

SAFETY PLAN

STAFF MANUAL

Thoreau Club, LLC

Revised May 2, 2022

Section 1: Our Commitment to Safety and Health

Safety is no accident. The Thoreau Club is committed to achieving a culture of safety aspiring to “Zero Harm” in the workplace through continuous improvement of safety systems and procedures. This core standard applies to all activities undertaken by The Thoreau Club and must be promoted and supported by all employees at all levels.

The Thoreau Club is firmly committed and is proactive in ensuring a safe working environment on all projects and in all offices. Zero Harm, as a goal, is about continuous safety improvement and is based on these seven fundamental principles:

1. All employees at all levels to be fully aware of their responsibilities for their safety and the safety of their co-workers.
2. Injuries and diseases are preventable.
3. No task is that important that it will compromise the health and well-being of you, your teammates and others on site, nor will it compromise the work environment.
4. Identify all hazards and manage risks associated with them.
5. Health and safety performance shall always be reviewed and improved.
6. Provide feedback to employees regarding their successful contribution to safety through reward programs.
7. Communicating up-to-date information to all employees so they improve their knowledge of safety issues and solutions.

The Thoreau Club is committed to the empowerment of all employees, such that any employee may report an unsafe condition, safety hazard, and/or unsafe act without fear of reproach.

At The Thoreau Club, we believe that greater employee involvement and participation will result in the achievement of a Zero Harm safety record, improved productivity, and a higher quality of work. The monitoring of safety performance is an important management tool and is a significant part of the ongoing assessment of all employees.

Providing safe and effective tools and support such as this Safety Plan, safety training, example setting by supervisors, and communication towards desired goals are a part of achieving such participation. Further methods employed by The Thoreau Club to involve all employees in safety include internal surveys and audits pertaining to various areas of safety.

The Zero Harm goal can only be achieved through the safety awareness and commitment of all employees.

Keith Callahan, Owner and General Manager

Section 2: Safety Council

Safety Council Organization

The purpose of the Safety Council is to help reduce the risk of workplace injuries and illnesses and ensure compliance with federal and state health and safety regulations. This Council has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The Safety Council consists of varying representative members of our organization.

Keith Callahan: General Manager

Brian Cioci: Director of Fitness

Julie Evans: Director of Member Services

Steven Evans: Director of Facilities

Bronwen Faubert: Group Exercise Manager

Kelly Frissora: Director of Operations

Sam Gottlieb: Director of Aquatics

Responsibilities

Developing safe work practices.

Crafting written safety programs.

Leading safety training.

Conducting workplace inspections and safety audits.

Reviewing incidents, near misses, accident investigation reports, claim summaries and loss analyses to prevent recurrences of similar incidents.

Establishing dispute resolution procedures.

Proposing and creating safety checklists.

Promoting employees' interests in health and safety issues.

Providing a forum in which employees and supervisors can discuss health and safety issues and collaborate on solutions.

Meetings

Safety Council meetings are held quarterly, or more often if needed. A Council Secretary will record meeting minutes on a rotating schedule and will post the minutes of each meeting to a publicly viewable database within one week after each meeting. See "Meeting Minutes" template on the following page.

Safety Council - Meeting Minutes

Date of Council Meeting:

Time:

Minutes Recorded by:

Names of Members in Attendance

Standing Action Items

Review of Accidents Since Previous Meeting:

Recommendations for Prevention:

Recommended Updates to Safety Program:

Suggestions from Employees:

Upcoming Action Items:

Section 3: Safety Training

Safety and Health Orientation

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through their supervisor, for review and future reference, and each employee will be given a personal copy of the safety rules, policies and procedures pertaining to their job. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies and job-specific procedures described in our workplace safety program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required on their first day of work. Every training is documented and records are maintained with staff files.

Job-Specific Training

Supervisors will initially train employees on how to perform assigned job tasks safely.

- Supervisors will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to complete their work safely.
- Supervisors will observe employees performing their work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before an employee is permitted to do their work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, nonroutine or specialized procedures.

Periodic Retraining of Employees

All employees will be retrained semi-annually on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices or behaviors.

New Employee Safety Training Orientation

Safety Council Representative (SCR):

New Employee (NE):

Date:

Safety Topic	SCR Initials	NE Initials
Safety Responsibility		
Employees are responsible for their own safety.		
Employees are encouraged to ask questions and challenge unsafe practices.		
Fire Safety		
Location of fire alarms and fire extinguishers		
Emergency Action Plan: Fire Emergency		
First Aid		
Locations of AEDs and First Aid kits.		
Emergency Action Plan: Injury & Medical Emergency		
Heat-related & Cold-related Illness		
Hazardous Materials		
Location of SDS binders		
Emergency Action Plan: Hazardous Materials		
Other Safety Concerns		
Safe lifting & back injury prevention		
Emergency Action Plan: Code Adam (Missing Person)		
Emergency Action Plan: Active Shooter & Other Workplace Violence		
Reporting Accidents		
It is critical to report all work-related accidents and injuries to your supervisor.		
Contact Rob Wood, Director of Human Resources, at rob@thoreau.com to report work-related accidents or injuries.		

Section 4: Safety Inspections

A safety inspection is an on-site walk through to identify potential hazards to members, employees and visitors and options for remedial action. Safety inspections will take place both inside and outside of the buildings and premises. A review of safety equipment (Emergency eyewash, shower, fire extinguishers, first aid kits, etc.) is also completed to verify proper working order.

After completion of a safety inspection, the responsible area supervisor, facilities and maintenance director and appropriate personnel is contacted for remedial action. These actions prevent future incidents, injury/illness, or property/equipment damage.

Scheduling

- An annual, quarterly, monthly, and weekly, and potentially daily checklist will be created and completed as designated by the safety inspection team. The checklist will encompass the entire property from equipment, machinery, PPE, and medical supplies.
- A calendar will be developed that guides staff as to when safety inspections will occur.
- Upon completion of the inspection the safety inspection will be given the report and notified of any potential hazards. The safety team will take appropriate action if necessary to remove, resolve, or replace any safety issues or materials that may have arisen.

Record Keeping

- A separate file or section of a document will be designated for each section or location in the club. Covered material will include potential areas where hazards may occur.
- The file or section will have a section specific log to document the hazard as well as any potential safety notes. The notes will detail what steps will take place to resolve the hazard. Furthermore a timeline will be created showing what vendors or actions will take place.
- Should it be necessary any incidents will be reported in the OSHA 300 log.

Inspection

- Based on the calendar a schedule is developed to delineate all inspections to be completed on a regular basis. Inspections verify that all equipment, furnishings, and locations of the property are in safe working order, esthetically pleasant, clean, and free of safety hazards

Follow – up

- A follow up system will be implemented for the safety inspection team. The inspection team will check in with essential personnel involved with any hazardous situations to ensure that:
 - The situation has been addressed or eliminated.
 - Implement corrective actions to limit the potential for a similar occurrence in the future.
- A Safety Program Review should occur annually and is designed to identify and prioritize areas for continuous improvement. Although certain programs are required to be periodically reviewed to comply with OSHA standards, the various types of assessments, surveys,

inspections, and interviews do not exist to check a box. They provide insight into the effectiveness of your safety programs and information on how we might improve upon what we have in place. By proactively assessing our programs, we identify risks before events occur or before outside assessments identify these risks for us. This allows the Company to demonstrate proactive management of the program.

Section 5: Preventative Maintenance

In order to provide a safe environment for members, employees, and visitors, a preventative maintenance program has been implemented to promote the maintenance of facilities and all equipment in a state of good repair and condition. Routine inspections promote safety throughout the facility and aid in keeping equipment and operational systems in good working order and operating in accordance with manufacturer's guidelines. Regular inspection, and replacement or repair of equipment and systems will contribute to preservation of the facility's assets.

Preventive maintenance (PM) is the care and servicing by personnel for the purpose of maintaining equipment and facilities in a satisfactory operating condition by providing for systematic inspection, detection, and correction of incipient failures either before they occur or before they develop into major defects. Maintenance includes tests, measurements, adjustments, and parts replacements that are performed specifically to prevent faults from occurring.

Scheduling

- An annual inventory of all equipment is completed and documented along with a planned preventive maintenance, repair anticipation and long-range replacement plan.
- Based on the inventory inspection, a calendar is developed that guides the employees and vendors in completing timely servicing and maintenance of all equipment. The calendar lists the PM due on a daily, weekly, monthly, and annual basis
- The Preventive Maintenance is completed in accordance with the defined procedure. When manufacturer's guidelines are available, PM is completed in accordance with the manufacturer's guidelines. "Equipment" includes items owned by the facility, supplied by a vendor, leased, or rented

PM Record Keeping

- A separate file or section of a document will be designated for each piece of equipment that may require PM. Covered material will include the maintenance procedure for each fixture or piece of equipment, as well as any instructional manuals. The required parts and material list will also be noted
- The file or tabbed section includes a fixture/equipment-specific log to document maintenance completion. The record notes whether PM is provided and whether any problems in servicing were identified. If problems are identified, the corrective action taken is recorded
- In the event that maintenance cannot be completed, the reason is noted along with the action plan for completion

Inspections

- A schedule is developed to delineate all inspections that are to be completed on a regular basis. Inspections verify that all equipment and furnishings are in working order, esthetically pleasant, clean and free from safety hazards
- Inspection checklists are developed for at least:

- o The building
 - Exterior inspection will be conducted and documented weekly
 - Interior inspection will be conducted and documented weekly
 - ❖ Windows, screens
 - ❖ Walls
 - ❖ Doors and door frames
 - ❖ Paint/wall coverings
 - ❖ Flooring
 - Condition of flooring
 - Torn or missing flooring
 - Cove base integrity
 - Cleanliness of flooring
 - ❖ Decorative accessories
 - Building inspection includes at a minimum:
 - ❖ Heating and air conditioning systems
 - ❖ Water temperatures
 - ❖ Plumbing fixtures and functionality
 - ❖ Ice machine
 - ❖ Ventilation ducts, including clothes dryer ducts
 - ❖ Electronic doors
 - ❖ Cement cracks
 - ❖ Generators
 - ❖ Sprinkler systems (seasonal)
 - ❖ Wiring and electrical outlets
 - ❖ Gas and chemical storage
 - ❖ Emergency lighting
 - ❖ Drains and gutters
 - ❖ Storage areas

- ❖ Refrigerators and freezers
 - ❖ Mechanical ventilation systems
 - ❖ Utility and housekeeping storage areas, including all chemicals
 - ❖ Areas behind large equipment, such as refrigerators, stoves, washers, dryers, and fans
- o Lobby and Common areas will be inspected and documented weekly

Work Orders and Service Requests

- A system for work orders will be established among all employees
- The work order system includes documentation of:
 - o The problem
 - o Date the problem was identified
 - o Who was notified
 - o Correction action (servicing, repair or replacement)
 - o Completion date

Section 6: CPR and Basic First Aid Training

Cardiopulmonary Resuscitation (CPR) and First Aid training gives you the information and the skills you need to help in an emergency. Training on CPR and Basic First Aid is provided by The Thoreau Club through the American Red Cross. The Thoreau Club will also accept current certifications administered by the American Heart Association. To help ensure the health and safety of all staff, members, and participants, The Thoreau Club requires all staff to maintain current certifications in CPR and Basic First Aid.

Below you will find an inclusive, but not an exhaustive, list of injuries, illnesses, and medical conditions that are covered in the CPR and First Aid training provided by The Thoreau Club.

Cardiopulmonary Resuscitation (CPR)

Scene and victim assessment	Choking emergencies
Chest compressions	Rescue breathing and airway management
Automated External Defibrillator (AED)	

Sudden Illness

Changes in level of consciousness (LOC)	Nausea or vomiting
Blurred or loss of vision	Difficulty breathing
Diabetic emergencies	Seizure and stroke
Shock	

Skin and Soft Tissue Injuries

Open wounds: abrasions, lacerations, avulsions, and puncture wounds	Blunt force trauma and internal bleeding
Head and face injuries: nosebleeds, eye injuries, injuries to the mouth and teeth	Burns: electrical, chemical, radiation (sun)

Poisoning

Spider bites and insect bites/stings	Snake bites
Chemical poisoning: ingested, inhaled, absorbed	

Heat-related and Cold-related Illnesses and Emergencies

Heat exhaustion vs heat stroke	Hypothermia and frostbite
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Injuries to Muscles, Bones, and Joints

Splinting	Bone fractures
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In any accident that requires more advanced care than Basic First Aid training provides, immediately call 911 to request Emergency Medical Services. Always use appropriate Personal Protective Equipment (PPE) when providing First Aid.

Section 7: Record Keeping Procedures

Good record keeping is the foundation of a scientific approach to occupational safety. Without records, it is impossible to analyze or measure the success of a safety program. The Thoreau Club is responsible for maintaining records of all applicable safety-related programs. The records will be kept with Rob Wood, Director of Human Resources.

The OSHA Form 300 log of work-related injuries and illnesses will be posted annually with Human Resources. The Thoreau Club will request that any OSHA safety officer provide a written request for any documents needed for, during, or after an inspection. This will ensure there is no confusion if a citation is issued for failure to provide documentation.

The following is a list of common regulations where documentation retention will occur.

- Personal Protective Equipment (PPE)
 - Retain written certifications of hazard assessments and employee training for the duration of employment for all employees exposed to identified hazards
- Hazard Communication
 - Safety Data Sheet binders (SDS's) will be located throughout the premises. One behind the Front Desk (compiling all chemicals; pool, cleaning chemicals, maintenance chemicals), one in the Pool Pump Room (pool related chemicals only), and one in the Maintenance Garage (cleaning chemicals and maintenance chemicals). These binders will contain all the manufacturer's safety data sheets of hazardous chemicals in the workplace. Documentation of employees with exposure to hazardous chemicals will be maintained for the duration of employment plus 30 years.
- Bloodborne Pathogens
 - The Thoreau Club will develop and write a program to train and protect employees that are expected to have work exposure to bloodborne pathogens. Records for this training are to be kept for a minimum of three years. A record of employees that are exposed to bloodborne pathogens will be kept for the duration of employment plus 30 years.
- Employee Exposure/Medical Records
 - The Thoreau Club will retain employee exposure and medical records for the duration of employment plus 30 years.
- OSHA Form 300 and 301 Reports
 - The Thoreau Club will maintain and certify annually with the OSHA 301 Incident Report form. OSHA 300 forms will be retained for five years following the year the records cover

The following is a list of incidents that The Thoreau Club will report to OSHA

- The Thoreau Club will report any work-related fatalities within 8 hours
- Work-related injuries or illnesses that result in loss of consciousness, days away from work, restricted work, or transfer to another job
- Work-related injury or illness requiring medical treatment beyond first aid; or
- Work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums
- Work related cases involving needle sticks and sharps injuries, medical removal, hearing loss and tuberculosis. Additionally, amputations, loss of an eye, or hospitalization of a worker has to be reported by the employer within 24 hours.

As a best practice, keep a record of all first-aid treatments even if the injury is not significant enough to be considered recordable.

Section 8: Employee’s Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What task were you completing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor’s phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

Supervisor's Accident Investigation Form

Name of Injured Person _____ Date of Birth _____

Telephone Number _____ Address _____

City _____ State _____ Zip _____ (Circle one) Male Female

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was the employee doing prior to the event? What equipment, tools were being used? _____

Names of all witnesses: _____

Date of Event _____ Time of Event _____

Exact location of event: _____

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Employee went to doctor/hospital? (Circle one) Yes No Doctor's Name _____

Hospital Name, Address _____

Recommended preventive action to take in the future to prevent reoccurrence: _____

Supervisor Name _____ Signature _____ Date _____

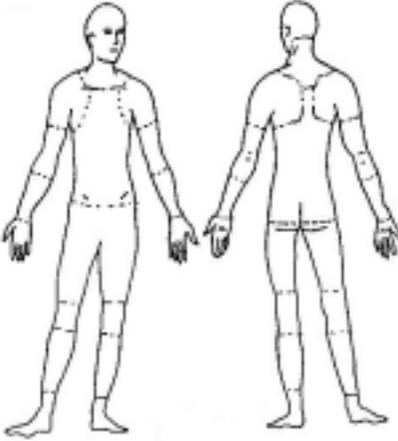
Safety Council Representative _____ Signature _____ Date _____

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness.

(Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
	<input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical)	Months with this employer:
	<input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> <input type="checkbox"/> Crushing Injury	Months doing this job:
	<input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	Notes:

Step 2: Describe the incident	
Exact location of the incident:	Exact time:
What part of the employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During break <input type="checkbox"/> <input type="checkbox"/> During meal period <input type="checkbox"/> Working overtime <input type="checkbox"/> On-site but not working <input type="checkbox"/> Other _____	
Names of witnesses (if any):	

Total number of attachments:	Written witness statements:	Photographs:	Maps and/or drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

Step 3: Why did the incident happen?	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s) Redesign task steps Redesign workstation Write a new policy/rule Enforce existing policy Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

Section 9: Emergency Action Plans

Medical Emergency

1. Survey the scene; evaluate personal safety issues.
2. Request assistance (SHOUT FOR HELP)
3. Call 911
4. Provide the following information:
 - a. Number and location of victim(s)
 - b. Nature of injury or illness
 - c. Hazards involved
 - d. Nearest entrance (emergency access point)
5. Alert trained employees to respond to the victim's location and bring a first aid kit and Automated External Defibrillator (AED).

Location of First Aid Kits and Automated External Defibrillator(s)

First Aid Kit: Member Services Desk, Aquatics Facility,

Automated External Defibrillator: Member Services Desk, Fitness Center (1st Floor).

6. Only trained responders should provide first aid assistance.
7. Do not move the victim unless the victim's location is unsafe.
8. Take "Standard Precautions" to prevent contact with body fluids and exposure to bloodborne pathogens by utilizing the appropriate Personal Protective Equipment (PPE).
9. Meet the ambulance at the nearest entrance or emergency access point; direct them to victim(s).

Fire Emergency

If a fire is reported, pull the fire alarm, (if available and not already activated) to warn occupants to evacuate. Then Dial 911 to alert the Fire Department. Provide the following information:

1. Business name and street address
 - a. The Thoreau Club, 275 Forest Ridge Road, Concord, MA 01742
2. Nature of fire
3. Fire location (building and floor)
4. Type of fire alarm (detector, pull station, sprinkler waterflow)
5. Location of fire alarm (building and floor)
6. Name of person reporting fire
7. Telephone number for return call

All staff to assist with and direct evacuation

Evacuation Procedures

1. Evacuate all buildings along evacuation routes to primary and/or secondary assembly areas outside.
 - a. Primary assembly area: Member Parking Lot adjacent to Outdoor Fitness Center
 - b. Secondary evacuation: Employee Parking Lot
2. Redirect building occupants through stairs and exits *away from the fire*.
3. Prohibit use of elevators.
4. Evacuation team to account for all employees and visitors at the Assembly Area.

Active Shooter & Workplace Violence

Profile of an Active Shooter

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

How to respond when an Active Shooter is in your vicinity

1 - RUN	2 - HIDE	3 - FIGHT
<ul style="list-style-type: none">● Have an escape route and plan in mind.● Leave your belongings behind.● Keep your hands visible	<ul style="list-style-type: none">● Hide in an area out of the active shooters view.● Block entry to your hiding place and lock doors.	<ul style="list-style-type: none">● As a last resort and only when your life is in imminent danger.● Attempt to incapacitate the active shooter.● Act with physical aggression and throw items at the active shooter.
***** CALL 911 WHEN IT IS SAFE TO DO SO *****		

How to respond when Law Enforcement arrives on the scene

- Remain calm and follow officers' instructions.
- Immediately raise hands and spread fingers.
- Avoid making quick movements towards officers such as attempting to hold on to them for safety.
- Avoid pointing, screaming, and/or yelling.
- Do not stop to ask officers for help or directions when evacuating. Just proceed in the direction from which the officers entered the premises.

Information you should provide to Law Enforcement

- Location of active shooter.
- Number of shooters, if more than one.
- Physical description of shooter(s).
- Number and type of weapon(s).
- Number of potential victims at the location.

Code Adam: Missing Person

1. Determine whether there has been an actual abduction. Often the most difficult task upon receiving a missing child complaint is determining whether it is an actual abduction, a runaway or a lost child.
 - a. It is important that no one leaves the premises until it has been determined that an abduction is not taking place.
 - b. If a person fails to comply with the “shelter-in-place” order, immediately call 911 and provide as much information about the individual as possible.
 - i. Physical description.
 - ii. Vehicle description.
 - iii. Any other noteworthy observations.
2. If a parent or guardian reports a missing child to you, calm them down (if necessary), and take a brief description of the child. *Acquire the following information within the first 1-2 minutes of interaction:*
 - a. Where was the child seen last and with whom?
 - b. Is the child a male or female?
 - c. What is the child wearing?
 - d. What is the child’s age, approximate height, and weight?
 - e. Does the child have any mental or physical disabilities?
 - f. Is there another parent or relative on the premises that may have the child?
3. If games are being played, immediately call for a “time-out”. Explain your situation (Code Adam) to the staff and/or officials, and ask for assistance. Have everyone remain seated in the immediate area, or standing off the field and ask that everyone stay calm and quiet. Then proceed as follows:
 - a. Post responsible adults at all exits, or exit areas with a description of the child.
 - b. Enlist any additional help to search hallways, parking lots, school grounds, etc.
 - c. If the child is not found within 10 minutes after initiating the facility-wide search, or if the child is seen accompanied by someone other than a parent or guardian, contact local Law Enforcement immediately.
4. CALL 911, and be sure to explain your specific situation, what steps have been taken, and most importantly, your location. You may choose to continue the search after the Police have been called, but *it is absolutely critical that no one leaves the premises until after the local law enforcement has arrived and done their investigation.*