________

Branch Representative

____________________________________

____________________________________

Representative Phone #

____________________________________________

Representative e-mail

____________________________________________

Investment Information

Financial Planner/Broker

_____________________________________________

Representative Name

_____________________________________________

Representative Phone #

_____________________________________________

Representative e-mail

_____________________________________________

Authorized to make financial transfers

____________________________________________

____________________________________________

____________________________________________

Authorized to sign checks

____________________________________________

____________________________________________

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• PLEASE NOTE: All departments -- Financial, Administrative and Program -- should each define documents/files that they would need to access to continue operations in the case of an emergency. This includes client data as well as individual documents, etc. Also, historic documents that are of significant value/relevance to the agencies should be considered – incorporating such solutions as scanning to have in electronic format and storage onsite and offsite.
### Schedule 1. Office Furniture and Fixtures

<table>
<thead>
<tr>
<th>Item</th>
<th>(2) Cost or other basis</th>
<th>(3) Insurance or other reimbursement</th>
<th>(4) Gain from casualty or theft (^1)</th>
<th>(5) Fair market value before casualty</th>
<th>(6) Fair market value after casualty</th>
<th>(7) Column (5) minus column (6)</th>
<th>(8) Smaller of column (2) or column (7) (^2)</th>
<th>(9) Casualty/Theft Loss (column (8) minus column (3)) (^3)</th>
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<tbody>
<tr>
<td><strong>Example</strong></td>
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<td>Chair</td>
<td>695.00</td>
<td>375.00</td>
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<td>Desk</td>
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</table>

\(^1\) If column (3) is greater than column (2), enter the difference here and skip columns (5) through (8) for that item.

\(^2\) If the property was completely destroyed or stolen, enter in column (8) the amount from column (7).

\(^3\) If zero or less, enter '0'.

Schedule 2. **Information Systems**

<table>
<thead>
<tr>
<th>(1) Item</th>
<th>(2) Cost or other basis</th>
<th>(3) Insurance or other reimbursement</th>
<th>(4) Gain from casualty or theft $^1$</th>
<th>(5) Fair market value before casualty</th>
<th>(6) Fair market value after casualty</th>
<th>(7) Column (5) minus column (6)</th>
<th>(8) Smaller of column (2) or column (7) $^2$</th>
<th>(9) Casualty/Theft Loss (column (8) minus column (3)) $^3$</th>
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</thead>
<tbody>
<tr>
<td>Computer</td>
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<td>Tape drive</td>
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</tbody>
</table>

$^1$ If column (3) is greater than column (2), enter the difference here and skip columns (5) through (8) for that item.

$^2$ If the property was completely destroyed or stolen, enter in column (8) the amount from column (2).

$^3$ If zero or less, enter "0".
<table>
<thead>
<tr>
<th>(1) Vehicle (year, make, and model)</th>
<th>(2) Cost or other basis</th>
<th>(3) Insurance or other reimbursement</th>
<th>(4) Gain from casualty or theft</th>
<th>(5) Fair market value before casualty</th>
<th>(6) Fair market value after casualty</th>
<th>(7) Column (5) minus column (6)</th>
<th>(8) Smaller of column (2) or column (7)</th>
<th>(9) Casualty/Theft Loss (column (8) minus column (3))</th>
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1 If column (3) is greater than column (2), enter the difference here and skip columns (5) through (9) for that item.

2 If the property was completely destroyed or stolen, enter in column (8) the amount from column (2).

3 If zero or less, enter 0.
### Schedule 4. **Office Supplies**

<table>
<thead>
<tr>
<th>(1) Item</th>
<th>(2) Cost or other basis</th>
<th>(3) Insurance or other reimbursement</th>
<th>(4) Gain from casualty or theft</th>
<th>(5) Fair market value before casualty</th>
<th>(6) Fair market value after casualty</th>
<th>(7) Column (5) minus column 6</th>
<th>(8) Smaller of column (2) or column (7)</th>
<th>(9) Casualty/Theft Loss (column (8) minus column (3))</th>
</tr>
</thead>
<tbody>
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<td>Calendar</td>
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# BUSINESS CONTINUITY AND DISASTER PREPAREDNESS PLAN

## Suppliers & Contractors

<table>
<thead>
<tr>
<th>Company Name:</th>
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<td>Street Address:</td>
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<td>City:</td>
<td>State:</td>
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<td>Phone:</td>
<td>Fax:</td>
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<td>e-mail:</td>
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<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Account #</th>
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</thead>
</table>

### Materials/Services Provided:

If this company experiences a disaster, we will obtain supplies/materials/services from the following:

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<tr>
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<thead>
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<th>Contact Name:</th>
<th>Account #</th>
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</thead>
</table>
BUSINESS CONTINUITY AND DISASTER PREPAREDNESS PLAN

Shelter in Place Plan for _____________________________________________________________

Insert Address

The following natural and man-made disasters could impact our business:

- Hurricanes
- Tornadoes/Thunder Storm
- Chemical Spill
- Power Loss
- Phone & Mail Threat/Suspicious Objects

(name other potential threats)

Emergency Supplies have been collected & location communicated to staff
Building & Site maps posted
Practice shelter procedures designated number of times each year (such as fire drills, etc.)

If agency must take shelter quickly:

1. Warning System: ________________________________________________________________
   a. To be tested and results recorded ______ times per year.

2. Storm Shelter Location: __________________________________________________________________

3. “Seal the Room” Shelter Location: __________________________________________________________________

4. Shelter Location & Alternate: __________________________________________________________________
   a. Responsibilities Include: ____________________________________________________________________
   b. ____________________________________________________________________

5. Shut Down Manager & Alternate: __________________________________________________________________
   a. Responsibilities Include: ____________________________________________________________________

6. ____________________________ is responsible for issuing the “all clear”.
INFORMING THE PUBLIC/PRESS

The appropriate person to submit the message, as designated early on in the identification of chain-of-command, crafts the message and releases it to contacts at:

Local TV network stations:

<table>
<thead>
<tr>
<th>Station</th>
<th>Name of Contact</th>
<th>Phone Number</th>
<th>e-Mail</th>
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Local Newspaper:

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<th>Name</th>
<th>Name of Contact</th>
<th>Phone Number</th>
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Local Radio Station

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<th>Station</th>
<th>Name of Contact</th>
<th>Phone Number</th>
<th>e-Mail</th>
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Don’t forget updating social networking sites such as Facebook, Twitter, etc.
The policy for our organization:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Location of First Aid Kit: ________________________________________________

Telephone Numbers:

Dial 911 for Emergency

Police/Fire Non-Emergency Number: _______________________________________

Primary Emergency Agency Contact: _______________________________________

(Follow contact protocol as detailed in beginning of plan)

General Rules to Remember in a Medical Emergency:

1. Unless it is a life-threatening situation, employees are not to attempt to render ANY first aid before trained staff or paramedics arrive.
2. Do not attempt to move a person who has fallen and who appears to be in pain.
3. Avoid unnecessary conversation with, or about, the ill or injured person. Some people may react adversely to what is said. Limit conversation to quiet reassurances. Keep bystanders as far away from the injured person as is possible.
4. Do not discuss the possible causes of an accident or any condition that may have contributed to the cause. Do not apologize or accept any responsibility for the accident or condition.
5. Follow communication protocol for speaking with authorities/media as outlined in beginning of plan.
EXPLOSION

The policy for our organization:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Telephone Numbers:

Dial 911 for Emergency

Police/Fire Non-Emergency Number: ________________________________

Primary Emergency Agency Contact: ________________________________

(Follow contact protocol as detailed in beginning of plan)

General Rules to Follow After an Explosion:

1. Since one event can be followed by another, remain alert. There may be more danger yet to occur.
2. For protection, take cover under a table or desk and remain there for at least 60 seconds. Stay away from windows, mirrors, overhead fixtures, filing cabinets, bookcases and electrical equipment.
3. If an evacuation is ordered, alert staff and clients and request they leave the premises. Ensure that all staff and clients are accounted for after evacuation. Be especially cognizant of any disabled staff or clients that may require additional assistance to vacate the building. Do not attempt to move seriously injured persons unless there is definite, imminent danger (building collapse, fire, etc.). Avoid known problem areas – gas lines, fire hazard areas, etc. Once outside the building, move as far away as is possible.
4. Open doors carefully – be aware of possible falling objects.
5. Do not use elevators.
6. Do not use matches or lighters for visibility in case of power loss – could trigger explosion.
7. Avoid using telephones, cell phones and hand radios which could cause electrical sparks or the signals could trigger other explosive devices.
8. Follow communication protocol for speaking with authorities/media as outlined in beginning of plan.
RANDOM ACTS OF VIOLENCE

The policy for our organization:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Telephone Numbers:

Dial 911 for Emergency

Police/Fire Non-Emergency Number: _________________________________

Primary Emergency Agency Contact: _________________________________

(Follow contact protocol as detailed in beginning of plan)

General Rules to Follow Before and After Random Acts of Violence:

1. Do not attempt to apprehend or subdue the person – if the potential for violence seems possible/imminent, contact agency security and/or police.
2. Create a plan, including code words, to signal to agency members that a potential situation is possible, in progress or has occurred. Outline and communicate to staff the responsibilities of each and the actions to take under various possible scenarios, as is possible to occur in the agency.
3. Follow communication protocol for speaking with authorities/media as outlined in beginning of plan.
FLOODING & WATER DAMAGE

The policy for our organization:

______________________________________________________________

____________________________________________________________________

____________________________________________________________________

Phone Numbers:

Dial 911 for Emergency

Police/Fire Non-Emergency Number: ________________________________

Primary Emergency Agency Contact: ________________________________

(Follow contact protocol as detailed in beginning of plan)

Where needed materials are stored: ________________________________

____________________________________________________________________

____________________________________________________________________

Water turn off: ____________________________________________________

____________________________________________________________________

General Rules to Follow in a Water Emergency:

1. Notify the proper authorities/response personnel
2. If there are electrical appliances or electrical outlets near the leak, use extreme caution until the power is turned off. If there is the slightest possibility of danger, evacuate the area immediately.
3. If you know the source of the water leakage and feel confident that it can be stopped (unclogging a drain, turn off the water, etc.) do so with caution.
4. Take measures to protect any equipment/files/materials that may become damaged. Take only the steps required to avoid or reduce immediate water damage. For example, covering large objects with plastic sheeting, moving (carefully) small or light objects out of the emergency area if it can be done safely, etc.
If a chemical spill occurs:

1. If toxic chemicals come in contact with skin, have the victim remove affected clothing and immediately flush the affected area with clear water. The best location in the agency to accomplish this is _______________________________________________________.

2. Notify the appropriate agency/emergency response personnel.

3. If there is any possibility of danger, evacuate the area. If the chemical is a potential threat to the air conditioning and/or heating system, take the following steps to shut the system down:
   _____________________________________________________________________
   _____________________________________________________________________

If a chemical fire occurs:

1. Notify the appropriate agency/emergency response personnel.

2. If the fire is small, attempt to put it out with an appropriate fire extinguisher (not water or unknown liquid). Do not jeopardize personal safety. Extinguishers are located:______________________________________

3. Never allow the fire to come between you and exits.

4. Evacuate the area if the fire is too big to extinguish. Close doors and windows, if possible, to confine the fire. Go to previously designated areas as far from the danger as possible.

5. Avoid breaking windows where the fire is located – oxygen feeds and exacerbates the issue.

6. Ensure that all staff and clients are accounted for after evacuation. Be especially cognizant of any disabled staff or clients that may require additional assistance to vacate the building. Do not attempt to save possessions at the risk of personal safety – yours or others.

7. Do not return to the emergency area until the all-clear is given.
Although hurricanes can be tracked for days their erratic nature makes it difficult to predict where they will hit land until a few hours before it happens. Having a plan in place that is fully communicated and understood by staff and clients alike will serve to mitigate the effects and reduce downtime following the disaster. It is crucial that the staff follow the plan in preparing for possible landfall and monitor closely the advisories issued by the National Weather Service.

The policy for our organization in case of a **Hurricane Watch** (a hurricane poses a threat to the region and could make landfall within 24 to 36 hours):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The policy for our organization in case of a **Hurricane Warning** (a hurricane is expected within 24 hours):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Telephone Numbers:**

Dial 911 for Emergency

Police/Fire Non-Emergency Number: ______________________________

Primary Emergency Agency Contact: ______________________________

(Follow contact protocol as detailed in beginning of plan)

Where needed materials are stored: ______________________________
The policy for our organization:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Telephone Numbers:

Dial 911 for Emergency

Police/Fire Non-Emergency Number: ____________________________

Primary Emergency Agency Contact: ____________________________

(Follow contact protocol as detailed in beginning of plan)

If a telephone threat comes into the agency:

1. Listen carefully. Try to keep the caller talking in an attempt to gather more information.
2. Notify the appropriate contacts in the agency (according to protocol outlined previously) or, if possible, signal to a colleague to call.
3. As soon as possible, complete a telephone threat report, writing down as many details as possible. This information is to be turned over to security and police interviewers.
4. Do not discuss the threat with anyone other than the appropriate contacts (agency, security & police)
5. If evacuation is ordered, go to a designated area, as far away from danger as possible. Ensure that all staff and clients are accounted for after the evacuation. Be especially cognizant of any disabled staff or clients that may require additional assistance to vacate the building.

If a written threat or suspicious package is received by the agency or a suspicious object is found on the premises:

1. Do not allow anyone to handle it or go near it.
2. Notify the appropriate contacts, including police (according to protocol outlined previously).
3. Have the person who received/found the item record everything he/she remembers about the incident. This will be required by security and police interviewers.
4. Follow orders as directed; if evacuation is ordered, go to a designated area, as far away from danger as possible. Ensure that all staff and clients are accounted for after the evacuation. Be especially cognizant of any disabled staff or clients that may require additional assistance to vacate the building.
POWER LOSS

The policy for our organization if the power goes out:

________________________________________

________________________________________

________________________________________

________________________________________

Flashlights are located: ____________________________________________________________

Telephone Numbers:

Electric Provider Phone # __________________________________________________________

Primary Emergency Agency Contact: _________________________________________________

(Follow contact protocol as detailed in beginning of plan)

In general:

1. Remain calm
2. Provide assistance to visitors, volunteers, staff and clients by directing to a pre-designated safe area located ____________________________________________________________
   Do not let anyone go down dark stairs by themselves. Open blinds, etc. to let in as much natural light as possible.
3. If in an unlighted area, proceed cautiously to an area that has emergency lights. Walk slowly, listen for other people and sound cues/instructions.
4. If in an elevator, stay calm. Use intercom or emergency button.
5. If evacuation is ordered, go to a designated area, as far away from danger as possible. Ensure that all staff and clients are accounted for after the evacuation. Be especially cognizant of any disabled staff or clients that may require additional assistance to vacate the building.
THUNDERSTORM/TORNADO

The policy for our organization if a severe thunderstorm or tornado hits:

_________________________________

_________________________________

_________________________________

_________________________________

________________________________

Flashlights are located: ____________________________________________________________

Battery-powered radio located: ________________________________________________________

General Rules to Follow:

1. Stay away from exterior walls and glass. If possible back up computer files and move computer equipment away from windows.
2. In a tornado, crouch along interior walls and cover your head. Interior rooms with no windows are safest.
3. Stay out of elevators. Use the telephone and cellphones for emergency purposes only.
4. Do not leave secure areas until instructed. Be especially cognizant of any disabled staff or clients that may require additional assistance – be polite yet firm. If they refuse to comply, leave them and seek shelter.
5. See sections on power loss, flooding and water damage.

WINTER STORM/FREEZING TEMPERATURES (not as common but one never knows!)

1. Winter storms are generally preceded by broadcast warnings; stay tuned via radio, TV or the internet weather sites.
2. Back up computer files before leaving the facility.
3. Mark the least dangerous access and exit routes of the facility; beware of icy staircases, walkways, etc.
4. If frozen pipes are a possibility, take all precautions to avoid them by draining water, leaving faucets on with a low stream or by doing this: ______________________________________
5. See sections on power loss and water damage.
FIRE

The policy for our organization:

______________________________________________________________

______________________________________________________________

Fire Extinguishers/Fire Hoses are here: ________________________________

We have this type of fire-detection & suppression system in our building:

___________________________________________________________________

___________________________________________________________________

Telephone Numbers:

Dial 911 for Emergency

Police/Fire Non-Emergency Number: ________________________________

Primary Emergency Agency Contact: ________________________________

Contact Info for Fire Detection/Suppression System: ________________________________

(Follow contact protocol as detailed in beginning of plan)

General Rules to Follow in Case of a Fire:

1. Make the necessary calls, as detailed in communication plan – give name, location, type and/or cause of the fire, if emergency medical help is necessary.
2. If the fire is small, attempt to put it out with a fire extinguisher. Do not jeopardize personal safety to do so.
3. Never allow the fire to come between you and the exit.
4. Disconnect electrical equipment that is on fire if safe to do so (throw circuit breaker)
   The location of the circuit breaker is ________________________________
5. Evacuate the area if unable to extinguish it safely. Close doors and windows, if possible, to confine the fire. Go to previously designated areas as far from the danger as possible.
6. Avoid breaking windows where the fire is located – oxygen feeds and exacerbates the issue.
7. Do not open hot doors. Before opening any door, touch near the top; if it is hot, or smoke is visible, do not open the door.
8. Do not use elevators
9. Do not attempt to save possessions or equipment at the risk of personal injury.
10. Ensure that all staff and clients are accounted for after evacuation. Be especially cognizant of any disabled staff or clients that may require additional assistance to vacate the building. Do not attempt to save possessions at the risk of personal safety – yours or others.
11. Do not return to the emergency area until the all-clear is given.
12. All fires, no matter the size, must be reported
EMERGENCY EVACUATION PROCEDURE

The policy for our organization if the evacuation alarm is sounded or are told to evacuate the building:

___________________________________________________________________

___________________________________________________________________

Evacuation diagrams are posted: _______________________________________________________

General Rules to Follow in Evacuations:

1. Immediately shut down all hazardous operations (equipment in use, etc.)
2. Leave quickly
3. Ensure that all staff and clients are accounted for after evacuation. Be especially cognizant of any disabled staff or clients that may require additional assistance to vacate the building. Make sure all rooms are checked and cleared, including rest rooms, copier rooms, etc.
4. Shut all doors behind you as you go, closed doors can slow the spread of fire, smoke and water.
5. Proceed as quickly as possible, but in an orderly manner. Hold handrails when on stairs.
6. Once out of the building, move to a previously designated safe area. Keep roadways free for emergency vehicles.
Computers & Technology

Computer crashes, whether they are due to natural or manmade disasters or hardware failure, are devastating to the operation of an agency. Consider the following to prepare for computer/IT recovery after a disaster.

- Inventory all hardware and software that is in use by your agency for everyday operations (see inventory sheets). Also include the make, model and serial number of all hardware, including computers, printers, phones, cell phones, etc. Also document the serial numbers/key numbers for software licenses for each machine. Keeping a file on purchase receipts will help when documenting loss for insurance purposes, keeping track of warranties, etc.
- Diagram the network structure for your agency – this will be beneficial for the restoration of backup tapes and reinstalled.
- Create/maintain a list of vendors and their contact information – keep a copy offsite (or online)
- Document all passwords (including individual employees’) required to access files and data – store offsite as well
- Fully utilize the capabilities of your phone system – forwarding, retrieval of voice mail, changing voice mail contact information, etc. Ensure that employees know and understand how to utilize these features.
- Have the ability to manage and update website from offsite.
- Ensure that all employees can and know how to access e-mail from alternative sources.

Computer Data

Once data is lost, it is usually lost forever. Attempting to recover data is often futile and always costly. It is best to preserve the data before a disaster hits to shorten recovery time and ensure recovery success.

- Analyze data backup routines – create backups, verify the data, take it off-site. This can be as simple as someone taking the backup home on a regular basis or more high-level methods such as clustering or mirroring servers. The latter tend to be more expensive but in the face of losing irreplaceable data, the expense may be deemed acceptable.
- Do backups, test for validity and restore. Testing is to ensure that the data you have backed up can effectively be restored. The frequency of performing these tasks are arbitrary – the recommendation is that it should be done every 6 months – bringing down the entire system and then restoring it to ensure that everything is working properly.
  - Include ALL pertinent data and files – include such data as staff email address books, especially if staff do not use PDAs, documents on individual computers, -- anything that is necessary for everyday operation.
- Create an effective archival system – such as a rotation system of tapes of at least one month-old data. Again, keep copies of this offsite to ensure that, in the event of theft, fire or some other type of issue with the agency site, an intact copy of data can be used to restore the system.
- Other options to protect data would be making databases web-based, using an Application Service Provider (ASP) or housing database (and e-mail service) online so that nothing is stored onsite. Another option would be to consider a colocation server – a separate server in
another location contains data mirrored from the agency’s onsite server – there are companies that provide this service.

- Uninterrupted power supplies (UPS) also known as a battery backup system can provide power on a short-term basis in the event of power loss – would allow a shutdown of the network to mitigate damage to the server and computer equipment.
- Firewall drives for network systems that are in operation 24/7 (prevent hacking)
- Have a free email account (Google Mail, Yahoo, Hotmail) for your agency for emergency use and provide this information with key personnel.
back up electronic documents to a secure site accessible via the internet through authentication of executive staff. That site includes or will include:

- Staff and provider contact information;
- Agency working folders for each staff member;
- Microsoft exchange server which includes additional contacts and email;
- Financial management, critical banking and LOCCS draw files;
- Equipment inventory database;
- Copies of agency specific software;
- Operations manuals.

- Hard copy files are scanned in to a document server and added to the electronic backup:
  - Founding organizational documents
  - Insurance
  - Signed contracts (vendor, provider, funding source)
  - Leases for rent subsidy units
  - SHP/S+C technical submissions
Final DRAFT

Division of Services for People with Disabilities
Provider Business Continuity and
Disaster Preparedness Plan Template

Please Check Provider Services: 24 hr Residential ___ Day Supports ___ Supported Employment ___ Supported Living ___ 24-Respite ___

(The following document may be used by DSPD Providers as a template for a “Best Practice” Business Continuity and Disaster Preparedness Plan. Only those items marked with a "(*)" are required elements that must be contained in the providers Business Continuity and Disaster Preparedness Plan which is required under contract with the Department/Division. Providers may use this template as a guide in the development of their plan or may develop their own format as long as their format contains the required elements.)

**Department / Division Contract Requirements:**

EMERGENCY MANAGEMENT AND BUSINESS CONTINUITY PLAN: The Contractor shall use qualified personnel to perform all services in conformity with the requirements of this Contract and generally recognized standards. The Contractor’s performance shall not be excused by force majeure. The Contractor represents that it has identified the critical functions or processes of its business operations essential for providing the services required in this Contract. The Contractor also represents that it has developed an emergency management and business continuity plan that will allow the Contractor to continue to operate those critical functions or processes during or following an emergency. The Contractor further represents that its emergency management and business continuity plan addresses at least the following areas as they pertain to the services Contractor is providing: 1. Evacuation procedures; 2. Temporary or alternate living arrangements, including arrangements for isolation or quarantine; 3. Vital supplies, including food, water, clothing, first aid supplies, client medications, and other medical necessities, etc.; 4. Communications (with Contractor staff, the appropriate government agency, and clients’ families); 5. Transportation; and, 6. Recovery and maintenance of client records. In addition, the Contractor represents that it provides at least annual training for its staff on its emergency management and business continuity plan and it acknowledges that DHS and DHS may rely upon this and the other representations of the Contractor in this paragraph.

The Contractor shall evaluate its emergency management and business continuity plan at least annually, and shall modify the plan as appropriate. The Contractor shall provide DHS or DHS/_____ with a copy of its current plan upon request.

Department of Human Services Appendix C “Federal Assurances and Standard Terms and Conditions” section 3G states: “Emergency Management and Business Continuity Plan” states: That all services are being and will continue to be performed in conformity with the requirements of this Contract by qualified personnel in accordance with generally recognized standards. That is has a “business continuity plan” that will allow it to continue to operate critical functions or processes during or following an emergency and protect the health and safety of clients receiving services through the CONTRACTOR.

**PROVIDER INFORMATION:**

________________________________________________________________________

Provider Name

________________________________________________________________________

Provider Main Office Address

City, State

________________________________________________________________________

Main Office Telephone Number / Backup Number

The following natural and man-made disasters could impact our business.

• _______________________________________________________________________

• _______________________________________________________________________

• _______________________________________________________________________

• _______________________________________________________________________

________________________________________________________________________
EMERGENCY PLANNING TEAM
The following individuals will participate on our emergency planning and crisis management team.

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<tr>
<th>Name</th>
<th>Location / Office</th>
<th>Responsibility</th>
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OUR CRITICAL OPERATIONS
The following is a prioritized list of our critical operations, staff and procedures we will need to recover from a disaster.

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<th>Staff in Charge</th>
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Suggested Business Continuity Planning Outline For All Providers:

INFORMATION SYSTEMS BACKUP:
Indicated how you will address the following Personnel / Human Resources & Payroll areas:

- Emergency call-in pool
- Accounts receivable backup
- Accounts payable backup
- 30 to 90 day cash reserves and access plan
- Assess inventory and insurance
- Supply inventory – food, water, blankets, etc.
- Medical supplies and medication inventory

CYBER SECURITY
To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will use back-up computers at the following location:

RECORDS BACK-UP
_________ is responsible for backing up our critical records including payroll and accounting systems.
Sample Plan #2

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite ____________________________.

Another set of back-up records is stored at the following off-site location:

______________________________________________________________________________

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

______________________________________________________________________________

Recovery and maintenance of consumer records:

______________________________________________________________________________

** To be completed for each Provider Organization:

Emergency Planning Outline For Main Office Sites:

To be completed for each Residential, Supported Living, Day Support, and Supported Employment main office location:

** EVACUATION PLAN FOR _____________________________ LOCATION

(Insert address)

- List circumstances under which evacuation may be required.

- List personnel having the authority to order a partial or total evacuation.

- List established assembly site outside the office site, in the event of an evacuation.

- Our assembly site coordinator & alternate is: ____________________________

- List staff responsibilities in the event of an evacuation.

- List methods of contacting key persons and staff ____________________________

- How will you contact key persons and staff?

- What vital records, and documents need to be part of the evacuation?

- We have developed, copied and posted site evacuation maps. _________

- We will practice evacuation procedures ___ times a year.

** RELOCATION PLAN

- List circumstances under which relocation are necessary?

- List personnel having authority to order relocation.

- Our alternative main office relocation site(s) would be located at

Emergency Relocation Summary:

This is a quick reference to needed relocation information. The summary includes specific relocation sites to be used during a Level I, II, and III emergency situation requiring evacuation and relocation of main office staff.

* A Level I is defined as a local emergency situation, affecting the main office site. Such an emergency could include a major fire with toxic fumes, significant damage to utilities affecting a local area, a toxic spill or release of hazardous chemicals or biological agents that may affect water systems or are expected to be airborne over short distances. Relocation sites may be within a 10-mile radius of the affected administrative site.
Sample Plan #2

* A Level II Emergency is defined as an emergency situation caused by an event that occurs in a community or limited geographic area, comprised of contiguous towns, which require relocation outside the affected area. Such an emergency could include a fire, prolonged power outage, local flooding, or toxic spills. Relocation sites must be outside a 10-mile radius of the administrative site.

* A Level III Emergency is defined as a catastrophic emergency that affects a wide area and that requires immediate relocation of the populace of large geographic areas. Public confusion and panic are anticipated. Such an emergency could include a major earthquake, or other significant incidents that result in state or national direction to relocate a wide area or region. Evacuation of large numbers of citizens to relocation sites well beyond the affected area is required.

Relocation Plan for Level I Emergency:
1. Relocation Site: ________________________________
2. Relocation Address: ________________________________
3. Relocation Phone #: ________________________________
4. Relocation Contact: ________________________________

Relocation Plan for Level II Emergency:
1. Relocation Site: ________________________________
2. Relocation Address: ________________________________
3. Relocation Phone #: ________________________________
4. Relocation Contact: ________________________________

Relocation Plan for Level III Emergency:
1. Relocation Site: ________________________________
2. Relocation Address: ________________________________
3. Relocation Phone #: ________________________________
4. Relocation Contact: ________________________________

- What system is established to notify staff and key outside resources of your relocation?

- We have made arrangements for transportation to our alternative site through ________________________________

- We have a written letter of agreement with our alternative site and have prepared to bring the necessary supplies. ________________________________

Survival (isolation)

** SHELTER-IN-PLACE PLAN

- List possible circumstances when we will shelter-in-place. ________________________________

- Which personnel have authority to implement shelter in place procedures? ________________________________

- List materials and supplies that will need to be stockpiled and their storage location. ________________________________

- We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies staff might consider keeping in a portable kit personalized for their needs.

- What area of the office site will be utilized for shelter if the building integrity is threatened? ________________________________

- We will practice shelter procedures ____ times a year.

- What are the internal and external communications systems established in the event of the need to shelter in place? ________________________________

- "Seal the Room" Shelter Location: ________________________________
Sample Plan #2
- Shelter Manager & Alternate:
  a. Responsibilities Include:

Training:
- How will everyone in your program become knowledgeable of the content of your plan and have opportunity to participate in testing it?

- What is the training schedule that includes content, method, and frequency of training and testing?

Emergency Planning Provider Site Outline:
To be completed for each Residential and Day Support Provider Site:

**EVACUATION PLAN FOR ______________________ LOCATION**
(Insert address)
- List circumstances under which evacuation may be required.

- List personnel having the authority to order a partial or total evacuation.

- List established assembly site outside the home / facility, in the event of an evacuation.

- Our assembly site coordinator & alternate is: ________________________________
- List staff responsibilities in the event of an evacuation.

- List methods of contacting key persons and staff ________________________________
- How will you contact key persons and staff?

- What vital records, documents, and meds needed to be part of the evacuation?

- Are your plans in collaboration with neighbors and community emergency resources? ______
- We have developed, copied and posted site evacuation maps. ______
- Our Exits are clearly marked. (For Workshops only) ______
- We will practice evacuation procedures ___ times a year.
- If we must leave the residential or workshop setting quickly, we will:

__________________________________________________________
**RELOCATION PLAN FOR __________________ LOCATION**

(Insert address)

- List circumstances under which relocation are necessary.

- List personnel having authority to order relocation.

- Our alternative residential and/or day support relocation sites are:

**Emergency Relocation Summary:**

This is a quick reference to needed relocation information. The summary includes specific relocation sites to be used during a Level I, II, and III emergency situation requiring evacuation and relocation of the individuals attending the program site.

* A Level I is defined as a local emergency situation, affecting a single residential or day program site. Such an emergency could include a major fire with toxic fumes, significant damage to utilities affecting a local area, a toxic spill or release of hazardous chemicals or biological agents that may affect water systems or are expected to be airborne over short distances. Relocation sites may be within a 10-mile radius of the affected program site.

* A Level II Emergency is defined as an emergency situation caused by an event that occurs in a community or limited geographic area, comprised of contiguous towns. Such an emergency could include a fire, prolonged power outage; local flooding, or toxic spills. Relocation sites must be outside a 10-mile radius of the program site.

* A Level III Emergency is defined as a catastrophic emergency that affects a wide area and that requires immediate relocation of the populace of large geographic areas. Public confusion and panic are anticipated. Such an emergency could include major leakage of radioactive material due to an incident at a nuclear power plant, or other significant incidents that result in state or national direction to relocate a wide area or region. Evacuation of large numbers of citizens to relocation sites well beyond the affected area is required.

**Relocation Plan for Level I Emergency:**

1. Relocation Site:

2. Relocation Address:

3. Relocation Phone #:

**Relocation Plan for Level II Emergency:**

1. Relocation Site:

2. Relocation Address:

3. Relocation Phone #:

**Relocation Plan for Level III Emergency:**

1. Relocation Site:

2. Relocation Address:

3. Relocation Phone #:

- What staff will accompany the individuals?

- What system is established to notify staff and key outside resources of your relocation?

- We have made arrangements for transportation to our alternative site through

  - We have a written letter of agreement with our alternative site and have prepared to bring the necessary supplies and support staff.

  - Individual’s going home or to other locations will be released and accounted for by the following procedure.

**Survival (isolation)**

**SHELTER-IN-PLACE PLAN FOR __________________ LOCATION**

(Insert address)

- List possible circumstances when we will shelter-in-place.

- Which personnel have authority to implement shelter in place procedures?
• List materials and supplies that will need to be stockpiled and their storage location.

• We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for the needs of the individuals and staff.

• We have addressed vital supplies including food, water, clothing, first aid supplies, consumer medications and other medical necessities.

• What area of the home / facility will be utilized for shelter if the building integrity is threatened?

• What are the minimum staff requirements to assure consumer health and safety? What is your plan to assure adequate staff during an emergency? How will you get commitment from direct support staff?

• What are the internal and external communications systems established in the event of the need to shelter in place?

• "Seal the Room" Shelter Location:

• Shelter Manager & Alternate:
  a. Responsibilities Include:

To be completed for each Residential and Day Support Provider Site:

** Coordination of Plans

• Who is responsible to coordinate the individual plans, the site plans, and the organization plan with the community emergency plan? (example House Manager)

• Who is responsible to coordinate the plan with other providers (i.e. day and residential), Division and the Department?

• Who is responsible to coordinate plans with parents and/or relocation community settings?

• Who is responsible to obtain agreements for outside resources?

** Training:

• How will everyone in your program become knowledgeable of the content of your plan and have opportunity to participate in testing it?

• What is the training schedule that includes content, method, and frequency of training and testing?
Sample Plan #2

To Be Completed for Individuals in Supported Living and Supported Employment providers:

All individuals in Supported Living and Supported Living settings will have a Individual Emergency Preparedness Plan developed to meet their specific needs. Providers will work with the DSPD Support Coordinators to assure that each consumer has an appropriate individual emergency plan developed for the specific circumstance of the individual. This plan should be developed at the time of placement into the program and reviewed annually. This could be part of the Annual Person Centered Planning process and could be one of the identified Action Plan items. Each individual in Supported Living and Supported Employment needs to assume the primary responsibility for his/her care during and emergency. Provider staff will work with the individual and/or their family in development of a Plan. In the event of an emergency, provider staff will attempt to contact individuals in Supported Living settings as quickly as it possible to assess their needs. Supported Employment staff will work with the individual’s employer in the development of a basic emergency plan to be implemented should an emergency occur during the working day.

Possible Content for Individual Emergency Preparedness Plan: (These are suggested items to possibly be included in the individual’s Personal Emergency Plan.

1. **Establish a Personal Support Network.** (A personal support network is made up of individuals who will check with the individual in an emergency to ensure that the individual is okay and give assistance if needed. Identify a minimum of three people per location where the individual spends a significant part of their week: job, home, volunteer site etc.)
   a. Help the individual organize a network for their home, workplace, and other place where they spend a lot of time.
   b. Give the network members copies of the individual’s emergency information list.
   c. Arrange with the network to check on the individual immediately after an emergency strikes.
   d. Agree and practice a communications system regarding how to contact each other in an emergency.
   e. Show the network members how to operate and safely move the equipment the individual uses for their disability.
   f. Explain to the network any assistance for personal care the individual may need.
   g. The individual and their network members should always notify each other when they are going out of town and when they will return.

2. Help the individual develop a Health Card, which contains emergency health information.

3. Help the individual to maintain at least a 7 to 14 day supply of essential medications. (If not possible, at least a three day supply)

4. Help the individual develop an emergency contact list including a number of someone who lives outside of the area.

5. Help the individual gather necessary emergency documents. (records, social security card, identification cards, bank accounts, etc)

6. Help the individual conduct an “Ability Self-Assessment” to evaluate their capabilities, limitations, and needs, as well as their surroundings to determine what type of help will be needed in an emergency.

7. Help the individual develop a 72-hour emergency kit and obtain necessary supplies to use in the event of an emergency.

To Be Completed for Individuals in 24-Hour Respite in the Home of a Provider:

**EVACUATION PLAN FOR __________________________ LOCATION  
(Insert address)

- List established assembly site outside the home in the event of an evacuation.

- What vital records, documents, and meds needed to be part of the evacuation?

- Are your plans in collaboration with neighbors and community emergency resources? ________
Sample Plan #2

- If we must leave the residential we will:

**RELOCATION PLAN FOR __________________________ LOCATION**

(Insert address)

- Our alternative residential and/or day support relocation sites are located at __________

- What system is established to notify provider staff of your relocation?

- Individual’s going home or to other locations will be released and accounted for by the following procedure.

**Survival (isolation)**

**SHELTER-IN-PLACE PLAN FOR __________________________ LOCATION**

(Insert address)

- List materials and supplies that will need to be stockpiled and their storage location.

- We have addressed vital supplies including food, water, clothing, first aid supplies, consumer medications and other medical necessities.

- What area of the home / facility will be utilized for shelter if the building integrity is threatened?

- "Seal the Room" Shelter Location: __________________________
EMERGENCY SUPPLIES AND EQUIPMENT:

Departments are responsible for maintaining emergency supplies and equipment at each work site. Recommended: First Aid supplies, extra batteries, battery operated AM/FM radio, water, and non-perishable food. Assign someone to review, and restock supplies annually.

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