# NIH Policy Manual

## 1430 - NIH Occupant Emergency Management Program

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Transmittal Notice

1. **Explanation of Material Transmitted:** This Manual Chapter has been revised to transition from the Manual Chapter 1430 *National Institutes of Health (NIH) Occupant Evacuation Plan* to a more comprehensive *Occupant Emergency Management Program*, in accordance with Federal Regulations and Interagency Security Committee, Department of Homeland Security (DHS) guidelines. This update expands on the concepts in the previous version of Manual Chapter 1430 and adopts an all-hazards approach to occupant emergency management to ensure appropriate actions are taken to safeguard life and property during all types of emergencies in NIH owned or leased buildings. For Institutes and Centers (ICs) that wish to produce their own Shelter-in-Place floor plans, Appendix 3 contains specific instructions for the submission and approval process.
2. **Filing Instructions:**

   **Remove:** NIH Manual 1430 dated 3/1/2010
   **Insert:** NIH Manual 1430 dated 7/31/2019

**PLEASE NOTE:** For information on:

- Content of this chapter, contact the issuing office listed above.
- NIH Policy Manual, contact the Division of Management Support, OMA on 301-496-4606, or enter this URL: https://oma.od.nih.gov/dms/pages/manual-chapters.aspx

### A. Purpose

The purpose of this Manual Chapter is to establish the National Institutes of Health (NIH) Occupant Emergency Management Program to ensure that immediate, positive, and orderly action is taken to safeguard life and property during all types of emergencies. It provides guidance on program requirements, development, and implementation; defines roles and

responsibilities; and provides relevant references and definitions.

## B. Scope

The policies contained in this Manual Chapter are effective immediately and apply to each building, facility, and campus that is owned or leased by the NIH. For the purposes of this document, the words *building* and *facility* may be used interchangeably and refer to every type of NIH property including buildings, facilities, and campuses, whether leased or owned.

Roles and responsibilities are assigned to designated emergency management personnel for overall program management, and for establishing and maintaining Occupant Emergency Plans (OEPs).

The NIH Emergency Management Program and the NIH Institutes and Centers (ICs) Emergency Management Programs establish additional policies and requirements and are covered in the following chapters:

1. Manual Chapter 1428, *NIH Emergency Management Program* identifies the ICs which have roles in NIH-level incident management and continuity of operations.
2. Manual Chapter 1429, *NIH Institute and Center Emergency Management Programs* mandates IC-level emergency management programs.

**Note: In this Manual Chapter, the term *IC* collectively refers to all NIH organizations (i.e.; the NIH ICs and organizations under the Office of the Director (OD)).**

## C. Policy

The requirements included in this Manual Chapter were developed in accordance with Chapter 102 of Title 41 of the Code of Federal Regulations (CFR), which describes the requirement for an Occupant Emergency Program for all Federal facilities.

1. Every NIH owned or leased facility must be covered by an Occupant Emergency Plan (OEP).
2. Each OEP will follow a prescribed template which is customized to meet the needs of each building, facility, or campus.
3. The OEP will be written with input from each occupant organization and signed by each representative in receipt of the plan.
4. The Designated Official (DO) will appoint an Occupant Emergency Organization (OEO) to carry out the emergency procedures in the OEP. The OEPs will be stored electronically on https://orsweb.od.nih.gov/sites/oep/oeps (NIH only).
5. All tenant organizations of a facility must fully cooperate with the DO in the implementation of emergency plans and the staffing of the OEO.

**Note:** Employees, visitors, and patients in the Building 10 Complex will follow the guidance of the Clinical Center Emergency Management Plan (Reference 13).

## D. Roles and Responsibilities

1. **The Division of Emergency Management (DEM):**

    a. Publish and keep this Manual Chapter up-to-date; ensure compliance with the requirements herein.
    b. Provide a template and guidance for OEPs.
    c. Conduct annual reviews of each OEP and semi-annual reviews of accompanying OEO rosters.
    d. Provide guidance and training to OEO personnel.
    e. Schedule and conduct annual evacuation drills.
    f. Maintain requirements and provide support for test, training, and exercise (TT&E) programs.

2. **IC Emergency Coordinators (IC-EC):** In facilities with more than one IC, the IC having the largest population will be assigned as the Primary Tenant IC. All other ICs within that facility will be referred to as Tenant ICs.

    a. *Primary Tenant IC-ECs.*

        1. Complete annual reviews of each assigned OEP and submit to the DEM.
        2. Review OEO rosters every six months and submit to the DEM.
        3. Solicit the assistance of the lessor in the establishment and implementation of plans in leased spaces.

    b. *All IC-ECs.*

        1. Ensure all IC staff are covered by an OEP.
        2. Assist in recruiting and training OEO members.

3. **Designated Official (DO):** The DO is the final authority for occupant emergency planning and decision-making when emergencies occur within their facility. Criteria for DO selection is provided in Section E. Program Guidance. The DO will:

    a. Appoint an Occupant Emergency Coordinator (OEC) for each building under their responsibility.
    b. Ensure development, implementation, and maintenance of the OEP. The basic elements of the OEP are listed in Appendix 1 of this chapter.
    c. Ensure the establishment, staffing, and training of an OEO with agency employees.
    d. Ensure that designees of the organization perform the functions of the plan.
    e. Activate the OEO (this responsibility may be delegated to the Alternate Designated Official or the OEC).
    f. Initiate action to evacuate or relocate occupants, or other actions according to the OEP.

g. Ensure the OEP is supported by a TT&E program.
h. The DO will serve as a representative of NIH to local jurisdiction Incident Command until the arrival of a designated NIH emergency manager or responder, if required.

4. **Occupant Emergency Coordinator (OEC):** The OEC is the individual appointed by the DO, normally selected from the Primary Tenant IC, to assist the DO in his or her assigned duties for a specific building. The OEC will:

a. Appoint a Deputy and Assistants as necessary.
b. Coordinate development, implementation, and maintenance of the OEP.
c. Coordinate selecting, training, and organizing of the OEO staff, sufficient to conduct the emergency procedures outlined in the OEP.
d. Manage the OEO and make required notifications during and after emergencies, as appropriate.
e. Ensure the OEP and OEO roster are available for occupants and other tenant organizations.
f. Ensure appropriate implementation of a TT&E program.
g. Ensure that the DO and alternate are trained and equipped.
h. During an emergency, assist the alternate DO in fulfilling the responsibilities of the DO in his or her absence.
i. Ensure managers and supervisors understand their responsibilities for the safety of any visitors in the work area if the OEP is activated.
j. Ensure that individuals with a permanent or temporary disability, who may require assistance evacuating, are assigned one or more Aide(s) to assist them in accordance with this program.
k. Review and submit the OEP to the Primary Tenant IC-EC and the DEM at least annually.
l. Maintain the OEO roster, make timely updates when changes occur, and at a minimum, review the roster every six months and submit to the Primary Tenant IC-EC and the DEM.
m. Conduct annual meetings with the OEO and ensure OEO personnel attend annual training provided by the DEM.

5. **Occupant Emergency Organization (OEO):** The OEO is the group of individuals in a facility selected by the DO to fulfill the responsibilities and perform the tasks established in the OEP.

a. Be familiar with the responsibilities and procedures identified in the OEP.
b. Respond to emergency notifications and direction from the DO, OEC, and other relevant OEO personnel.
c. Treat all emergency notifications as real, unless told otherwise.
d. Participate in annual training and evacuation drills.
e. Notify the OEC of any changes to the OEO roster.

6. **Facility Manager:**

a. During an emergency, assist emergency response teams in assessing the building condition and shutting off utilities, if it is safe to do so.
b. In off-campus buildings, liaise with the lessor to coordinate emergency drills scheduled by the DEM.

7. **Supervisors:**

a. Comply with and enforce all applicable requirements in this Manual Chapter, the OEP, and the HHS Safety Management Manual (Reference 4).
b. Maintain a current roster of employees with current contact information, telework schedule, and/or alternative work schedule (AWS) days identified.
c. Ensure the safety of all occupants, employees, and visitors under their supervision.
d. Ensure that their respective areas are evacuated during drills and emergencies and follow the instructions of the OEO and/or emergency responders.
e. Account for all employees following an evacuation or shelter-in-place order.
f. Ensure occupants identified as requiring assistance during an evacuation or shelter-in-place (SIP) have a customized plan and designated Aide(s) in accordance with the OEP.
g. Assign an adequate number of supervisors and/or employees under their supervision to the OEO to ensure continuity of the positions during business hours and periods of emergency.
h. Notify the OEC when an OEO member under their supervision is transferred, retires, or can no longer perform their OEO duties.
i. Participate in tests, training, and exercises, as appropriate.

8. **Individuals:**

a. Comply with all applicable occupational safety and health standards, rules, regulations, and orders, as well as requirements outlined in the OEP.
b. Ensure contact information contained in the NIH Enterprise Directory (NED) is complete and accurate.
c. Provide contact information and updates to supervisors.
d. Follow the appropriate emergency procedures in a prompt and orderly manner upon notification of an emergency.
e. Cooperate with and follow the instructions of the OEO and/or emergency responders.

## E. Program Guidance

1. **Selecting the DO**. The DO will be the highest-ranking official of the building, facility, or campus and selected based on the composition of the facility's tenants.

Note: Unlike the Primary Tenant IC, which is based on population size, the **DO will be the highest-ranking official and may not necessarily be from the Primary Tenant**

**IC.**

a. **Single-Tenant Facilities (Only NIH Occupants).**

1. *Single Tenant IC*. The DO will be highest-ranking official that resides in that building, facility, or campus.
2. *Multiple Tenant ICs.* The DO will be the highest-ranking official that resides in that building, facility, or campus or, alternatively, a designee selected by mutual agreement of all tenant IC officials.

b. **Multiple-Tenant Facilities (NIH and other Federal Tenants).**

1. If the NIH is the Primary Tenant Agency, the DO will be the highest-ranking NIH official that resides in the building, facility, or campus. Alternatively, the DO may be selected from another Federal tenant agency by mutual agreement of all tenant agencies.
2. If the NIH is not the Primary Tenant Agency, the DO will be the highest-ranking official of the Primary Tenant Agency. Alternatively, the DO may be selected from another Federal tenant agency by mutual agreement of all tenant agencies.

2. **DO Designation.**

a. When the role of the DO is assigned to the NIH, the DO will be designated in writing by the NIH Designated Agency Safety and Health Official (DASHO). The NIH DASHO is delegated to the Director, Office of Research Services. The DO shall acknowledge the designation and a record of the designation and acknowledgment will be kept on file by the Division of Emergency Management (DEM).
b. The decision to activate the OEO must be made by the DO, or by their designated alternate. After normal duty hours, the senior Federal official present must represent the DO or his/her alternates and must initiate action to cope with emergencies in accordance with the OEP.

3. **Occupant Emergency Plan (OEP).**

a. **Plan Coordination and Approval.**

1. The development of the OEP will be coordinated with other tenants of the building, the security provider, on-site contractor representatives, adjacent buildings, local fire and emergency medical services, local law enforcement agencies, and the lessor, when applicable.
2. At a minimum, the plan should be reviewed by the DO, the Office of Research Facilities Development and Operations (ORFDO) Facility Manager, a representative of each NIH IC occupying the building, and the DEM.

b. **Plan Maintenance.**

1. The DO must review and approve changes to the OEP and should be the final decision authority on any issues regarding the OEP.
2. Each OEP will be reviewed at least annually.

    a. The OEC will complete the annual review and submit to the Primary Tenant IC-EC.
    b. The IC-EC will then submit it to the DEM.

3. The OEO roster(s) associated with each OEP must be reviewed and submitted to the Primary Tenant IC-EC and DEM every six months.

4. **Occupant Emergency Organization (OEO).** The OEO is the group of individuals in a facility selected by the DO to fulfill the responsibilities and perform the tasks established in the OEP. The overall OEO structure can be tailored to the needs of the individual facility but will typically include the following positions.

    a. **Floor Team Coordinator (FTC)**: Oversees and expedites the planned movement of individuals in a designated floor of a building.
    b. **Area Team Coordinator (ATC)**: Oversees and expedites the planned movement of individuals in a designated area of a particular floor of a building.
    c. **Assistant Floor Team/Area Team Coordinator:** Assists the FTC/ATC and assumes responsibility for the organization and functioning of staff on their assigned floor or area in the absence of the FTC/ATC.
    d. **Stairway Monitor:** Assists individuals in gaining access to the stairway and ensuring continuous movement of individuals in the stairway.
    e. **Elevator Monitor:** Ensures the elevators are not used for evacuation unless they are under the direct control of the Fire Department.
    f. **Restroom Monitor:** Ensures restrooms are evacuated.
    g. **Aide to Individuals with Disabilities**: Assists individuals with disabilities.

5. **Emergency Notification Requirements.** If any building experiences an actual emergency which requires evacuation, Shelter-in-Place, or lockdown, the OEC will notify their IC-EC. The IC-EC will notify DEM and DEM will notify other tenant IC-ECs with staff in the facility. IC-ECs should also follow their internal notification processes.
6. **Tests, Training & Exercises (TT&E).** DOs are responsible for ensuring the OEP is supported by a TT&E program that meets the requirements listed below.

    a. **Training**

    1. OEO members receive annual training on notification and emergency procedures.
    2. Occupants are familiar with emergency and evacuation procedures and with assigned assembly areas or areas of refuge.

3. All Agency personnel understand procedures associated with "all-clear" and re-entry into facilities.

b. **Tests and Exercises**

1. Evacuation drills are conducted at least once per year for all NIH owned or leased facilities.

    a. *Self-initiated drills*. NIH facilities located off-campus may work with DEM to develop a Memorandum of Agreement (MOA) to perform their own drills. The MOA must be signed by the IC Executive Officer.
    b. *Real-world evacuations*. Actual emergency evacuations may be counted toward the yearly evacuation drill requirement if properly documented. Contact DEM for guidance.

2. After-action reviews or hot washes are conducted following any occupant emergency plan activation or drill to assess the effectiveness of the plan or identify areas of improvement.

    **Note:** Drills in the patient areas of the Building 10 Complex (Clinical Center) will be conducted in accordance with Joint Commission requirements.

3. Communications equipment are tested to ensure both internal and external operability.

7. **Child Care Centers.**

a. During an emergency, the primary responsibility of the child care center director or administrator is ensuring the safety of children in their care. A Federally sponsored child care center must have an Occupant Emergency Plan (OEP). If the center is located within a Federal facility, the center's plan will be incorporated into the building's OEP.
b. The OEP should be developed with input from required personnel (e.g., director and/or administrator, regular staff, volunteers, etc.), as applicable. A schedule for conducting routine drills of the plan should also be developed. Once the OEP is completed, it should be reviewed at least annually, updated as required, and briefed to all staff. Center directors/administrators should also consider how the plan will be communicated to the families of the children.
c. Copies of the plan should be provided to the property management and the Facility Security Committee (FSC) (if applicable). During an emergency, child care centers should follow local guidance, warnings, or directives issued by the Federal Protective Service (FPS) or other local governmental or police organization.

d. Child Care Center emergency drills will be performed in accordance with accreditation guidelines.

8. **Relationship with the Facility Security Committee (FSC).** A Facility Security Committee (FSC) is a committee responsible for addressing facility-specific security issues and approving the funding and implementation of security measures and practices. The FSC consists of representatives of all Federal tenants in the facility, the security organization, and the owning or leasing department or agency. When multiple ICs occupy one building, an FSC will assist in coordinating emergency plans within the building. FSCs will be established and managed in accordance with Interagency Security Committee Guidance including The Risk Management Process: An Interagency Security Committee Standard (Reference 15) and Best Practices for Working with Lessors: An Interagency Security Committee Guide (Reference 16).

## F. References


1. 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
2. Code of Federal Regulations, Title 41, Chapter 102, Part 102-71 – Subchapter C—Real Property: "General" 102-71.20: http://edocket.access.gpo.gov/cfr_2008/julqtr/pdf/41cfr102-71.20.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 Safety Manual: https://intranet.hhs.gov/occupational-safety/2018-safety-manual/index.html
5. Interagency Security Committee, "Occupant Emergency Programs: An Interagency Security Committee Guide": https://www.dhs.gov/publication/isc-occupant-emergency-programs-guide
6. OPM "Dismissal or Closure Procedures": http://www.opm.gov/oca/compmemo/dismissal.pdf
7. NIH Manual Chapter 1340, "NIH Occupational Safety and Health Management Program": https://policymanual.nih.gov/1340
8. NIH Manual Chapter 1743, "Keeping and Destroying Records," Appendix 1, NIH Records Control Schedule: https://policymanual.nih.gov/1743
9. NIH Delegations of Authority, HR: Leave #1 "Emergency Closure of Workplace": https://delegations.nih.gov/DOADetails.aspx?id=1791
10. NIH Delegations of Authority, General Administration #12 "Emergency Readiness Programs and National Emergency Operational Plan: https://delegations.nih.gov/DOADetails.aspx?id=1619
11. NIH Delegations of Authority, General Administration #30 "Closing of NIH Buildings in Emergency Situations": https://delegations.nih.gov/DOADetails.aspx?id=1629
12. NIH Delegations of Authority, Program: General #46 "NIH Designated Safety and Health Official": https://delegations.nih.gov/DOADetails.aspx?id=3897

13. Clinical Center Emergency Management Plan: http://intranet.cc.nih.gov/od/emergencyplan/index.html
14. Ready.gov, "Shelter": https://www.ready.gov
15. Interagency Security Committee, "The Risk Management Process for Federal Facilities: An Interagency Security Committee Standard": https://www.dhs.gov/publication/isc-risk-management-proces
16. Interagency Security Committee, "Best Practices for Working with Lessors: An Interagency Security Committee Guide": https://www.dhs.gov/publication/isc-best-practices-working-lessors

## G. Definitions

1. **Area of Refuge:** 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, stairwell, or other pre-designated area during an emergency until rescue personnel determine if 1) assisted evacuation is required, 2) it is only necessary to relocate the individuals to a safer area, or 3) the emergency is terminated.
2. **Area Team Coordinator (ATC):** The individual appointed by the Occupant Emergency Coordinator (on behalf of the Designated Official) to manage the evacuation in a designated area of a particular floor of a building.
3. **Assembly Area:** A pre-designated outside location, removed from the building, away from roads and walkways used by emergency vehicles, where staff and visitors should gather in case of an evacuation in order to ensure proper personnel accountability.
4. **Campus:** Two or more Federal facilities located on one site and typically sharing some aspects of the environment, such as parking, courtyards, private vehicle access roads, or gates and entrances to connected buildings. A campus may also be referred to as a "Federal center" or "complex."
5. **Continuity of Operations (COOP):** An effort within the Executive Office of the President and individual Departments and Agencies to ensure that essential functions continue to be performed during disruptions of normal operations.
6. **Designated Official (DO):** The DO is the final authority for occupant emergency planning and decision-making when emergencies occur within their building or facility. Generally, the DO will be the highest ranking federal resident official of the Primary Tenant Agency, or selected by the criteria described in this Manual Chapter.
7. **Emergency:** A sudden, unexpected, or impending situation that requires prompt action to protect life, property, and the environment.
8. **Emergency Management Program:** A group of related initiatives meant to protect communities by coordinating and integrating all activities necessary to build, sustain, and improve the capability to mitigate against, prepare for, respond to, and recover from threatened or actual natural disasters, acts of terrorism, or other man-made disasters.
9. **Evacuation Signal:** A notification in the form of bells or annunciators, sometimes in combination with strobe lights. Most often the evacuation signal is the activation of the fire alarm.

10. **Facility:** Space built or established to serve a particular purpose. The facility is inclusive of a building or suite and associated support infrastructure (e.g., parking or utilities) and land.
11. **Facility Security Committee (FSC):** For Federal facilities with two or more Federal tenants with funding authority, an FSC will be established to make security decisions for the facility. Each FSC will consist of a chairperson and representatives from each Federal tenant that pays rent on space in the facility.
12. **Federal Tenant:** Leased and owned facilities in the United States (inclusive of its territories) occupied by executive branch Federal employees for non-military activities.
13. **Floor Team Coordinator (FTC):** The individual appointed by the Occupant Emergency Coordinator (OEC) (on behalf of the Designated Official) to manage the evacuation on a floor of a building.
14. **Institute and Center (IC) Emergency Coordinator (IC-EC):** The designated staff member responsible for managing the IC Emergency Management Program.
15. **Incident:** An occurrence, natural or man-made, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or resources. Incidents include situations that require small-scale responses as well as larger emergencies or disasters that may cause injuries or deaths, significant property damage, or harm to the environment.
16. **Incident Commander:** The individual who has overall authority and responsibility for managing incident operations, including the development of strategies and tactics and the ordering and release of resources. Normally, the Incident Commander is the officer in charge from the responding fire or police agency.
17. **Incident Command Post:** The location, in the vicinity of the incident or emergency, from which the Incident Commander directs operations.
18. **Multi-Tenant Facility:** A facility that includes tenants from multiple Federal departments and agencies but no non-Federal tenants.
19. **Occupant:** Employees, contractors, visitors, and other individuals who work in or occupy an NIH owned or leased building.
20. **Occupant Emergency Coordinator (OEC):** The individual appointed by the DO to manage the OEO of a particular NIH building.
21. **Occupant Emergency Organization (OEO):** Individuals in a building selected by the Designated Official to fulfill the responsibilities and perform the tasks established in the Occupant Emergency Plan (OEP). The OEO typically includes the Occupant Emergency Coordinator (OEC), Floor or Area Team Coordinator, Aides to Individuals with Disabilities, Stairway Monitors, Elevator Monitors and Restroom Monitors.
22. **Occupant Emergency Plan (OEP):** A document describing the actions occupants should take to ensure their safety in an emergency situation. These plans are intended to minimize the risk to personnel, property, and other assets within the building if an incident occurs inside or immediately surrounding the building by providing building-specific response procedures for occupants to follow.
23. **Primary Tenant:** In multi-tenant facilities, the Federal tenant which occupies the largest amount of rentable space.
24. **Primary Tenant Institute or Center (IC):** The NIH organization or IC having the largest number of individuals/occupants assigned to a building, as determined by the

most recent census conducted by the Office of Research Facilities (ORF).

25. **Shelter-in-Place (SIP):** A protective action individuals can take to remain inside a facility and protected from exposure to outdoor threats. Used when evacuating the facility may place an occupant's safety and health in danger (e.g., release of hazardous materials, severe weather, etc.).
26. **Single-Tenant Facility:** A facility that includes **only** one Federal tenant or multiple components of the same Federal department or agency that fall under one "umbrella" for security purposes.
27. **Tenant Institute or Center (IC):** An NIH organization or IC, other than the Primary Tenant IC, which occupies space in a building.
28. **Test, Training, & Exercise (TT&E):** Activities designed to impart skills, improve operational capabilities, and ensure viability of existing plans.

## Appendix 1: Occupant Emergency Plan (OEP) Elements

The OEP is one component of the Occupant Emergency Management Program and establishes a set of procedures to address specific emergency conditions. Every NIH owned or leased building occupied by NIH must be covered by an OEP.

An effective OEP will address emergency management, building-specific information, emergency notification/contact information, emergency actions, recovery, and restoration. The plan outline provided below is a baseline of minimum elements that should be considered.

1. **Signature Page.** A signature page at the beginning of each plan is required and the plan must be signed by the DO. This signature page will document programmatic approval and reflect an accurate record of revision dates.
2. **Overview of Roles and Responsibilities.** The Designated Official (DO) has overall responsibility for the building's OEP.
3. **Determination of Emergency.** The decision to activate the Occupant Emergency Organization (OEO) must be made by the DO, or by the alternate designated official. After normal duty hours, the senior Federal official present must represent the DO or his/her alternates and must initiate action to cope with emergencies in accordance with the plans.
4. **Activation Procedures.** The OEP should be activated when an emergency situation exists. All building occupants should understand how to report an actual or possible emergency to ensure the appropriate notifications are made quickly.
5. **Personnel Accountability.** Supervisors must have a way to account for their staff and should be able to assist the Occupant Emergency Coordinator (OEC) with personnel accountability at the assembly area following an evacuation.
6. **Occupant Emergency Organization (OEO) Roster**. The OEO roster is maintained by the OEC. It must be submitted by the OEC to the DEM twice per year and should be continually maintained and updated by the OEC.
7. **Evacuation Procedures**. Evacuations may be required for many of the situations listed above and may be limited to a single area or expanded to an entire building and/or campus. The OEP must address the process by which occupants are alerted to the

required evacuation and the expectations of how employees and visitors will evacuate their area, floor, and building. Plans must address routes of escape, the evacuation assembly area, and, where appropriate, the use of areas of refuge, elevators, and any evacuation assistance equipment.

8. **Shelter-in-Place (SIP) Procedures**. In certain emergency situations, such as severe weather or a hazardous materials release, evacuating the building may place an occupant's safety and health in danger. SIP is a protective action individuals may take to remain inside a building and shielded from exposure to threats outdoors.

    a. Designated SIP areas should be identified on approved SIP floorplans placed in the elevator lobbies of all NIH-occupied facilities. **See Appendix 3 of this chapter for more information on how ICs can develop their own SIP floorplans.**
    b. Signs should not be posted on or near the doors of SIP areas to prevent employees from mistaking these areas for locations appropriate during an active shooter event or areas of refuge during a fire.

9. **Lockdown Procedures.** Lockdown is a protective action implemented to quickly ensure all staff and visitors are secure inside an NIH facility or building away from immediate danger. Once a lockdown is ordered, no one, including NIH personnel, will be allowed to enter or leave the facility.
10. **Active Shooter Procedures.** The OEP should include courses of action that will describe how occupants can most effectively respond to an active shooter situation. Making sure individuals know their response options and empowering them to react decisively will save valuable time prior to the arrival of law enforcement.
11. **Communication Procedures.** In order for the plan to be successful, timely and accurate information must be transmitted and received by all members of the OEO and occupants of the building. Communication equipment that provides alerts and notifications should be tested regularly to ensure operability and reliability. Having redundant means of communication is also vitally important to any successful OEP.
12. **Special Needs and Medical Considerations.**

    a. Individuals with disabilities or other special needs considerations should be encouraged to develop an individualized emergency plan that includes mobility requirements, physical comfort requirements, specialized nutritional needs, and service animal care. The OEP template contains planning considerations for individuals requiring additional assistance.
    b. The OEP should also address the medical needs of the occupants. Those requiring essential medications or who have ongoing medical concerns should be encouraged to create an individualized plan to addresses their needs in case of an emergency.

13. **Points of Contact (POC).** Important contact information should be included in the OEP or supporting documentation.

## Appendix 2: Acronyms

1. ATC Area Team Coordinator
2. AWS Alternate Work Schedule
3. CFR Code of Federal Regulations
4. COOP Continuity of Operations
5. DASHO Designated Agency Safety and Health Official
6. DHS Department of Homeland Security
7. DO Designated Official
8. EMO Emergency Management Organization
9. EOC Emergency Operations Center
10. FPS Federal Protective Service
11. FSC Facility Security Committee
12. FTC Floor Team Coordinator
13. IC Institutes and Centers
14. IC-EC Institute/Center Emergency Coordinator
15. NED NIH Enterprise Directory
16. NIH National Institutes of Health
17. OEC Occupant Emergency Coordinator
18. OEO Occupant Emergency Organization
19. OEP Occupant Emergency Plan
20. ORF Office of Research Facilities
21. POC Point of Contact
22. SIP Shelter-in-Place
23. TT&E Tests, Training, and Exercises

## Appendix 3: Shelter-in-Place Floorplan Submission and Approval Process

This appendix outlines the procedures necessary for submission and approval of Shelter-in-Place floorplans to the Division of Emergency Management (DEM) for all National Institutes of Health (NIH) facilities.

**RECOMMENDED SOFTWARE**

AutoCAD
Adobe Illustrator
Adobe InDesign

**ATTACHMENTS**

Attachment 1 – Shelter-in-Place Survey Check List

Attachment 2 – Step 1: AutoCAD Sample Screenshot

Attachment 3 – Step 2: Adobe Illustrator Sample Screenshot

Attachment 4 – Step 3: InDesign Sample Screenshot

Attachment 5 – Completed Floorplan Sample

**RECOMMENDED PROCESS**

1. **Floorplan Creation**

**Step 1: AutoCAD**

a. The Office of Research Facilities (ORF) provides floorplans for all NIH buildings. These floorplans are located in the ORF ARCHIBUS database.
b. Determine what CAD drawings are needed and forward an email to fims@nih.gov requesting (1) the specific files required, (2) necessary file format, and (3) your contact information. ORF will forward the requested files to you.
c. In AutoCAD, ensure that floorplans accurately reflect current physical layout. If necessary, alter AutoCAD file to incorporate physical changes or additions.
d. Identify (1) hazmat safe areas, (2) severe weather safe area and (3) combined hazmat/severe weather safe areas, using the Shelter-in-Place Survey Check List for guidance (see Attachment 1).

   i. Hazmat safe area:

      - Rooms with closed door
      - Suites with closed door to elevator lobby
      - Preferred windowless area, but if limited in choice, a room with a sealed window is acceptable
      - Bathrooms may NOT be used as they have separate ventilation systems

   ii. Severe weather safe area:

      - Windowless room
      - Hallway with no windows
      - Windowless bathroom

   iii. For more information on selecting safe areas, visit www.ready.gov/shelter

e. Remove unnecessary information from AutoCAD file. Unnecessary information includes color shading, furniture, windows, columns and room numbers. Only include room numbers for hazmat and severe weather safe areas. See Attachment 2 for an example.
f. After CAD file is clean and accurate, save the file and open it in Adobe Illustrator.

**Step 2: Adobe Illustrator**

a. Use Illustrator to correctly color-code safe areas. Note that it is *not* recommended to use AutoCAD to add color because AutoCAD plot settings are not universal. See Attachment 3 for an example.

   i. Hazmat safe area color: cmyk (0%, 15%, 100%, 0%)
   ii. Severe weather safe area color: cmyk (100%, 0%, 0%, 0%)
   iii. Hazmat/severe weather safe area color: cmyk (50%, 0%, 100%, 0%)
   iv. Layout around color block: cmyk (100%, 95%, 5%, 0%)

b. Save file and open it in Adobe InDesign

**Step 3: InDesign**

a. Obtain Adobe InDesign SIP title block template (Attachment 4). To request the template, email the DEM at orsdem@mail.nih.gov.
b. Open the SIP title block template in InDesign. Then place the completed Illustrator file into InDesign on top of the title block template.
c. Locate and mark "you are here" icon, fire exits, restrooms, elevators, stairs, and doors for rooms identified as safe areas.

   i. Text specifications: Century Gothic, 14 pt, bold

d. Insert appropriate information into the SIP template title block.
e. Check that the north arrow is pointing in the right direction. The arrow should always be located in the upper right-hand corner of the document. However, note that the floor plan will be oriented in the direction that the viewer is standing. Therefore, north will not always be up.
f. Final version should be saved as legal size (8.5”x14”).

2. **Floorplan Submission**

   a. Submit completed floorplan to the DEM at orsdem@mail.nih.gov. See Attachment 5 for a completed floorplan sample.

      i. Floorplan submissions should include three files: DWC-CAD drawing, AI file and ID file. The subject line of the email should be "Floorplan Submissions".
      ii. Note that SIP floorplans cannot be utilized or placed on walls until approval is received from the DEM.

3. **Floorplan Approval**

   a. The appropriate IC will be alerted of approval status via email.
   b. If a SIP floorplan is not approved, DEM will provide feedback. ICs can incorporate comments and resubmit SIP floorplans to the DEM

**Attachment 1 – Shelter-in-Place Survey Check List**

**Attachment 2 – Step 1: AutoCAD Sample Screenshot**

**Attachment 3 – Step 2: Adobe Illustrator Sample Screenshot**

**Attachment 4 – Step 3: In Design Sample Screenshot**

**Attachment 5 – Completed Floorplan Sample**