Emergency Action Plan Policy

POLICY STATEMENT
The University of Alaska Fairbanks (UAF) strives to provide a safe and secure environment. UAF’s policy is that each building occupied by one or more employees will have a current Emergency Action Plan (EAP); each EAP is to be updated annually and when changes occur; and, for all employees to review each applicable EAP at least annually.

BACKGROUND & JUSTIFICATION
Before implementing this policy, each academic and administrative department was required to maintain an emergency action plan specific to the department. At times, multiple departments would occupy a single building and therefore had numerous emergency action plans, resulting in the duplication of efforts. This policy requires a single EAP per building, maintained by the assigned building coordinator who coordinates with each respective department in their building. The requirements for EAPs are set forth in the Occupational Safety and Health Administration (OSHA) regulations and are adopted by the State of Alaska’s Occupational Safety and Health (AKOSH) Plan. This policy is intended to conform to OSHA’s regulations and standards regarding EAPs; however, some requirements in this policy may exceed OSHA’s requirements. The purpose of the EAP is to provide guidance in determining the appropriate actions to prevent injury and property loss from emergency incidents, including evacuation. Special procedures may be required to control and mitigate an emergency during emergencies. Final acceptance of an EAP grants authority to those individuals and/or positions responsible for implementing and carrying out the plan.

DEFINITIONS
Emergency Action Plan (EAP): provide guidance in determining the appropriate actions to prevent injury and property loss from emergency incidents, including evacuation.

AKOSH: Alaska Occupational Safety and Health

OSHA: Occupational Safety and Health Administration

IFC: International Fire Code

IBC: International Building Code

REFERENCES RELIED UPON
29 CFR 1910.38 - Occupational Safety and Health Standards - Emergency
RESPONSIBILITIES

**Vice Chancellor for Administrative Services (VCAS):** In conjunction with Vice Chancellors and/or deans and directors, ensure a building coordinator is identified for each building meeting the required EAP criteria.

**Vice Chancellors, Deans and Directors:** In conjunction with the VCAS, ensure that a building coordinator is identified for each building occupied by their respective units. They will ensure that current contact information for key departmental personnel is provided to their respective building coordinator and provide support during annual plan updates. Changes in building coordinators must be reported to Facilities Services via Dispatch 907.474.7000.

**Building Coordinators:** Maintain the EAP in a current state with updated building information and contact information for key departmental personnel. Review EAP at least once per year, coinciding with the beginning of the fall semester, and maintain a list of building employees with initial EAP familiarization and when they received the training. Building coordinators will also submit updated plans to the UAF Emergency Manager for approval before distribution.

**Supervisor:** Ensure new employees know the EAP’s content and forward the names to the Building Coordinator. They will also ensure that employees review the EAP at least annually or when substantive changes to the plan occur, and they know where the plan is maintained.

**Employees:** Remain familiar with the EAP for each building they occupy.

**UAF Emergency Manager:** Maintain oversight of the EAP process including sending appropriate campus-wide or other communications no less than annually to ensure compliance with this policy. Coordinate with UAF Facilities Services, and Safety Services (UFD, UPD, EHRSM) to ensure Building Coordinators have updated guidance associated with EAP development, maintenance, review, approval and file storage. Maintain a repository of current EAPs for all buildings in a manner that is accessible to all employees. The Emergency Manager will review the list of building EAPs bi-annually to ensure plans and building assignments are current and up to date.
NON-COMPLIANCE
Failure to properly maintain and routinely update the EAP may result in employees not being ready in an emergency. Failure to comply with this policy may increase liability for the University and expose UAF to AKOSH citations and penalties (fines).

EXCEPTIONS
Buildings not occupied by at least one employee are not required to have an EAP. Any questions regarding whether a building is required to have an EAP can be directed to the UAF Emergency Manager or Fire Marshal.

PROCEDURES
1. At least annually and whenever personnel or building changes occur, the building coordinator should review and update the EAP. The annual review typically coincides with the beginning of the fall semester. Required by 2021 IFC 404.3.

2. New employees shall be trained on the EAP and its location during their initial orientation. All employees shall review the EAP annually or after major updates. Annual refreshers should occur at the beginning of the fall semester following the annual EAP review. Required by 2021 IFC 406.2.

3. All EAPs will follow a standard format in order to achieve standardization from building to building and ensure compliance with applicable OSHA regulations. A standard template will be made available with a minimum of the following elements as required by 2021 IFC 404.1, 2021 IFC 404.2 and other sections per the IFC/IBC Occupancy Classification:
   a. Fire and emergency reporting procedures, including the preferred and alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization;
   b. Procedures for emergency evacuation, including the type of evacuation, exit routes, and assembly points;
   c. Relevant diagrams and/or maps to illustrate by floor primary and secondary evacuation routes, fire extinguisher locations, manual fire alarm pull stations, and other relevant emergency systems installed in the building;
   d. Procedures for personnel necessary to delay evacuation where critical operations exist (e.g., shelter in place, violent intruder);
   e. Procedures for assisted rescue of persons unable to use the general means of egress unassisted;
   f. Procedures for securing protected information (e.g., HIPAA, FERPA, APSIN, etc.);
   g. Procedures to account for occupants after evacuation;
   h. Identification and assignment of personnel for performing rescue and medical duties;
i. Relevant contact information for personnel who can be contacted for further information or explanation of duties under the EAP;

j. Alarm systems and provisions to accommodate occupants who cannot recognize an audible or visual alarm;

k. A description of the emergency voice/alarm communication system, or alarm system(s) alert tone(s), and preprogrammed voice messages, where provided.

l. Any other relevant information not covered is provided in the space at the end of the template.

4. Updated EAPs should be forwarded to the Emergency Manager, who will coordinate with building coordinators.

5. Building coordinators will finalize, accept, and publish the EAP. Once approved, the building coordinator will need to inform supervisors and other building occupants of the update.

6. Printed copies of the EAP should be provided in key locations and/or with key personnel in the building.

POLICY APPROVED BY:

Daniel M. White, Chancellor
University of Alaska Fairbanks

Signed: 9/26/2023