



Santa Barbara County AmeriCorps Partnership For Veterans & People Experiencing Homelessness



Emergency Action Plan

AmeriCorps Partnership for Veterans and People Experiencing Homelessness

This program is administered by CaliforniaVolunteers and sponsored by the Corporation for National and Community Service



www.SBCAmeriCorps.org

United Way of Northern Santa Barbara County | PO Box 947 | Santa Maria | CA | 93456

EMERGENCY ACTION PLAN

for

Site Name: _____

Site Address: _____

Prepared by: _____

DATE PREPARED: ___/___/___

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL BASED ON LOCATION

Site: _____

Name: _____ Phone: _____

Site: _____

Name: _____ Phone: _____

Site: _____

Name: _____ Phone: _____

AMERICORPS SAFETY COORDINATOR:

Name: Kristyne Hastie—Program Manager Phone: 805-451-5605

ASSISTANTS TO INDIVIDUALS WITH DISABILITIES (If applicable):

Name: _____ Phone: (_____)

Name: _____ Phone: (_____)

Date ___/___/___

EVACUATION ROUTES

- Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:
 - Emergency exits
 - Primary and secondary evacuation routes
 - Locations of fire extinguishers
 - Fire alarm pull stations' location
 - Assembly points
- Site personnel should know at least two evacuation routes

EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: _____

PARAMEDICS: _____

AMBULANCE: _____

POLICE: _____

SECURITY (If applicable): _____

BUILDING MANAGER (If applicable): _____

UTILITY COMPANY EMERGENCY CONTACTS

(Specify name of the company, phone number and point of contact)

ELECTRIC: _____

WATER: _____

GAS (if applicable): _____

TELEPHONE COMPANY: _____

Date: ___/___/___

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by AmeriCorps Members are:

- MEDICAL
- FIRE
- SEVERE WEATHER
- BOMB THREAT
- CHEMICAL SPILL
- THREAT OF VIOLENCE/LOCK DOWN
- EXTENDED POWER LOSS
- OTHER (specify)_____

(e.g., terrorist attack/hostage taking)

MEDICAL EMERGENCY

Call medical emergency phone number (check applicable):

- Paramedics
- Ambulance
- Fire Department
- Other
-

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.

Do not move victim unless absolutely necessary.

Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

Name: _____ Phone: _____

Name: _____ Phone: _____

If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:

1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
2. Clear the air passages using the Heimlich Maneuver in case of choking.

In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

Date ___/___/___

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm
- 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 (check applicable):

- Voice communication
- Phone
- Radio
- Other (please specify)

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.

Designated Official, Emergency Coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Coordinate an orderly evacuation of personnel.
- Perform an accurate head count of personnel reported to the designated area.
- Determine a rescue method to locate missing personnel.
- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

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

Assistants to Individuals with Disabilities should:

- Assist all physically challenged employees in emergency evacuation.

Date ___/___/___

EXTENDED POWER LOSS

In the event of extended power loss to a facility certain precautionary measures should be taken depending on the geographical location and environment of the site:

- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
- After dark, artificual lights should ONLY be used. Never use candles or flame to provide light

Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

CHEMICAL SPILL

The following are the locations of:

Spill Containment and Security Equipment: _____

MSDS: _____

When a Large Chemical Spill has occurred:

- Immediately notify the designated official and Emergency Coordinator.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number, if required.
- Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup.

Name of Spill Cleanup Company: _____

Phone Number: _____

When a Small Chemical Spill has occurred:

- Notify the Emergency Coordinator and/or supervisor (select one).
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the MSDS.
- Small spills must be handled in a safe manner, while wearing the proper PPE.
- Review the general spill cleanup procedures.

Date ___/___/___

TELEPHONE BOMB THREAT CHECKLIST

INSTRUCTIONS: BE CALM, BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

YOUR NAME: _____ TIME: _____ DATE: _____ CALLER'S IDENTITY SEX: Male
 ___ Female ___ Adult ___ Juvenile ___ APPROXIMATE AGE: ___ ORIGIN OF CALL: Local _____ Long
 Distance _____ Telephone Booth _____

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
___ Loud ___ High Pitch ___ Raspy ___ Intoxicated ___ Soft ___ Deep ___ Pleasant _____ Other	___ Fast ___ Distinct ___ Stutter ___ Slurred _____ Other	___ Slow ___ Distorted ___ Nasal _____ _____ Other
ACCENT	MANNER	BACKGROUND NOISES
___ Local ___ Foreign ___ Race	___ Calm ___ Rational ___ Coherent ___ Deliberate ___ Righteous	___ Angry ___ Irrational ___ Incoherent ___ Emotional ___ Laughing
___ Not Local ___ Region	___ Excellent ___ Fair ___ Foul _____ Other	___ Trains ___ Animals ___ Quiet ___ Voices ___ Airplanes ___ Party ___ Atmosphere

BOMB FACTS

PRETEND DIFFICULTY HEARING - KEEP CALLER TALKING - IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour ___ Time Remaining ___

Where is it located? Building _____ Area _____

What kind of bomb? _____

What kind of package? _____

How do you know so much about the bomb? ___

What is your name and address?

If building is occupied, inform caller that detonation could cause injury or death.

Activate malicious call trace: Hang up phone and do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Call Security at _____ and relay information about call.

Did the caller appear familiar with plant or building (by his/her description of the bomb location)? Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.

Notify your supervisor immediately.

SEVERE WEATHER AND NATURAL DISASTERS

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.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood:

If indoors:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to a higher ground.

CRITICAL OPERATIONS

During some emergency situations, it will be necessary for some specially assigned personnel to remain at the work areas to perform critical operations.

Assignments:

Work Area	Name	Job Title	Description of Assignment

Personnel involved in critical operations may remain on the site upon the permission of the site designated official or Safety Coordinator.

In case emergency situation will not permit any of the personnel to remain at the facility, the designated official or other assigned personnel shall notify the appropriate AmeriCorps offices to initiate backups.

The following offices should be contacted:

Name/Location: ___Kristyne Hastie South County AmeriCorps Office_____

Telephone Number: ___805-451-5604_____

Name/Location: ___Dorothy Mogavero North County United Way Office_____

Telephone Number: ___805-451-6406_____

Name/Location: _____

Telephone Number: _____

TRAINING

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Name	Title	Responsibility	Date
Kristyne Hastie	_Safety Coordinator_	_Member Safety_	_2017-2018_
