

# EMERGENCY PREPAREDNESS PLAN

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

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax \_\_\_\_\_

The following person is our primary contact in an emergency.

Primary Emergency Contact: \_\_\_\_\_

Telephone Number: Cell \_\_\_\_\_ Other \_\_\_\_\_

E-mail: \_\_\_\_\_

If the person is unable to manage the crisis, the person below will succeed in management:

Secondary Emergency Contact: \_\_\_\_\_

Telephone Number: Cell \_\_\_\_\_ Other \_\_\_\_\_

E-mail: \_\_\_\_\_

The following is a list of other important co-workers and their emergency contact information:

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

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

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

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

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

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

## EMERGENCY CONTACT INFORMATION

### ► Dial 911 for life threatening emergencies

Non-Emergency:

- Police \_\_\_\_\_
- Fire \_\_\_\_\_
- Ambulance \_\_\_\_\_
- Hospital \_\_\_\_\_
- Other (name and phone no.) \_\_\_\_\_

# EMERGENCY PREPAREDNESS PLAN

## ORGANIZATION INSURANCE PROVIDER:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

## COORDINATE WITH OTHERS

The following contacts (Name, contact person, phone number) are resources to call with help in an emergency.

## COUNTY EMERGENCY MANAGEMENT:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials / Service Provided: \_\_\_\_\_

## BUILDING MANAGEMENT:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials / Service Provided: \_\_\_\_\_

## GAS/ELECTRIC COMPANY:

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Materials / Service Provided: \_\_\_\_\_

# EMERGENCY PREPAREDNESS PLAN

## PHONE SYSTEM VENDOR:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials / Service Provided: \_\_\_\_\_

## COMPUTER SUPPORT VENDOR:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials / Service Provided: \_\_\_\_\_

## PUBLIC TRANSIT AGENCY:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials / Service Provided: \_\_\_\_\_

## BUILDING MAINTENANCE:

• Plumber: Name \_\_\_\_\_ Phone \_\_\_\_\_

• Electrician: Name \_\_\_\_\_ Phone \_\_\_\_\_

• HV/AC: Name \_\_\_\_\_ Phone \_\_\_\_\_

• Other: Name \_\_\_\_\_ Phone \_\_\_\_\_

## OTHER:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EMERGENCY PREPAREDNESS PLAN

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Materials / Service Provided: \_\_\_\_\_

### OFFICE EVACUATION PLAN

1. When instructed, you must leave the workplace quickly. Go to the nearest exit and follow any instruction made by management, building management or emergency personnel.
2. When you have exited the building, you are to go to the agreed upon Assembly Site, which is at: \_\_\_\_\_  
\_\_\_\_\_
3. Wait at this assembly site until you are given permission to enter the building or dismissed.

### SHELTER IN PLACE PLAN

If there is an emergency that requires employees to shelter in place, the Company will follow the emergency management instructions.

1. Employees in the office are to remain in the office and follow instruction until emergency management gives the OK to leave the area.
2. Employees in the field or client's home are to remain in the client's home or seek shelter in the nearest safe place. Employees are to remain at the client's home or in the building until emergency management says it is OK to leave the area.
3. Employees are encouraged to phone family to make sure they know that they are OK and safe. All other phone calls must be restricted to emergency calls only.

### COMMUNICATIONS

In the event of a disaster or emergency the Company will follow the emergency management instructions. Since an emergency, such as snow storm, hurricane, or other event that may close roads and public transportation, may restrict access to the office, the name, most current address and phone number of all employees will be kept in an emergency employee notebook. A copy of this plan will also be kept in the emergency notebook. Designated employees will have possession of the notebook during and emergency, which means they will have this information at their home. Communicate with employees will be through a phone tree and made in the following way:

1. Office personnel will be given verbal, email or text instructions.
2. Field personnel will be phoned, texted, or emailed with instructions.
3. The phone tree is attached.

Client name, address and phone number will also be kept in an emergency contact notebook and be kept with the on-call employee. **This notebook contains HIPAA protected health information (PHI) and must be secured while in the on-call employees possession or home.**

# EMERGENCY PREPAREDNESS PLAN

## EMERGENCY SHELTERS

Following are a list of the emergency shelters in our service area:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_



## **EMERGENCY PREPAREDNESS PLAN**

### **OTHER EMERGENCY PROCEDURES:**

In an area wide emergency that is anticipated to last several days, you should remember to:

- 1 Get your car filled up with gas in case of an evacuation.
- 2 Have fuel for an emergency generator.
- 3 Instruct employees to call the emergency number before going to a client's home.
- 4 Ask clients to let you know where they are going during the emergency or who will be staying with them.
- 5 Make sure you call the area emergency management agency and let them know the clients that may need help getting out of their home or transport to a hospital or shelter.
- 6 Set a scheduled time when you will make calls so employees are ready to receive them.
- 7 If your office space is destroyed, have a plan to find new space, and get your phone and computers up and running as soon as possible. Now is the time to make these plans before something happens.