OSHA Emergency Action Plan

OSHA EMERGENCY ACTION PLAN

Information

Healthcare Practice Name: _____ Date of Last Revision: _____ dd / mm / yyyy

Address: _____ Emergency Action Plan Coordinator: _____

Evacuation Policy and Procedure

Routes and Exits

Evacuation Leaders: _____ Assembly Points: _____

Special Needs Patients and Staff

Emergency Contact Information

Fire Department: _____ Police: _____

EMS: _____ Manager: _____

Emergency Roles and Responsibilities

EAP Coordinator

Staff Responsibilities

Emergency Response Procedures

Medical Emergencies

Fire

Natural Disasters

Violent Incidents/Active Shooter

Hazardous Material Spills

Emergency Equipment and Facilities

Communication Plan

Notification System

Communication with Authorities

Training and Drills

Regular Drills

Training Records and History

Plan Review and Maintenance

Regular Review

Previous Documentation

Additional Notes

Action Plan for Self-Love

Daily Self-Love Actions

Long-Term Self-Love Goals

Additional Reflections

Notes from Your Counselor