

# **Building 10 Lab and Office Staff**

## **Emergency Procedures**



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## EMERGENCY PROCEDURES FOR NIH PERSONNEL

At the National Institutes of Health (NIH), many emergency procedures exist as policies, or are available on the various emergency services websites. In order to provide a concise, readily available and user friendly synopsis of important emergency procedures, the Division of Emergency Management (DEM), Office of Research Services (ORS), has developed this “Emergency Procedures” summary for NIH employees. It is intended to outline the types of emergencies that may be encountered at the NIH and identify the steps, in simple “bulleted” or “checklist” formats, employees should take in order to protect themselves and their co-workers when experiencing an emergency situation.

### Emergency Numbers:

- Fire/Medical Emergencies - On-Campus..... 911
- Fire/Medical Emergencies - Off-Campus..... 9-911
- Cell Phone On-Campus..... 301-496-9911
- Cell Phone Off-Campus..... 911
- Cardiac Emergency in Building 10 (Code Team)..... 111

The following emergency conditions are listed in this summary:

- Cardiac Emergency Situations in Building 10
- Reporting suspicious persons or activities
- Active shooter situations
- Suspicious packages or objects
- Bomb threats
- Evacuations
  - Building evacuations
  - Emergency evacuation routes for the Bethesda campus
  - Specific evacuation procedures for persons with disabilities
- Fire emergencies
- Threatening or violent behavior

### Cardiac Emergency Situations in Building 10

Dial 111 for the Clinical Center (CC) Cardiac-Pulmonary Resuscitation Team (Code Blue)

To request immediate medical assistance for chest pains, trouble breathing, or other life threatening emergencies in the Building 10 Complex dial 111.

### CPR/AED Program

Automated external defibrillators (AEDs) and cardio-pulmonary resuscitation (CPR) can assist persons experiencing sudden cardiac arrest. Applied electrical shocks from a portable emergency AED can restore normal cardiac rhythm until paramedics arrive on-site.

Visit the link below to view the AED locations:

<http://www.ors.od.nih.gov/sr/dohs/HealthAndSafety/aed/Pages/aedlocations.aspx>

The Community Health Branch, DOHS, ORS manages the Public Access Defibrillation Program in NIH facilities both on and off campus. The objective of NIH's public access defibrillator program is to provide CPR instruction with the use of AEDs in the event of a cardiac emergency involving employees or visitors.

For additional information about this program contact the AED Program Manager in the Community Health Branch, DOHS, ORS at (301) 496-2960.

Visit the link below for CPR/AED training opportunities:

<http://www.ors.od.nih.gov/sr/dohs/HealthAndSafety/aed/Pages/aedlocations.aspx>

### **Reporting Suspicious Persons or Activities**

If you witness a crime, it is important to report it immediately after the incident occurs. The chances of catching the perpetrator will be much greater than if you wait even just a few minutes. Because police officers cannot be everywhere at once, they need your help. Your special efforts regarding prompt and accurate reporting of these incidents can help keep our facilities safer for everyone. Below is a set of guidelines on reporting suspicious persons or activity.

When you call to report suspicious persons or activities - remember the four W's - Who, What, When and Where.

- Who is the suspicious person? (Provide a description of the person.)
- What is the suspicious activity?
- When did the incident occur or is it still taking place?
- Where is the suspicious person/activity?

Remember - a crime can never be solved unless someone reports it!

- Immediately call the Emergency Communications Center (ECC) at 911 or (301) 496-9911 from a cell phone; if you are off campus, dial 9-911.
- Provide the dispatcher your name, where you are calling from and the phone number from which you are calling.
- Provide all the information you know about the incident and/or perpetrator to the dispatcher.
- Do not hang up until the dispatcher is finished with his/her questions. Officers may need more information from you to enable them to properly handle the call. When the police arrive, identify yourself and answer any questions they may ask.

Some things to remember when you see a crime or suspicious person:

- Do not try to handle the problem yourself.
- Do not delay reporting the incident.
- Do not leave the location from which you are reporting the incident unless you are in danger. The dispatcher may need to get more information from you.

What is a suspicious person or activity?

- Not everything you see is suspicious, you must learn what is normal for the campus before you can report anything abnormal. For example, a person walking across campus is not necessarily suspicious. However, a person walking through a building corridor attempting to open each office door is suspicious. If in doubt, report it.

### **Active Shooter Situations**

Active Shooter incidents are defined as those in which an individual is “actively engaged in killing or attempting to kill people in a confined and populated area.”

- Such incidents are unpredictable and often evolve quickly.
- Shooting situations usually last 10-15 minutes.
- Investigation may last several (4-6) hours or longer.

If you hear shots fired, call 911. Give as much information as possible, including location and number of shooter(s); physical description of shooter(s); number and type of weapons; number of victims; etc.

If you directly encounter an active shooter, quickly decide whether to: RUN, HIDE, or FIGHT! If it is safe to do so, the first course of action that should be taken is to RUN. If running is not a safe option, then HIDE in as safe a place as possible that has a second exit if possible. If neither running nor hiding are safe options then, as a last resort, consider trying to disrupt or incapacitate the shooter by using aggressive force and items in the environment, such as fire extinguishers, chairs, etc. There is strength in numbers – potential victims have been successful in disrupting active shooter incidents. Confronting an active shooter is not a requirement; individual responses depend on the situation.

If you hear: “ACTIVE SHOOTER, SHELTER-IN-PLACE, ACTIVE SHOOTER” - When the “Active Shooter, Shelter-in-Place, Active Shooter” announcement is made: staff should remain in the work space where they are located at the time the directive is issued. Staff should gather all patients, visitors, and other personnel in their vicinity and move to a shelter location identified in your work area (conference room, medication rooms, offices, etc.) Lock doors, if possible, otherwise, barricade doors without locks (patient beds that can be locked make excellent barricades). Block interior windows. Turn out lights to make the room appear unoccupied. Silence phones, and limit communication and conversation. Keep others calm and quiet. Avoid hallway traffic and conversation. Individuals should spread out once in a safe location. Listen for announcements via the fire alarm system. Monitor emails from the Clinical Center and NIH. Expect that no staff will be arriving or leaving, as well as no movement of equipment or

supplies. For patient care emergencies, call 111 (Code Blue) but understand that a response may be delayed or not possible. For other emergencies, call 911 or, from cell phones call 301-496-9911.

During a Shelter-in-Place directive: continue to provide care to patients behind secured doors, ensure the safety of all visitors, and provide patients and visitors with information as it becomes available. Staff may not leave that work space until the “Active Shooter, Shelter-in-Place, Active Shooter” directive is suspended by the authorities. No access in, out, or within the Building 10 Complex will be allowed. There will be no patient movement, no staff movement, no supplies or equipment delivery or transfer. Exceptions to restricted movement may be made for “emergencies” (e.g., code blue) but only with a law enforcement escort and organized through the NIH Clinical Center’s incident command structure, but are not guaranteed.

Plan Ahead – Identify areas in your workspace that can be used to Shelter-in-Place, such as rooms that can be locked from the inside and are without interior windows. Identify furniture and other items in your environment you can use as a barricade.

When the Authorities Arrive – You should expect law enforcement officials to arrive in teams with weapons. Law enforcement’s initial goal is to neutralize the shooter – not to assist staff. When you see Law Enforcement, keep your hands visible at all times and follow all instructions.

After an Active Shooter Event – A long period of investigation will occur, that will include, but not be limited to; sweeps of all areas, possibly multiple times; interviews with staff; and documentation of the scene. During this time, staff movement will be limited. Instructions and communication will be provided as directed by the authorities. The investigation could take 4-6 hours or longer.

### **Suspicious Packages or Objects**

If you receive or discover a suspicious package or foreign device, do not touch it, tamper with it, or move it. Dial 911 on campus or 9-911 if you are off campus, immediately and report it.

Move people away from the suspicious object. Do not move or attempt to open the package. Do not investigate the package too closely. Do not cover or insulate the package.

Suspicious packages are not limited to those delivered by a commercial or U.S. postal carrier. The following characteristics have been designated by the U.S. Post Office and the Bureau of Alcohol, Tobacco, Firearms and Explosives as indicators of suspicious packages:

- Lumps, bulges, or protrusions on a package
- A lopsided or heavy-sided package or excessive masking tape
- Handwritten addresses or labels from companies (check to see if the company exists and if they sent a package or letter)
- Packages wrapped in string
- Excess postage on small packages or letters
- No postage or uncanceled postage

- Handwritten notes, such as, "To Be Opened in the Privacy of," "Confidential," "Your Lucky Day Is Here," "Prize Enclosed"
- Restrictive markings such as "confidential" or "personal"
- Improper spelling of common names, places, or titles
- Generic or incorrect titles. Titles with no name attached
- Leaks, stains, or protruding wires, string, tape, etc.
- Hand delivered or "dropped off for a friend" packages or letters
- No return address or a pretend return address
- Foreign mail, air mail, and special-delivery packages
- Any letter or package arriving before or after a phone call from an unknown person asking if the item was received

The following link can be used to access a poster containing information on suspicious mail or packages: <https://about.usps.com/posters/pos84.pdf>

### **Bomb Threat**

Threat by Telephone (printable version available): <http://go.usa.gov/363f3>

- Do not hang up. Remain calm.
- Take the caller seriously. Assume the threat is real.
- If you have Caller ID, look for the originating number.
- Do not use cell phone, two-way radio, or any wireless communication device, as it can act as a trigger for an explosive device.
- Have a coworker call 911 or 9-911 (off campus) on another line. If you are alone, after the call is disconnected by the caller, do not hang up the phone. Press \*57 first and then hang up the phone. This procedure will "capture" the phone line so that the phone company can trace it. Then call 911 or 9-911 to report the threat.
- Ask questions using the following checklist as a guide.

# BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

### If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (reverse side) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up but from a different phone contact the police immediately with information and await instructions.

### If a bomb threat is received by handwritten note:

- Call \_\_\_\_\_
- Handle note as minimally as possible.

### If a bomb threat is received by email:

- Call \_\_\_\_\_
- Do not delete the message.

### Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

### DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

## WHO TO CONTACT

On Bethesda Campus:  
NIH Division of Police - Dial 911 or 301-496-9911  
Off Campus:  
Local Law Enforcement - Dial 911 or 9-911

# BOMB THREAT CHECKLIST

Date:  Time:

Time Caller Hung Up:  Phone Number Where Call Received:

## Ask Caller:

- Where is the bomb located? (Building, Floor, Room, etc.) \_\_\_\_\_
- When will it go off? \_\_\_\_\_
- What does it look like? \_\_\_\_\_
- What kind of bomb is it? \_\_\_\_\_
- What will make it explode? \_\_\_\_\_
- Did you place the bomb? Yes No \_\_\_\_\_
- Why? \_\_\_\_\_
- What is your name? \_\_\_\_\_

## Exact Words of Threat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Information About Caller:

- Where is the caller located? (Background and level of noise) \_\_\_\_\_
- Estimated age: \_\_\_\_\_
- Is voice familiar? If so, who does it sound like? \_\_\_\_\_
- Other points: \_\_\_\_\_

- | Caller's Voice                           | Background Sounds:                         | Threat Language:                      |
|--|--|---------------------------------------|
| <input type="checkbox"/> Accent          | <input type="checkbox"/> Animal Noises     | <input type="checkbox"/> Incoherent   |
| <input type="checkbox"/> Angry           | <input type="checkbox"/> House Noises      | <input type="checkbox"/> Message read |
| <input type="checkbox"/> Calm            | <input type="checkbox"/> Kitchen Noises    | <input type="checkbox"/> Taped        |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Street Noises     | <input type="checkbox"/> Irrational   |
| <input type="checkbox"/> Coughing        | <input type="checkbox"/> Booth             | <input type="checkbox"/> Profane      |
| <input type="checkbox"/> Cracking voice  | <input type="checkbox"/> PA system         | <input type="checkbox"/> Well-spoken  |
| <input type="checkbox"/> Crying          | <input type="checkbox"/> Conversation      |                                       |
| <input type="checkbox"/> Deep            | <input type="checkbox"/> Music             |                                       |
| <input type="checkbox"/> Deep breathing  | <input type="checkbox"/> Motor             |                                       |
| <input type="checkbox"/> Disguised       | <input type="checkbox"/> Clear             |                                       |
| <input type="checkbox"/> Distinct        | <input type="checkbox"/> Static            | _____                                 |
| <input type="checkbox"/> Excited         | <input type="checkbox"/> Office machinery  | _____                                 |
| <input type="checkbox"/> Female          | <input type="checkbox"/> Factory machinery | _____                                 |
| <input type="checkbox"/> Laughter        | <input type="checkbox"/> Local             |                                       |
| <input type="checkbox"/> Lisp            | <input type="checkbox"/> Long distance     | _____                                 |
| <input type="checkbox"/> Loud            |  |                                       |
| <input type="checkbox"/> Male            |  |                                       |
| <input type="checkbox"/> Nasal           |  |                                       |
| <input type="checkbox"/> Normal          |  |                                       |
| <input type="checkbox"/> Ragged          |  |                                       |
| <input type="checkbox"/> Rapid           |  |                                       |
| <input type="checkbox"/> Raspy           |  |                                       |
| <input type="checkbox"/> Slow            |  |                                       |
| <input type="checkbox"/> Slurred         |  |                                       |
| <input type="checkbox"/> Soft            |  |                                       |
| <input type="checkbox"/> Stutter         |  |                                       |
- Other Information:**  
\_\_\_\_\_  
\_\_\_\_\_



## Evacuations

Before an emergency, determine the location of your primary safe area, the safest route to follow, and your secondary exits. Building evacuation routes are posted in campus buildings. Leave the immediate area, but remain available to emergency personnel. If time permits during an evacuation, secure your workplace and take personal items such as keys, purse, medication, and glasses.

### Evacuation of the effected Zone (Evacuation Safe Areas)

- Walk, do not run.
- Do not use elevators.
- Seek out people with special needs and provide assistance if necessary. Normally, aides will be assigned.
- Gather outside your building or Zone at your designated safe area, where your supervisor should account for all personnel.
- Wait for instructions from the fire department, police, or other individual in charge, before returning to your work area.

### Off-Campus Emergency Evacuations

For off-campus facilities, listen to the local radio stations and follow the directions of local emergency management and response officials for direction.

Check out the links below for information from Montgomery County on Emergency & Disaster Preparedness and Safety in Our Neighborhood, as well as a link that allows you to sign up for “Alert Montgomery.” Montgomery County uses the Alert Montgomery System to provide accurate, immediate emergency notifications to your cell, work or home phone via text, email or voice message.

Montgomery County – Emergency & Disaster Preparedness Information

<http://www.montgomerycountymd.gov/mcg/emergency/stayinformed.html>

Montgomery County – Safety in Our Neighborhood Information

<http://www.montgomerycountymd.gov/mcfrs-info/>

Alert Montgomery Information:

<http://www.montgomerycountymd.gov/OEMHS/AlertMontgomery/index.html>

### Yellow Zone



Buildings and Parking lots covered in this zone:  
**Bldg:** 7, 9, 10, 49, 51, 60, 61, 62, 65  
**Lots:** P1/P2, P3, 10C, 10D, 10E  
 Evacuation exits in priority:  
 1. Center Drive / Old Georgetown Road  
 2. South Drive / Old Georgetown Road  
 3. Lincoln Drive

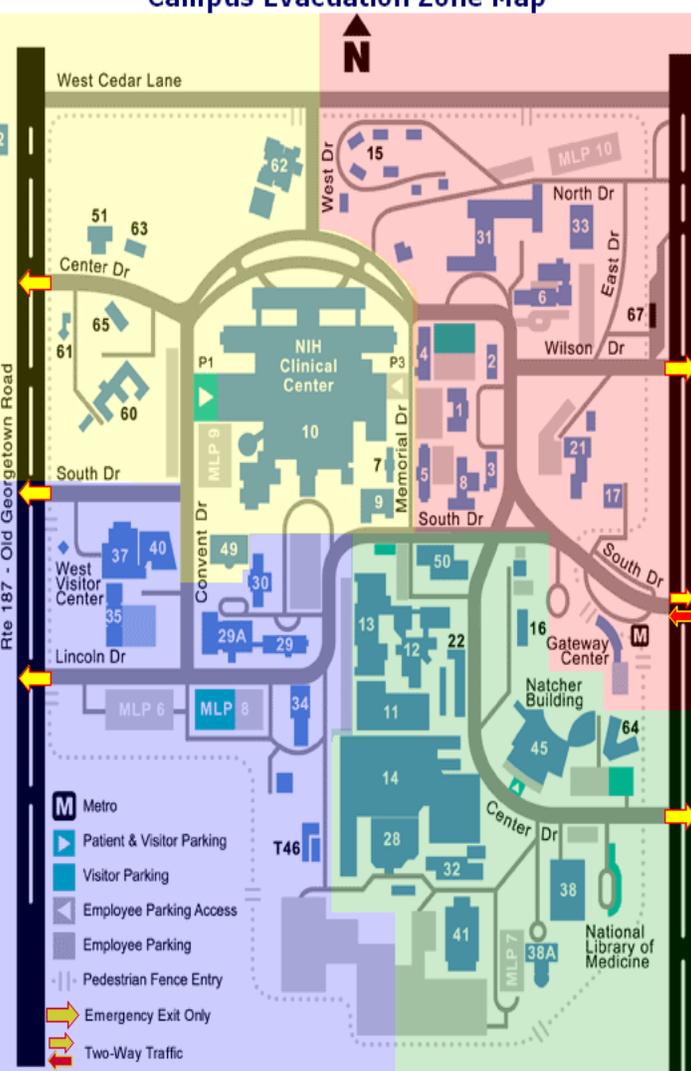
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### Blue Zone



Buildings and Parking lots covered in this zone:  
**Bldg:** 29 Cluster, 34, 35, 36, 37, 40, 46, 49  
**Lots:** MLP-6, MLP-8, 10H, 14A, 41 West  
 Evacuation exits in priority:  
 1. Lincoln Drive  
 2. South Drive at Old Georgetown Road

## Campus Evacuation Zone Map



**Legend:**

- Metro
- Patient & Visitor Parking
- Visitor Parking
- Employee Parking Access
- Employee Parking
- Pedestrian Fence Entry
- Emergency Exit Only
- Two-Way Traffic

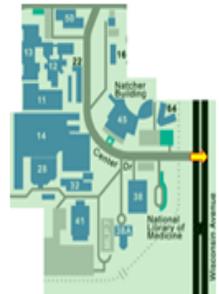
### Red Zone



Buildings and Parking lots covered in this zone:  
**Bldg:** 1, 2, 3, 4, 5, 6, 8, 15K, 17, 21, 31  
**Lots:** 1B, 4A, 5A, 13, 17, 21, 31B, 31C, 31D, 31E, 31F, 31G, 31H, 31J  
 Evacuation exits in priority:  
 1. Wilson Drive / Rockville Pike  
 1. South Drive / Rockville Pike

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### Green Zone



Buildings and Parking lots covered in this zone:  
**Bldg:** 11, 12, 13, 16, 18, 18T, 28, 32, 38, 38A, 41, 45, 50 Eastern portions of 14 and T39  
**Lots:** Natcher Conference Center, 10H, 13, 41, 45 (underground employee parking), MLP-7, 41 East  
 Evacuation exits in priority:  
 1. Center Drive at Rockville Pike  
 2. South Drive at Rockville Pike

## Evacuation for People with Disabilities

The most important factor in evacuation safety is advanced planning. After an evacuation is ordered:

- Do not use elevators, unless authorized to do so by police or fire personnel. Elevators can fail during a fire or a major earthquake.
- If the situation is life threatening, call 911 or 9-911 if you are off campus.
- Check on people with special needs during an evacuation. A buddy system, where people with disabilities arrange for volunteers to alert them and assist them in an emergency, is a good method.
- Always ask someone with a disability how you can help before attempting any rescue technique or giving assistance. Ask how he or she can be best assisted or moved and whether there are any special considerations or items that need to come with the person.

## Blindness or Visual Impairment

- Offer to lead them out of the building to safety.
- Give verbal instructions about the safest route or direction using compass directions, estimated distances, and directional terms.
- Do not grasp a visually impaired person's arm. Ask if he or she would like to hold onto your arm as you exit, especially if there is debris or a crowd.
- Give other verbal instructions or information (e.g., elevators cannot be used).

## Deafness or Hearing Loss

- Get the attention of a person with a hearing disability by touch or eye contact. Clearly state the problem. Gestures and pointing are helpful, but be prepared to write a brief statement if the person does not seem to understand.
- Offer visual instructions to make the individual aware of the safest route or direction by pointing toward exits or evacuation maps.

## Mobility Impairment

- It may be necessary to clear the exit route of debris (if possible) so that the person with a disability can move out or relocate to a safer area.
- If people with mobility impairments cannot exit, they should move to a safer area, for example:
  - elevator lobby
  - most stairwells
  - an office with the door closed, which is a good distance from the hazard
- If you cannot locate an OEC staff member, notify fire or police personnel immediately about any people remaining in the building and their locations.
- Fire or police personnel will decide whether people are safe where they are and will evacuate them as necessary.

## Campus Emergency Evacuation Routes

The campus evacuation plan organizes sections of the campus into emergency evacuation routes in the event of a crisis effecting the whole campus or a section of campus. Identify your route by finding your building location on the map on the next page.

All the roads into the NIH will be used to evacuate the campus, with the exception of South Drive at Rockville Pike (Medical Center Metro), which would allow two-way traffic to accommodate emergency response vehicles. Employees should be aware of alternate routes away from the campus and practice using them. Carpool and vanpool members should make arrangements prior to an emergency situation, and should meet at their vehicle to expedite their evacuation.

## Fire Emergencies

### If You Discover a Fire

- Notify anyone in the immediate area of the fire to evacuate
- Manually activate the fire alarm system.
- If you have time and can safely get to a phone, call 911 if you are on-campus or 9-911 if you are off-campus to provide more details.
- Immediately exit the building, using the stairs and closing doors behind you. Do not use elevators.

### Using a Fire Extinguisher

If you have been trained, and it is safe to do so, you may fight small, contained fires with a fire extinguisher.

### Fire Extinguisher Instructions

**P**ull safety pin from handle  
**A**im at base of fire  
**S**queeze the lever slowly and evenly  
**S**weep from side-to-side

### Once Alarm Is Activated

- Walk to the nearest exit, closing doors between you and the fire.
- Assist people who have special needs. Notify the OEC (Occupant Emergency Coordinator) outside the building of any personnel who are still inside the building.
- Notify fire personnel if you suspect someone is trapped inside the building.
- Gather at designated assembly area. Do not attempt to reenter the area/building until instructed to do so by the fire department or police.

## If Trapped in a Room

- Place cloth material around or under the door to prevent smoke from entering the room.
- Close as many doors as possible between you and the fire.
- Be prepared to signal to someone outside from a window if possible.
- Call 911 if you are on-campus or 9-911 if you are off campus and advise you are trapped.

## If Caught in Smoke

- Drop to hands and knees and crawl toward exit.
- Stay low, as smoke will rise to ceiling level.
- Hold your breath as much as possible.
- Breathe shallowly through nose, and use a filter such as a shirt or towel.

Prepare yourself in advance; know where to go and how to get there. If your work station is located in an office, know exactly how many doors you have to pass along your evacuation route before you reach the nearest exit door. This tip is very helpful if you encounter heavy smoke. When heavy smoke is present, the exit signs may be obscured by the smoke. If you know how many doors you have to pass, get low to the floor (watching the base of the wall) and count out the number of doors you pass until you reach the exit door.

Your own common sense is the finest safety device ever developed. Above all use your head.

## **Threatening or Violent Behavior\***

Threats may be statements of intention or expressions of strong emotion. They can be indirect or direct, verbal or nonverbal. Shaking a fist or pounding the desk, throwing things, and showing a weapon are all examples of nonverbal threats. Verbal threats may be indirect expressions of frustration or anger directed toward a person or office or they may be direct statements of the intention to harm. These situations are complex, and it is not expected that individuals will be able to assess whether the threat is serious and might actually lead to harm. However, it is expected that employees consider any threat or display of hate as potentially serious.

The NIH Civil Program addresses matters pertaining to the prevention of violence in the NIH workplace. Matters include behaviors of concern that may lead to acts of violence, such as bullying or intimidating behavior, threats, suicidal ideation, and domestic violence.

Call the NIH Civil Program if:

- You need help assessing the potential seriousness of a concerning situation;
- You are experiencing a concerning or threatening situation at work and need intervention from trained staff;
- You become aware of a workplace situation involving behaviors of concern, such as intimidating, bullying, or other unproductive, disruptive, and/or dangerous behaviors; or
- A situation involving concerning behavior already has occurred and you need assistance managing the aftermath and its effect on staff; or
- You need help in addressing your own behavior and/or reactions to a workplace situation.

Most people who commit violent acts exhibit warning signs. It is important to take seriously any behaviors or words that imply threat and consult appropriate people to assess the risk and plan interventions.

- If the threat is immediate, leave the situation if possible and call 911 on-campus or 9-911 if you are off-campus. If threats or bizarre behavior indicate possible danger, personal safety is the top priority.
- For an angry or hostile customer or coworker:
  - Stay calm.
  - Listen attentively.
  - Maintain eye contact.
  - Be courteous. Be patient. Be respectful.
  - Keep the situation in your control.
- If shouting, swearing, and threatening, continues:
  - Signal a coworker or supervisor that you need help (have a prearranged code or alarm system).
  - Do not make any calls yourself.
  - Have someone call the police.
- If someone is threatening you with a gun, knife, or other weapon:
  - Stay calm. Quietly signal for help using an alarm or code system.
  - Maintain eye contact.
  - Stall for time.
  - Keep talking--but follow instructions from the person who has the weapon.
  - Don't risk harm to yourself or others.
  - Never try to grab the weapon.
  - Watch for a possible chance to escape to a safe area.

\* Adapted from Federal Protective Service U.S. General Services Administration guideline.

## **NIH Continuity of Operations (COOP) Plan**

All Federal departments and agencies have the ethical responsibility for the safety of their employees, and the legal obligation to the people of the nation to continue to operate in a prudent and efficient manner, even in the face of an impending threat or following an emergency or catastrophic event.

NIH leadership recognizes that continuity responsibility and planning is not a separate and compartmentalized function performed by only a few emergency planners, but rather it is fully integrated into all aspects of the daily operations of the agency, thereby creating a “culture of continuity” throughout the NIH. The NIH has a COOP Plan in place which provides guidance to be followed in an emergency event which impacts, or threatens to impact, the ability of the NIH to function; therefore, it is relevant to all NIH employees and necessary contract personnel. However, the information contained within the COOP Plan and its Annexes is available only to personnel with a need to know; those employees with responsibilities outlined in the plan. NIH leadership is responsible for providing not only COOP Plan details to ensure that COOP

personnel are aware of their roles and responsibilities, but also an overview to other staff to ensure all NIH personnel are aware of the COOP operating environment.

In the event a disaster occurs, all employees will be notified through the “AlertNIH” Program and provided with information and direction. This alert/notification process will contact employees by work phone, and NIH email addresses automatically. If staff wishes to be notified via their home phone, cell phone, pagers and personal email addresses, they must access the NIH Enterprise Directory (NED) and update their personal information in the AlertNIH section of NED.

### **How to update your personal contact information**

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**(e.g., home phone, personal mobile phone, personal Email address)**

**Note:** Any personal contact information you add to NED is visible to administrative staff in your IC, but is not displayed by NED search.

1. Click on **Update My Record** in the menu on the left.
2. Click on the **Edit** button in the **Personal Information** section.
3. In the **Personal Contact Information** section, enter your home Email address, home phone number, etc.
4. At the bottom of the **Personal Information** screen, click the check box to agree to the use of your personal information for the appropriate NIH business purposes.
  - Note: If any required personal information is missing from your NED record (i.e., if any of the fields indicated with an asterisk (\*) are blank), you will be prompted to enter that information before you can continue
5. When you're done making changes, click on the **Continue** button to return to the overall summary page.
6. Scroll to the bottom of the **Update My Record. Overall Summary** screen.
7. Click on the **Submit Changes** button.

### **How to update your work contact information (e.g., work phone, work mobile phone, work Email address)**

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**Note:** Any personal contact information you add to NED is visible to administrative staff in your IC, but is not displayed by NED search [↗](#).

1. Click on **Update My Record** in the menu on the left.
2. Click on the **Edit** button in the **Work Information** section.
3. Update your work contact information.

4. When you're done making changes, click on the **Continue** button to return to the overall summary page.
  - Note: If any required personal information is missing from your NED record (i.e., if any of the fields indicated with an asterisk (\*) are blank), you will be prompted to enter that information before you can continue
5. Scroll to the bottom of the **Update My Record. Overall Summary** screen.
6. Click on the **Submit Changes** button.

### **How to manage your AlertNIH Notifications in NED**

**Note:** Any personal contact information you add to NED is visible to administrative staff in your IC, but is not displayed by NED search .

1. Click on **Update My Record** in the menu on the left.
2. Click on the **Update My Record Overall Summary** screen and scroll all the way down to the bottom of the page.
3. Click on the **Edit** button on the **AlertNIH Notifications** section.
4. On the **Manage AlertNIH Notifications** page, use the >> and << buttons to opt-in or opt-out, respectively, to be contacted on your personal devices.
  - Note: You cannot update your Blackberry PIN in NED. If it's wrong, please contact the NIH Help Desk .
5. Click on the **Continue** button to return to the overall summary page.
6. Scroll to the bottom of the **Update My Record. Overall Summary** screen.
7. Click on the **Submit Changes** button.

Contact your IC's Crisis Response Team Emergency Coordinator and become aware of your ICs emergency plans. If a disaster should occur and you are home, or away from work, you should stay in touch with your supervisor to monitor the situation at your worksite. You should also monitor the local emergency management organizations in your area to remain aware of situational updates and alert to safety warnings and information.

All staff should practice home preparedness and plan to be self-sufficient for at least 72 hours as recommended by the Department of Homeland Security.

For more detailed information on emergency preparedness, and the procedures that should be followed during and after an emergency, please contact the Division of Emergency Management at (301) 496-1985, or by email at [orsdem@mail.nih.gov](mailto:orsdem@mail.nih.gov), or visit the website at <http://www.ors.od.nih.gov/ser/dem>.

Visit the link below for an on-line training presentation specific to Building 10 evacuation:

<http://www.ors.od.nih.gov/ser/dem/evac/Documents/building10evactraining.pptx>

## Notes

## Notes

