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##### Washington State University

Departmental Emergency Response/Action Plan

[INSERT DEPARTMENT NAME HERE]

[INSERT DATE]

##### This template is to be used to complete your departmental emergency action/response plan. When you have completed all forms included in this packet with the required information, review and upload all forms in your plan on the online emergency response and continuity planning system (WSU Ready).

##### If you have questions, contact the Office of Emergency Management, Public Safety Building 143, [emergencymanagement@wsu.edu](mailto:emergencymanagement@wsu.edu) or (509) 335-7471

##### Emergency situations require the participation of all staff. Certain responsibilities are defined to ensure smooth operations. Everyone must be familiar with emergency operations. This plan shall be readily available, posted/kept at (*describe location)* and reviewed annually by department personnel.

##### Plan Coordinators & Department/ Unit Emergency Coordinator

##### Primary – (*Name and Phone or Office Number)*

##### Secondary – (*Name and Phone or Office Number)*

##### Department/ Unit emergency coordinator – *(Name and phone or Office Number)*

##### Building Coordinator- (*Name and phone or Office Number)*

##### This document may contain specific and unique vulnerability assessments or specific and unique response plans, either of which is intended to prevent or mitigate criminal terrorist acts as defined in RCW 42.56.210, the public disclosure of which would have a substantial likelihood of threatening public safety.  Do not release this document to anyone external to WSU without contacting The Office of Procedures, Records and Forms at 509-335-2005

##### PRINT AND POST IN A PUBLIC AREA

##### BUILDING & DEPARTMENT / UNIT-SPECIFIC EMERGENCY INFORMATION

##### *In an Emergency Call 9-1-1*

##### Provide Emergency Information Details

##### Name, address, telephone number of the caller

##### Nature of emergency (medical or non-medical)

##### Number of victims

##### Condition of victims

##### First aid treatment given at the scene if any

##### Specific directions as needed to locate the emergency scene (e.g. use south entrance to the stadium on Name of Street)

##### Other information requested by the dispatcher

##### *A copy of this completed document should be posted on unit safety bulletin boards along with a building floor plan.*

##### Building Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Building Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Building Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Unit Safety Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Alternate Unit Safety Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Building Exit Routes:

##### Primary Emergency Assembly Point Location:

##### Secondary Emergency Assembly Point Location:

##### Location of fire extinguishers and fire alarm pull stations in your building (or floor) *(give general location)*

##### PRINT AND POST IN A PUBLIC AREA

##### Building Resources:

##### Location of First Aid Kit(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### (Departmental and/or local work areas)

##### Location of Automated External Defibrillator (AED), if available:

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### (Device to restore normal heart rhythm to patients in cardiac arrest)

##### Location of other Emergency Resources (e.g., food, water, radios, flashlights, spill cleanup supplies, etc.)

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### For more information on emergency preparedness visit the Office of Emergency Management online at <http://www.oem.wsu.edu>

##### (Contact Facilities Operations-335-9000 for Floor Plans. Contact Fire Marshal for recommendations on Emergency Assembly Points-335-4310)

##### Date Prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preparer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### FORM 1

##### DEPARTMENT MANAGEMENT TEAM

##### Last revised

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Office Phone | Cell Phone | E-Mail |
| DMT Leader |  |  |  |  |
| 1st Alternate |  |  |  |  |
| 2nd Alternate |  |  |  |  |
| Dept./ Unit Emergency Coordinator |  |  |  |  |

|  |
| --- |
| Unit Emergency Response Group |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group Member | Office Phone | Cell Phone | Home Phone | Email |
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##### FORM 2

##### Department / Unit

##### Building Evacuation & Employee Accountability

##### Last revised

|  |
| --- |
| Building Evacuation |

##### Building:

##### Type of fire alarm signal for the building

##### (If you do not know where fire extinguishers, alarms pulls are or types of alarm signals contact the Facilities Operations Life Safety Unit-335-9000.)

##### Bells Horns/Strobes Strobe Flashes

##### Emergency escape route maps are posted in the hallways at the following locations: *(give location, nearest door, etc.).*

##### In the event of an evacuation of *(location*).

##### *(Person name, plan coordinator or building coordinator for example)* will account for all employees after the emergency evacuation has been completed.

##### The building alarms are located *(give general locations or areas)* and include *(describe horn, buzzer, etc.)* and (if appropriate) flashing lights. These alarms will be activated in the event that the entire building requires evacuation. If you have been trained to use a fire extinguisher or how to handle incidental releases and can do so safely, take reasonable steps to do so. If individuals visiting the areas need assistance for evacuation, which is not easily provided because they are compromised due to some type of disabling event, *(describe actions – e.g. call 911, notify emergency responders, etc.)*. If operations are being conducted in the laboratory areas in *(list room numbers if appropriate)*, emergency shutdown procedures must be established in advance.

##### Refer to your Laboratory Safety Manual and to <https://ehs.wsu.edu/labsafety/LabSafetyManual.html>

##### DEPARTMENT EVACUATION ROUTES

##### Be certain to indicate any officially designated Areas of Refuge and the department’s Emergency Assembly Area on the map. For evacuation planning assistance contact the WSU Fire Marshal at 335‑4310.

##### *(Departments /Units)* Emergency Assembly Area is at *(give specific location or area).*

##### 

##### INSERT A COPY OF YOUR EVACUATION MAP HERE

##### FORM 3

##### EVACUATION PLANNING FOR

##### PERSONS WITH DISABILITIES

##### Last revised

##### List self-identified disabled persons who request evacuation assistance during an emergency.

##### Designate evacuation assistants to wheelchair users to assist them during an emergency.

##### NAME:

##### Room/Bldg.: Phone:

##### Disability:

##### Instructions:

##### 

##### Designated “Buddy”/Assistant:

##### NAME:

##### Room/Bldg.: Phone:

##### Disability:

##### Instructions:

##### 

##### Designated “Buddy”/Assistant:

##### NAME:

##### Room/Bldg.: Phone:

##### Disability:

##### Instructions:

##### Designated “Buddy”/Assistant:

##### FORM 4

##### List all department staff and their critical contact information. It is important to get the emergency contact information for employee accountability in the event of an evacuation and in case of accident or injury to the employee. Mission Critical Staff (those that are absolutely necessary to your operations in case of emergency) should be highlighted.

##### DEPARTMENTAL / UNIT STAFF/ FACULTY CONTACT INFORMATION

##### (Include additional lines and pages as needed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME | WORK | HOME | CELL | E-MAIL | HOME | EMERGENCY |
|  | PHONE | PHONE | PHONE |  | ADDRESS | CONTACT/PHONE |
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##### FORM 5

##### Department / Unit & College / Division

##### Alternative Sites and Supply Locations

|  |
| --- |
| Department Emergency Alternative Site |

##### Alternate site:

##### 

##### Bldg. /Room:

##### Phone: Fax:

##### E-mail:

|  |
| --- |
| College/Division Emergency Alternative Site |

##### Alternate site:

##### Bldg. /Room

##### Phone: Fax:

##### E-mail: SMT Hotline:

##### DEPARTMENT EMERGENCY SUPPLY LOCATIONS

##### (Add additional pages as necessary)

##### Room Building Other

##### First Aid Kit(s)

##### Employee Rosters

##### Communication Equipment

##### Go-Kit(s)

##### Other Supplies

##### FORM 6

##### COMMUNICATIONS PLANS

##### DEPARTMENT INTERNAL COMMUNICATIONS PLAN

##### WSU Alert System & Information Distribution

##### The *(give name(s) or office position)* will be responsible for relaying notifications from the WSU Alert System to all other personnel.

##### Telephone Communications Plan: *(e.g. pre-established phone tree, access to working telephone line or other device, back-up communication SMS from cell phones)*

##### Computer (Email) Communications Plan: *(e.g. pre-established e-mail tree, take into considerations reliability off campus during emergencies)*.

##### Hotline Communications Plan: *(consider establishing a departmental Hotline for emergencies; contact IT at 5-2378 for more information)*.

##### Use of Runner to Contact Staff Plan: *(could be used if all electronic, phone, cell phone means of communication are not available; remember to coordinate with your college / division leaders)*.

##### Two-way Radio Communications Plan (If unit has two-way radios): *(could be used if all electronic, phone, cell phone means of communication are not available; remember to coordinate with your college / division leaders)*.

##### FORM 7

##### COMMUNICATIONS PLAN FOR DEPARTMENTS TO MAINTAIN CONTACT WITH COLLEGE/DIVISION LEADERS (C/DMT)

##### (Follow same procedures as above and indicate which methods you use and how you will utilize them to maintain communications with College or Division leaders (C/DMT). Be sure to coordinate these methods with C/DMT as you are developing the plan)

##### WSU Alert System & Information Distribution

##### The *(give name(s) or office position)* will be responsible for relaying notifications from the WSU Alert System to all other personnel.

##### Telephone Communications Plan: *(e.g. pre-established phone tree, access to working telephone line or other device, back-up communication SMS from cell phones)*

##### Computer (Email) Communications Plan: *(e.g. pre-established e-mail tree, take into considerations reliability off campus during emergencies)*.

##### Hotline Communications Plan: *(consider establishing a departmental Hotline for emergencies; contact IT at 5-2378 for more information)*.

##### Use of Runner to Contact Staff Plan: *(could be used if all electronic, phone, cell phone means of communication are not available; remember to coordinate with your departments / unit leaders)*.

##### Two-way Radio Communications Plan (If unit has two-way radios): *(could be used if all electronic, phone, cell phone means of communication are not available; remember to coordinate with your departments / unit leaders)*.

##### FORM 8

##### DEPARTMENTAL HAZARDOUS MATERIALS INVENTORY

##### AND

##### SECURITY, RELEASE, AND DAMAGE PREVENTION FORM

##### (Add additional pages as necessary)

##### 1. Date:

##### 2. Department/Unit:

##### 3. Primary and Secondary Contact Person(s):

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### 4. Phone Numbers: Work: Home:

##### 5. Building/Location of Hazardous Materials:

##### 6. Hazardous Material Type:

##### a. Chemical b. Biological c. Radiological

##### d. Other (Describe)

##### 7. List and description of Hazardous Material(s) (Please use the back of this page or attach additional sheets if necessary):

##### Measures taken to secure the hazardous materials:

##### Locked: Storage cabinet , Door , Other (Describe)

##### Locked: 24/7 , during non-business hours ,

##### When not in use

##### 8. Location of MSDS sheets for all hazardous materials.

##### Building

##### Room #

##### Cabinet location

##### 

##### 9. Names of individuals with keys:

##### 

##### 

##### 

##### 10. Measures taken to prevent spills and releases of hazardous materials (e.g. stored in hazardous materials storage cabinet, or in a secondary container, e.g. bucket)

##### 11. Please briefly describe spill/release response training and capabilities of persons working with hazardous materials. Please use back of this page or attach additional sheets if necessary.

##### 12. Other - Please describe: