**TEMPLATE: Facility Lockdown Procedural Guidelines**

**Purpose**

The purpose of this facility lockdownguideline is intended to secure and protect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Department employees, patients, and others who are in the proximity of a potential or immediate threat. This guideline shall be used when it is determined that securing the building and sheltering in place is that safest response.

**Response**

1. The determination to implement a facility lockdown is made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Notify Staff of a facility lockdown by special code on PA, phone call to supervisors … **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.
3. LOCK **all** external doors/windows and COVER windows.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may determine it necessary to turn lights off.
5. CLOSE and LOCK ALL rooms not currently occupied.
6. Account for ALL staff, clients and vendors/visitors inside the building.
7. Account for and communicate with staff outside the building about the facility lockdown and the appropriate alternate work plans to ensure their safety.
8. All employees will remain at their workstations, if it is safe to do so. **If not**, all employees will move to a pre-designated secure location. ESCORT any client(s) in the building at the time of the lockdown to the secure location as well.
9. ALL employees shall remain in place until the Director or designee lifts the facility lockdown.

**Evaluation of Facility Lockdown:**

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION**  | **YES**  | **NO** | **ACTION** |
| Was a notification system used and was it effective?  |  |  |  |
| Did all staff carry out their roles andresponsibilities?  |  |  |  |
| Did staff man their lockdown positions in the agreed time frame?  |  |  |  |
| Was there an adequate number of staff? |  |  |  |
| Were all external doors fitted with some type of lock? Were the locks operable? |  |  |  |
| Were the windows locked {and covered}?  |  |  |  |
| Were all internal doors closed?  |  |  |  |
| Were all main access points secured and manned?  |  |  |  |
| Were all the supporting resources in working order? |  |  |  |
| Were there any breaches in the lockdown?  |  |  |  |
| Was lighting sufficient in the area and operating? |  |  |  |
| Was the parking lot an issue for our area? |  |  |  |
| Would you be able to maintain lockdown for extended period? |  |  |  |
| Were any HVAC units disabled? |  |  |  |
| Did a debrief take place and an action plan formulated from the findings? |  |  |  |
| Any other comments? |  |  |  |

*References:*

*Ashland Boyd County Health Department Employee Emergency Reference Book. (2007). Page 25.*

*Appendix III, Building lockdown guidelines. (2013, April 3). Policy 1-A-11, Madison County Health Department Safety and Security Policy. Page 11.*

*Southern Tennessee Medical Center Lockdown/Shooter Policy*