

NIH POLICY MANUAL

1430 – OCCUPANT EVACUATION PLAN

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1. Explanation of Material Transmitted:

This Manual Chapter is being revised to incorporate current policy and new tools into the National Institutes of Health (NIH) Occupant Evacuation Plan. The responsibility for managing the program has changed from the Emergency Management Branch to the Office of Research Services (ORS), Division of Emergency Preparedness and Coordination (DEPC) as a result of the delayering of the ORS organizational structure. Additional appendices have been incorporated into the chapter which will assist Designated Officials and Occupant Emergency Coordinators in establishing Evacuation Plans for their buildings.

Appendices include: a.) Bomb Threat Checklist (recently updated); b.) Emergency Evacuation Team Form; and, c.) Emergency After Hours Sign-In/Sign-Out Form to be used in each building where after hours Security Service is offered. A new section has been included to address Shelter-In-Place. These resources provide NIH employees with current guidance to ensure immediate, positive and orderly action is taken to safeguard life and property during emergencies in NIH owned and leased buildings.

2. Filing Instructions:

Remove: NIH Manual 1430 dated 2/14/02

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PLEASE NOTE: For information on:

- Content of this chapter, contact the issuing office listed above.
 - NIH Manual system, contact the Office of Management Assessment, OM on (301) 496-4606
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A. Purpose

The purpose of this Manual Chapter is to update the NIH Occupant Evacuation Plan, which defines the scope and method for immediate, positive and orderly action to safeguard life and

property during emergencies in all NIH owned or leased buildings.

B. Policy

The NIH must establish policies and procedures in order to implement and maintain an occupant evacuation plan designed to ensure that individuals and visitors located in all NIH owned or leased buildings are safely evacuated during an emergency. Important note: Employees, visitors and patients in the NIH Clinical Center and Clinical Research Center (CC/CRC) will follow the guidance of the Clinical Center Emergency Management Plan. See the link below.

C. References

1. Clinical Center Emergency Management Plan:
<http://intranet.cc.nih.gov/od/emergencyplan/index.html>
2. Code of Federal Regulations, Title 29, Part 1910 - Occupational safety and health standards - "Emergency Action Plans" 1910.38:
http://edocket.access.gpo.gov/cfr_2008/julqtr/pdf/29cfr1910.38.pdf
3. Code of Federal Regulations, Title 41, Chapter 102, Part 102-74—Facility Management: "Occupant Emergency Program" 102-74.230-260:
http://edocket.access.gpo.gov/cfr_2008/julqtr/pdf/41cfr102-74.230.pdf
4. HHS General Administration Manual Chapter 7-02 – "Building Evacuation Plans for the Disabled":
<http://www.hhs.gov/hhsmanuals/gam/chapters/7-02.pdf>
5. HHS Safety Management Manual:
<http://www.hhs.gov/hhsmanuals/safety.pdf>
6. OPM "Dismissal or Closure Procedures":
<http://www.opm.gov/oca/compmemo/dismissal.pdf>
7. NIH Manual Chapter 1743, "Keeping and Destroying Records," Appendix 1, NIH Records Control Schedule:
<http://www1.od.nih.gov/oma/manualchapters/management/1743/>
8. NIH Delegations of Authority, General Administration #12 "Emergency Readiness Programs and National Emergency Operational Plan":
<http://www.delegations.nih.gov/usersguide/help.htm>
9. NIH Delegations of Authority, General Administration #30 "Closing of NIH Buildings in Emergency Situations": <http://www.delegations.nih.gov/usersguide/help.htm>
10. NIH Delegations of Authority, General Administration #39 "Emergency Management/Continuity of Operations Program (COOP)": For more information contact DEPC 301-496-1985 (issuing office).

D. Definitions

1. **Area Team Coordinator (ATC):** The individual appointed by the Occupant Emergency Coordinator (OEC) to be in charge of the emergency evacuation team in an area of a particular floor or designated area of a building.
2. **Designated Official:** The Institute/Center (IC) Executive Officer of the Primary Occupant Institute or Center or the alternate highest-ranking official or designee selected

by mutual agreement by other occupant IC officials.

3. **Emergency:** An unexpected situation that requires prompt action to protect life and property. Examples of an emergency include but are not limited to: fires; explosions; chemical, biological, environmental, and radiological incidents; bomb threats; civil disturbances; medical emergencies; or natural, accidental and manmade disasters.
4. **Emergency Planning Coordinator:** The Division of Emergency Preparedness and Coordination (DEPC) official responsible for maintaining a liaison with Designated Officials and Occupant Emergency Coordinators (OEC) assisting them in their efforts to comply with this Manual Chapter.
5. **Evacuation Signal:** A notification in the form of bells or enunciators; sometimes in combination with strobe lights. Most often, the evacuation signal is activation of the fire alarm.
6. **Evacuation Team Members:** Individuals selected to assist in the orderly evacuation of building individuals including Aides to Individuals with Disabilities, Stairway Monitors, Elevator Monitors, Restroom Monitors or any other individual assigned by the Floor or Area Team Coordinator (See Appendix 1.)
7. **Facilities:** NIH owned or leased buildings that have individuals, including visitors, contractors, patients and others who work in, or frequent a building. Hereafter referred to as “building(s).”
8. **Floor Team Coordinator (FTC):** The individual appointed by the OEC to be in charge of the emergency evacuation team on a floor of a building. (See Section E,5)
9. **Incident Command Post:** The location, in the vicinity of the incident, from which the Incident Commander directs operations.
10. **Incident Commander:** An individual charged with directing emergency operations to mitigate a situation that presents the possibility of harm, injury and/or destruction. Individuals designated to assume the role of the incident commander are:
 - a. The senior fire officer at the scene is the incident commander for fires or technological emergencies (e.g., chemical, radiological, biological and environmental incidents, etc.).
 - b. The senior law enforcement official at the scene is the incident commander for security and/or law enforcement emergencies (e.g., bomb threats, civil disturbances, etc.).
11. **Occupant Emergency Coordinator (OEC):** The individual appointed by the Designated Official to be in charge of the Occupant Emergency Organization of a particular building.
12. **Occupant Emergency Organization:** Individuals in a building designated by their IC to fulfill the requirements established by the Occupant Evacuation Plan.
13. **Occupant Evacuation Plan:** A plan to facilitate orderly evacuation of a building or area during an emergency situation in a building occupied by NIH individuals.
14. **Occupant Institute or Center (IC):** An IC, other than the primary occupant IC, which occupies space in a building.
15. **Occupants:** Individuals, including employees, contractors, and others who work in, or occupy an NIH owned or leased building. From this point forward, occupants will be addressed as individuals.
16. **Primary Occupant IC:** The NIH IC having the largest number of individuals assigned to a building.

17. **Safe Marshalling Area:** A place of shelter or protection. Individuals who are unable to safely evacuate a multi-story building by the use of stairs will move to the main elevator lobby or stairwell during an emergency until rescue personnel determine if assisted evacuation is required, or if it is only necessary to relocate the individuals to a safer area, or that the emergency is terminated. (See Section L)

E. Responsibilities

The Division of Emergency Preparedness and Coordination, Office of Research Services (ORS) has overall responsibility to ensure compliance with this Manual Chapter.

1. **NIH Emergency Planning Coordinator:** The NIH Emergency Planning Coordinator is the DEPC official responsible for maintaining liaison with Designated Officials and OECs, and for assisting them in their efforts to comply with this Manual Chapter.
2. **Designated Official:** The Designated Official is responsible for establishing and maintaining the Occupant Emergency Organization, ensuring that designees of the organization perform the functions of the plan, appointing an OEC, and assisting in selecting all necessary staff to maintain an efficient Occupant Emergency Organization.
3. **Occupant Emergency Coordinator (OEC):** The OEC is responsible for coordinating the necessary planning to ensure readiness capability including: selecting, training, and organizing adequate staff for conducting emergency evacuations, and for supervising the activities of the Occupant Emergency Organization. The OEC appoints a Deputy and Assistants, as necessary, and maintains a staff list (See Appendix 1.) The OEC reviews and updates the Occupant Evacuation Plan and listing of staff, including individuals with disabilities, at least annually.

When off campus buildings are evacuated, it is the responsibility of the building OEC to notify the DEPC Emergency Planning Coordinator of the evacuation.

Duties of the Occupant Emergency Coordinator (OEC) include:

- a. Ensuring that individuals with a permanent or temporary disability, who may require assistance evacuating a building, are assigned one or more Aides to assist them in accordance with this program.
- b. Conducting annual meetings to maintain a functional Occupant Emergency Organization and to arrange for the training of all members of the Occupant Emergency Organization. The training, provided by DEPC, is intended to inform members of the latest developments and policies affecting evacuation activities.
- c. Designating an assembly area outside of the building where the Floor Team Coordinators (FTC) and Area Team Coordinators (ATC) will meet to relay evacuation information to the OEC.
- d. Exercising overall direction and responsibility for the orderly evacuation of individuals from a building; advising emergency responders of the location of any individuals needing assistance; reporting to the Designated Official; and keeping the Designated Official apprised of events during an emergency. Note: Rescue, firefighting, and other activities are under the direction and control of the

- respective service departments (fire or police).
- e. Informing building individuals during and/or after an evacuation of the nature of the emergency and notifying the DEPC Emergency Planning Coordinator and other appropriate officials of problems arising during the evacuation. Subsequent to drills, the OEC provides the individuals with an evaluation of the evacuation.
4. **Deputy/Assistant OEC:** The Deputy/Assistant OEC assists the OEC and assumes direction of the staff and the evacuation in the absence of the OEC.
 5. **Floor Team/Area Team Coordinator:** FTCs and ATCs control and expedite the planned movement (evacuation) of floor or area individuals, including individuals requiring assistance, and are responsible for the organization and functioning of staff on their assigned floors or areas. They ensure that the Occupant Evacuation Plan has been executed on their floor or area, report the conditions, including the evacuation status, to the OEC, and advise the location of individuals needing assistance by the fire department.

Duties of the FTC/ATC include:

- a. Selecting, training, assigning and supervising alternate FTCs/ATCs; assisting individuals with disabilities; and designating stairway, restroom and elevator monitors and their alternates.
 - b. Ensuring that Floor Team and Area Team Members are cross-trained so they can perform other duties, as necessary.
 - c. Keeping the OEC informed of the names, assignments, locations, and physical limitations of individuals with disabilities located on their floor or in their area.
 - d. Ensuring each individual identified under this plan that may require assistance is provided with one or more Aides to remain with and assist them in the event of an emergency throughout the emergency situation.
 - e. Ensuring familiarity with conditions on their assigned floor or in their area, including occupancy of rooms, locations of stairways and fire alarms, and changes in the area as a result of construction and renovation projects which could affect evacuation.
 - f. Developing special plans for the evacuation of individuals with disabilities from floors and/or areas, as necessary. These plans would include assisting individuals who can execute the stairs, but at a slower pace, after all other individuals have left the stairway.
 - g. Informing floor and/area individuals, after the evacuation has been completed, of the nature of the emergency and problems arising during the evacuation.
 - h. Assuming the responsibilities of the OEC during an emergency, if the OEC or the Deputy/Assistant OEC is not at the prearranged assembly area outside of the building.
6. **Assistant Floor Team/Area Team Coordinator:** Assists the FTC/ATC and assumes responsibility for the organization and functioning of staff on their assigned floor in the absence of the FTC/ATC.
 7. **Stairway Monitor:** Stairway Monitors assist individuals in gaining access to the stairway and ensuring continuous movement of individuals in the stairway.

Upon hearing the evacuation signal (e.g. fire alarm), the stairway monitor will:

- a. Proceed immediately to the assigned stairway and ensure that the stairway is free of smoke. If the stairway is unsafe, the monitor will direct evacuees to an alternate exit.
 - b. Hold the door open only when people are evacuating in order to minimize any migration of smoke throughout the escape route.
 - c. Monitor the stairway until the floor is evacuated.
 - d. Control movement into stairway areas and advise individuals to walk to the exit floor.
 - e. After all individuals have evacuated the floor, ensure that the stairway door is closed, in order to provide a smoke and fire barrier.
 - f. If individuals with disabilities are using the stairway as a safe haven, the stairway monitor will advise the FTC or ATC; and
 - g. In the absence of an assigned Aide, will assist individuals with disabilities in accordance with Section L.
8. **Elevator Monitor:** Elevator Monitors ensure that the elevators are not used for evacuation unless they are under the direct control of the Fire Department.

Upon hearing the evacuation signal (e.g. fire alarm), the elevator monitor will:

- a. Proceed immediately to the assigned elevator(s), refuse access to all individuals, and direct evacuees to the nearest exit.
 - b. If individuals needing assistance and their Aide(s) are waiting in the elevator lobby to be evacuated, the elevator monitor will advise the FTC or ATC.
9. **Aides to Individuals with Disabilities:** Aides are responsible for assisting individuals with disabilities during emergency situations. Refer to Section L for evacuation procedures for individuals with disabilities.
10. **Restroom Monitors:** Restroom Monitors are responsible for ensuring that restrooms are evacuated during emergencies.

Upon hearing the evacuation signal (e.g. fire alarm), the restroom monitors will:

- a. Proceed to the assigned restroom(s) and announce that it is necessary to evacuate the building. Hearing impaired individuals may be in the restroom, unaware of the emergency; therefore, restroom monitors must ensure that everyone has been alerted.
 - b. Ensure that individuals evacuate immediately; and
 - c. Close the restroom door(s) and report to the FTC or ATC.
11. **Supervisors:** Supervisors at all levels throughout NIH are responsible for:
- a. Complying with and enforcing all applicable occupational safety and health standards, rules, regulations, and orders issued in this manual chapter and the HHS Safety Management Manual including; and
 - b. Ensuring that their respective areas are evacuated during drills and emergencies. (See Section L for supervisor's responsibilities regarding individuals with disabilities.)
12. **Individuals:** Individuals at all levels throughout the NIH are responsible for:
- a. Complying with all applicable occupational safety and health standards, rules,

- regulations, and orders including this Occupant Evacuation Plan.
- b. Evacuating the building in a prompt and orderly manner upon activation of a fire alarm, after being notified verbally of the need to evacuate, or by any other available notification means; and.
- c. Cooperating fully with the Occupant Emergency Organization.

F. Initiating Action

The decision to activate the Occupant Evacuation Plan will be based upon the best available information, previous experience, or upon the advice of the ORS, Division of Fire/Rescue Services (DFRS), or other Federal or local fire and police agencies having jurisdiction. The primary consideration will, at all times, be the safety of NIH employees.

When there is an immediate or suspected danger, individuals will be evacuated in accordance with this plan, without consultation. The sounding of a fire alarm or any other available means will be used for evacuation. When a manual fire alarm pull station is used to initiate an evacuation, the individual activating the fire alarm should also call the fire department to provide the specific location and nature of the emergency and any additional information needed to address the emergency situation.

G. Emergency Call List for Bethesda Campus and Montgomery County

Contact	On-Campus	Off-Campus
Fire/Ambulance	911	9-911
Police	911	9-911
Chemical/Biological/Radiological	911	9-911
Building 10 (Critical Medical Situation)	111	N/A
TTY/TDD System	911	9-911

For facilities outside of the Bethesda/Montgomery County area contact the Emergency Coordinator assigned to a particular IC/site (contact information is located in the NIH Global E-mail directory): <http://ser.ors.od.nih.gov/documents/ECs.pdf>

H. Non-Emergency Call List

Contact	Phone number
NIH, ORS, Division of Fire/Rescue Services	301-496-2372
ORS, Division of Occupational Health and Safety	301-496-2960
ORS, DOHS, Occupational Medical Service	301-496-4411
ORS Division of Radiation Safety	301-496-5774

Note: All work related injuries occurring on or off the NIH campus, should be followed up by contacting ORS, Division of Occupational Health and Safety at (301) 496-2960.

I. Emergency Procedures

1. **Clinical Center Emergency procedures can be found at:**
<http://intranet.cc.nih.gov/od/emergencyplan/index.html>

All other individuals should follow these procedures:

2. **Fire**
 - a. Confine the fire by closing all doors.
 - b. Pull/activate the nearest manual fire alarm pull station and notify others in the area of the emergency.
 - c. Call the NIH, ORS, Division of Fire/Rescue Services immediately by dialing 911 (on campus) or the local Fire Department 9-911 (off-campus).
 - d. If you are not aware of the fire, but hear the alarm, turn off any gas and secure all hazardous materials; close all doors as you leave; walk, do not run, to the nearest stairway/exit and evacuate the building; and
 - e. Do not use the elevators.
3. **Release of Chemical or Biological Materials**
 - a. Leave the room and close the door. Do not open the windows.
 - b. Remove contaminated clothing and wash any parts of the body that may have come in contact with the material.
 - c. Call the NIH, ORS, Division of Fire/Rescue Services by dialing 911 (on campus) or the local Fire Department 9-911 (off-campus).
 - d. Do not permit anyone to enter the room/area until the appropriate authorities determine that the area is safe; and
 - e. After safely evacuating, any individual(s) who may have become contaminated, individuals should be restricted to a single staging area and not be permitted to move freely to another location. Moving to another location may create a contamination concern to other individuals and/or other areas of the building.
4. **Radioactive Materials Incident**
 - a. Confine the contamination, using absorbent material to keep it from spreading.
 - b. Remove contaminated clothing and shoes before entering a clean area.
 - c. Wash any parts of the body that may have come in contact with the radioactive material.
 - d. Call the NIH, ORS, Division of Fire/Rescue Services by dialing 911 (on campus) or the local Fire Department 9-911 (off-campus).
 - e. If a Clinical Center patient is involved, call the physician in charge and the Nursing and Patient Care Services Chief or Nursing Supervisor; and
 - f. After safely evacuating, any individual(s) who may have become contaminated, individuals should be restricted to a single staging area and not be permitted to move freely to another location. Moving to another location may create a contamination concern to other individuals and/or other areas of the building.

5. **Bomb Threat/Explosive Incident**

- a. Engage the caller in conversation (See Appendix 2, Bomb Threat Checklist.)
 - b. Be calm, and if possible, take notes of the conversation.
 - c. Try to determine:
 - i. The exact location of the bomb
 - ii. The source of the threat
 - iii. Time of the threatened explosion
 - iv. Background noises on the phone
 - v. Qualities of the caller's voice; and
 - vi. Gender and approximate age of the caller
 - d. If possible, have someone listen in on the call.
 - e. Check "CALLER ID", or immediately after the caller hangs up, dial *57 to "capture" the phone line so the phone company can trace the call.
 - f. Using another phone, if possible, call the NIH, ORS Division of Police by dialing 911 (on campus) or the local Police Department by dialing 9-911 (off-campus) and follow the dispatcher's instructions; and
 - g. Notify your supervisor, if possible.
- ## 6. **Explosive Device**
- a. Never touch a suspected bomb/explosive device.
 - b. Turn off all radios and transceiver equipment near the suspected area.
 - c. Call the NIH, ORS Division of Police by dialing 911 (on campus) or the local Police Department by dialing 9-911 (off-campus) and follow the dispatcher's instructions.
 - d. If evacuation is necessary, activate an evacuation signal and leave in an orderly manner; and
 - e. Cooperate with emergency personnel during any evacuation.

J. Evacuation Information

1. **Individuals Authorized to Order Evacuation**

- a. Designated Official.
 - b. Occupant Emergency Coordinator.
 - c. Senior Fire/Police Officer.
 - d. Associate Director for Security and Emergency Response (ADSER), or the senior ORS official present and/or aware of the problem; and/or
 - e. Any individual aware of an emergency who believes immediate action may be necessary to protect the life and safety of individuals.
- ### 2. **Evacuation Signals**

Activation of the fire alarm indicates that the building must be evacuated immediately. During evacuation drills or during actual emergency situations individuals should acquaint themselves with the sound of the evacuation signal.

3. **Means of Evacuation**

- a. Individuals should exit by the stairway or as directed by a member of the Occupant Emergency Organization.

- b. Individuals with disabilities and their Aide(s) should immediately proceed to the designated safe marshalling area. If this area is untenable due to fire, heat, smoke, etc., proceed to an alternate marshalling area, either another elevator lobby or the closest stairway.
 - c. The FTC or ATC will report the location of individuals with disabilities to the OEC who, in turn, will relay the information to the senior fire or police officer, depending on the nature of the emergency.
4. **Assembly Area**

Upon exiting the building, assemble in a location far enough away from the building as not to interfere with the arrival of fire apparatus or the activities of emergency responders and in an area that provides adequate safety for evacuees.

5. **Building Re-Entry**

Individuals may return to the building only when authorized by the senior fire or police officer, or the OEC.

K. Evacuation Drills

Panic is one aspect of a disaster with which evacuation team personnel should be prepared to cope. A building population and an Occupant Emergency Organization that is well informed and trained about the building evacuation plan will be less likely to panic. Occupant Emergency Organization personnel and building individuals will participate in drills that will familiarize them with the duties they are expected to perform in an emergency. All individuals are expected to participate in evacuation drills. When the fire alarm sounds, individuals will promptly leave their work areas, close doors, and proceed to the nearest exit. Elevators will not be used, except under the specific direction and control of the NIH, ORS, Division of Fire/Rescue Services (on-campus) or the local Fire Department (off-campus). During an emergency, the nearest exit may be blocked by smoke; therefore individuals should be familiar with alternate exits. Alternate exits should also be used if the primary exit is not accessible.

Evacuation drills will be scheduled at least twice each year for all NIH owned or leased buildings. When requested by the OEC, individuals in NIH owned or leased buildings with critical operations, such as research laboratories and computer buildings, will be notified prior to the drill.

Responsibilities of DEPC-initiated drills include:

1. Reinforcing Occupant Emergency Organization training.
2. Scheduling and conducting evacuation drills.
3. Notifying the OEC in advance of the drill.
4. Providing the OEC with flyers to be posted in buildings with critical operations noting the date and time of the evacuation drill, if appropriate.
5. Coordinating with the Office of Research Facilities Development and Operations (ORFDO), local fire departments, and other authorities as required.

6. Documenting drill results and conducting critiques of the drills.
7. Reporting results of drills to the OEC noting the amount of time required for individuals to evacuate the building; deficiencies encountered, including problems experienced by individuals with disabilities and their Aides; and observations and recommendations, including references to Occupant Emergency Organizations and their activities.

L. Evacuation Procedures for Individuals with Disabilities

1. Evacuation Signals

Activation of a fire alarm indicates that the building must be evacuated. Individuals who are deaf or hard of hearing should be personally informed of the emergency by a FTC, ATC, supervisor or any other individual.

Provisions must be made to ensure that individuals who are deaf or hard of hearing are informed of the emergency. One such provision is the use of vibrating pagers. In all on-campus buildings, and most off-campus buildings, an emergency vibrating pager system is available to alert hearing-impaired individuals that a fire alarm has activated. For information on obtaining a vibrating pager, contact DEPC at 301-496-1985.

2. Aides to Individuals with Disabilities

An aide is usually a friend or coworker who works in close proximity with a disabled individual. Aides will be assigned to all individuals with disabilities, including those who are temporarily disabled. Aides will assist these individuals to a safe marshalling area within the building.

3. Means of Evacuation

Individuals with disabilities will be assisted by one or more assigned Aides. Depending on the disability, Aides will assist those individuals in evacuating the building or in relocating to the nearest safe marshalling area. Emergency response personnel will evacuate all individuals with disabilities if they are in danger.

If the safe marshalling area is untenable due to fire, heat, smoke, etc., individuals with disabilities and their Aides should immediately proceed to an alternate elevator lobby or the closest stairway. If using the stairway, both will move against the wall to allow passage by other individuals. If the disability allows, and it is safe to evacuate down the stairway, the Aide will assist the individual to the exit floor and to the outside of the building, but only when the stairwell is clear.

*Elevators must **NEVER** be used for emergency evacuation except with the assistance of the NIH, ORS, Division of Fire/Rescue Services or the local Fire Department.*

If two Aides are present, one will stay with the individual with the disability and the other Aide will report their location to the FTC or ATC for evacuation by emergency

personnel. If only one Aide is present, he/she will remain with the individual and have another employee inform the FTC or ATC of their location.

The FTC and/or ATC will report the location of all individuals with disabilities to the OEC who, in turn, will relay the information to the NIH, ORS, Division of Fire/Rescue Services or the local Fire Department.

Note: Firefighters and rescue personnel always proceed initially to the area of greatest risk to systematically perform search and rescue operations. Emergency response personnel may determine that the evacuation of individuals with disabilities from a safe marshalling area is not required. Fire and Police personnel may determine that remaining inside the building does NOT compromise an individual's safety and well being.

4. **Visitors with Disabilities**

Because visitors with disabilities will not have Aides assigned to them, as NIH individuals do, FTCs and ATCs will ensure that all areas on the floor, including conference rooms and restrooms, are thoroughly checked.

5. **Supervisors' Responsibilities**

All supervisors are responsible for:

- a. Reporting to the OEC and FTC/ATC the presence of individuals who have a hearing, sight or physical impairment, or any other impairment that may restrict an individual from readily evacuating a building.
- b. Ensuring that all individuals with disabilities, who work under their supervision, are assigned one or more Aides by the FTC or ATC and are assisted to a safe marshalling area during an emergency; and,
- c. Ensuring that individuals with disabilities who may work other than normal business hours (i.e., evenings, weekends, holidays) are familiar with evacuation procedures during emergency situations.

6. **Emergencies after normal duty hours**

- a. Individuals with disabilities who may work other than normal duty hours will be instructed to inform security personnel in their building. A sign-in/sign-out sheet should be provided for anyone who may need assistance during an emergency. This sheet will inform emergency response personnel the number and location of individuals needing assistance in evacuation. If there are no security personnel available in the building, when an emergency occurs, individuals with disabilities should call the NIH, ORS, Division of Fire/Rescue Services 911 (on-campus) or the local Fire Department 9-911 (off-campus) to report their location and their disability. Provide the following information to the dispatcher: the address of the building you are located in, where you can be located within the building, and the nature of your disability. (See Appendix 3, Sign In/Sign Out Sheet for Individuals Needing Evacuation Assistance After-Hours.)

M. Shelter-In-Place

The NIH has developed a Shelter-in-Place (SIP) plan to be used in the event that conditions outside may preclude building individuals from safely evacuating a building. While sheltering-in-place is not an “evacuation” program, it is a mechanism which may be used by NIH emergency preparedness and response staff to protect individuals and visitors in NIH buildings in certain categories of emergencies. The concept of sheltering-in-place is to provide safe locations inside buildings when conditions outside may pose a higher risk to an individual than remaining inside in a sheltered environment. Sheltering-in-place may be used in instances of violent weather, or in the case of accidental or intentional release of hazardous materials affecting the outside environment. *It is essential to note that sheltering-in-place is **NOT** an option when building evacuations are ordered.* When the evacuation alarm sounds, the only action to be taken is to evacuate the building. If NIH officials determine that sheltering-in-place is appropriate, building individuals will be alerted by public address systems, intercom, phone, e-mail, runners or any other expedient method, but not by the building evacuation alarm. The evacuation alarm means only one thing – to evacuate the building following the procedures outlined in this Manual Chapter.

(See Appendix 4 for details of the NIH Shelter-in-Place Plan)

N. Training

The DEPC will provide training to the Occupant Emergency Organization members as requested by the OEC.

O. Records Retention and Disposal

All records (e-mail and non-e-mail) pertaining to this chapter must be retained and disposed of under the authority of the [NIH Manual Chapter 1743](#), “Keeping and Destroying Records,” Appendix 1, “NIH Records Control Schedule,” Section 1100 - General Administration, Item 1100-I, Emergency Planning Files (All that apply).

NIH e-mail messages. NIH e-mail messages (messages, including attachments, that are created on the NIH computer systems or transmitted over the NIH networks) that are evidence of the activities of the agency or have informational value are considered Federal records. These records must be maintained in accordance with current NIH Records Management guidelines. Contact your IC Records Officer for additional information.

All e-mail messages are considered Government property, and if requested for a legitimate Government purpose, must be provided to the requester. Employee’s supervisors, the NIH staff conducting official reviews or investigations, and the Office of Inspector General may request access to/or copies of the e-mail messages. E-mail messages must also be provided to the Congressional oversight committees, if requested and are subject to Freedom of Information Act requests. Since most e-mail systems have back-up files that are retained for significant periods of time, e-mail messages and attachments are likely to be retrievable from a back-up file after they have been deleted from an individual’s computer. The back-up files are subject to the same requests as the original messages.

Appendix 4

SHELTER-IN-PLACE

A. Purpose

The NIH has developed a Shelter-In-Place (SIP) Plan in the event of weather related or natural or man-made disasters that may preclude individuals from leaving the building into a safe environment outside. SIP Teams for each building are trained on how to react in such situations. The safety and welfare of all NIH individuals and visitors are the primary concern of this plan. The Shelter-in-Place Plan is to be used as the official guide on how to react in the event that a SIP command is given. The main objective is to move individuals to designated safe locations inside the building where they will be protected until the disaster/emergency is declared over. Each building has developed plans that conform to their specific needs. The SIP plans are implemented when directed by the NIH Police, the NIH Fire Department, or the local police and/or fire departments, depending on the location of the building.

B. Scope

Sheltering-in-place will be used in cases of violent weather, or when either accidental or intentional releases of hazardous materials may affect the outside environment. Individuals cannot be forced to shelter-in-place; however, the decision to order SIP is made only after responsible officials have determined that the risks of exiting the building far outweigh the risks of remaining inside in safe areas. Once the building has been sealed off and secured, it will not be possible to allow people to re-enter the building once they have exited. The decision to Shelter-in-place may be made prior to the event, if a creditable threat is imminent, or after the outside environment becomes hazardous.

Safe locations within each building may vary, depending on the building and the emergency situation. Individuals may be advised to remain in their offices, or they may be relocated to other areas within the building (*i.e.*, other rooms, floors or to interior hallways). Doors connecting exterior rooms to the hallways should be closed. The use of elevators may be restricted or prohibited.

C. Notification

The building evacuation alarm will not be used in circumstances where sheltering-in-place is appropriate. Individuals will be notified by public address systems, intercom, phone, e-mail,

runners, or any other expedient method, but not by the building evacuation alarm. **If the building evacuation alarm sounds, individuals should follow normal evacuation procedures for the building.**

D. Procedures

The following procedures are used by Building SIP Teams when the sheltering-in-place order has been given:

1. REMAIN CALM.
2. Get everyone inside the building. Close all exterior doors.
3. Ensure that building engineer shuts off all heating and cooling ventilation systems if contamination from the outside environment may be encountered.
4. Shut all windows, doors, drapes and window shades.
5. Do not position individuals near windows or doors.
6. Turn on a radio (for on- or near-campus locations utilize the NIH Radio Station, 1660AM), or a local TV station for information on conditions.
7. Ensure all visitors are notified and signed in separately.
8. Supervisors should ensure that all individuals are alerted and accounted for.
9. Since individuals cannot be forced to shelter-in-place, it is important to maximize cooperation with all individuals.
10. Drills should be planned and executed on a regular basis. Afterwards, individuals and/or team members should critique the drill. Lessons learned should be incorporated into the SIP plan.

Building individuals should immediately follow the directions of the SIP Team members. SIP Teams will have been advised of the specific threat encountered and are aware of the most appropriate safe sheltering locations within the building, based on the nature of the emergency.

Building individuals must be aware that conditions encountered in sheltering-in-place may be uncomfortable. All normal duties will cease, including laboratory operations. Depending on the precipitating emergency, building engineering staff may immediately shut down the ventilation system to reduce the level of contamination entering the building (in cases of external hazardous materials releases). It should be recognized that close quarters, heat and stuffiness may add to personal discomfort. Nonetheless, sheltering-in-place will only be initiated if it is certain that the conditions outside are far more hazardous than the inside environment. Individuals must remain calm and assist others in coping with the situation. Sheltering is not intended to be long term, possibly 15 minutes to several hours.

BUILDING SHELTER-IN-PLACE PLAN*

DATE PLAN UPDATED _____

BUILDING

NUMBER/ADDRESS _____

NUMBER OF FLOORS:

SHELTER-IN-PLACE TEAM LEADER:

TEAM MEMBERS: (Evacuation/shelter teams are appointed by Lead IC)

- 1.
- 2.
- 3.
- 4.

COMMUNICATION DEVICES: (Intercom, portable radios, cell phones, megaphone, other):

EMERGENCY COMMUNICATION ROOM:

EMERGENCY PHONE NUMBERS:

DOES YOUR BUILDING HAVE THE FOLLOWING:

1. Emergency backup power:

2. Battery powered radios and flashlights available:

3. Area(s) where radios and flashlights are stored:

4. Established inspection criteria for the above items:

 - a. Date of last inspection: _____
5. Designated relocation areas:

*Attach floor plans to the back of this document. All floor plans should have the relocation areas identified. Consideration must be made for special needs individuals. This plan must be reviewed and updated annually or more frequently if conditions within the building change (*e.g.*, occupancy, key individuals, floor plans, *etc.*). A copy of the current Shelter-In-Place Plan must be provided to the Division of Emergency Preparedness and Coordination, Building 45, Room P1AS 14A.

Note: Maximum occupancy can be exceeded during shelter-in-place.