EMERGENCY PLAN TEMPLATE

NAME:	(Full name of Tour Operator)	
OWNER(s):	(Complete name of Owner(s))	
ADDRESS:	(Kindly provide complete street address where business operations a	re carried out daily)
	(Location: City, Town, or Village)	
	(District)	(If located offshore specify full name of island in this space)
*ADDRESS:	(Secondary Address - Must be completed if street address for main o	ffice is different from where business operations are carried out daily)
	(Location: City, Town, or Village)	
	(District)	(If located offshore specify full name of island in this space)
PLAN DEVE	LOPED DATE:	

(day/month/year)

DESIGNATED EMERGENCY PLAN MANAGER/RESPONSIBLE OFFICIAL:

NAME:	(Please provide full name of person responsible for initiating and executing EP protocols)
CONTACT NUMBER:	(Please provide primary contact number in format i.e. 501 XXX XXXX)
ALT. CONTACT NUMBER:	(Please provide alternate contact number in format i.e. 501 XXX XXXX)
CONTACT EMAIL:	(Primary email used by EP Manger)

SECTION 1 – PURPOSE OF THE EMERGENCY PLAN TEMPLATE

All Tour Operators are expected to use this Template and accompanying Manual in combination with your existing emergency management and response policies to form the basis of developing your own fully comprehensive Emergency Response Document. Kindly complete each applicable section in full and as required.

Responsible Tour Operators should always plan ahead of time for emergencies, considering the different types of problems likely to occur and develop ways of dealing with them. Tour Operators should think about **categories of an event** rather than specific problems.

Plans are to be developed in as simplified a manner as possible, and all staff should be trained to execute said plans to improve the quality of services offered.

All Tour Operators should reflect the five (5) Critical Objectives of an Emergency Plan that are listed below in your details for each event category and for each tour offered through the tour operations. Kindly refer to the accompanying Manual - Section 5(pages 9-10) for more details on each objective:

1.Prevention
2.Mitigation
3.Preparedness
4.Response
5.Recovery

Each Tour Operator operates within its own set of defined parameters, regardless of where that tour is deployed or executed. With that in mind then, each Tour Operator must conscientiously and consistently provide additional specific details related to each and every tour it operates and deploys. It is incumbent on the Tour Operator therefore to apply the same guiding principles, <u>per tour</u>, as set out in the accompanying Manual.

YOU ARE REQUIRED TO IDENTIFY AND LIST ALL YOUR TOURS THAT WILL BE IMPACTED BY EACH SPECIFIC CATEGORY OF EVENT. KINDLY PROVIDE TOUR DETAILS IN THE RESPECTIVE FIELDS PROVIDED FOR EACH EVENT.

IT IS FURTHER RECOGNIZED THAT <u>ALL TOURS</u> WILL BE IMPACTED BY A HURRICANE OR TROPICAL STORM EVENT.

SECTION 2 – EMERGENCY PLAN FOR CATEGORY OF EVENTS

Please provide details of your emergency plan protocols for each relevant area below. Use of the accompanying Manual will provide greater guidance on what information or details should be reflected in each segment.

Kindly refer to the Manual as you elaborate the details of your emergency plans. (Please see Sections 5 & 6 of the Manual for guidance and details on elaborating your emergency plans)

Please note the Manual serves as <u>a resource guide only</u> and each Tour Operator will have to elaborate fully their own respective emergency plan details and procedures/protocols.

As a reminder, the protocols/procedures developed must:

- be specific to the incident type;
- be flexible to allow for a changing scenario;
- > provide the resources to deal with the situation;
- \blacktriangleright identify the source of critical resources; and
- > identify procedures to activate appropriate resources.

Tour Operators are reminded that you should prepare your emergency plans fully, prior to completing the online template which will draw the details primarily from that completed document.

It is important to note that some Tour Operators may not be impacted by specific events while others may. Kindly ensure that you complete each relevant section below which directly applies to your Tour Operations based on your geographic location. Kindly use the extra field(s) provided for any additional specific event(s) that may be unique to your Tour Operations.

RISK LEVEL LEGEND:

Low: A low rated event is one with little / no impact on the business activities and the reputation of the firm.

Medium: An event that would result in risks that can cause an impact but not a serious one is rated as medium.

High: A major event that can cause reputational and economic damage that will result in huge business and client base losses.

Additional details and guidance on how to establish and determine <u>Risk Assessment</u> in conjunction with the legend provided above is contained in the accompanying Manual and found within:

- Section 6 (Step 2)(found on Pages 11-13)
- Section 7 (12)(found on Pages 32-35)

CATEGORY OF EVENT (1)	RISK LEVEL		
HURRICANE OR TROPICAL STORM (Please refer to Section 7(1) of the Manual)	L	Μ	Н

Please indicate the risk level for the category of event above based on your geographic location and where you conduct your associated tours.

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

HURRICANE OR TROPICAL STORM: (Preparatory and Mitigation Activities)

What steps would you follow to prepare your tour operation/tours for a Hurricane or Tropical Storm? Please list these steps in the order you would implement them below.

HURRICANE OR TROPICAL STORM: (Direct Response Activities)

What steps would you implement for your tour operation/tours when a Hurricane or Tropical Storm Watch or Warning is posted? Please provide a list of all the steps you would follow in order of execution below.

HURRICANE OR TROPICAL STORM: (Post Response Activities)

What steps would you implement to recover your tour operation/tours after a Hurricane or Tropical Storm has cleared our area and an all-clear signal is given? Please provide a detailed list of the steps in order of execution below.

CATEGORY OF EVENT (2)	RISK LEVEL		4
SEVERE STORM (HIGH RAIN OR WIND) (Please refer to Section 7(3) of the Manual)	L	Μ	Н

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

Please list below all the tours you provide which may be impacted by this category of event:

SEVERE STORM (HIGH RAIN OR WIND): (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

SEVERE STORM (HIGH RAIN OR WIND): (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will execute if such an event occurs.

SEVERE STORM (HIGH RAIN OR WIND): (Recovery Actions)

CATEGORY OF EVENT (3)	RISK LEVEL		_
FLOODING	L	Μ	Η
(Please refer to Section 7(4) of the Manual)			

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

Please list below all the tours you provide which may be impacted by this category of event:

FLOODING: (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

FLOODING: (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will execute if such an event occurs.

FLOODING: (Recovery Actions)

CATEGORY OF EVENT (4)	RISK LEVEL		_
TSUNAMI	L	Μ	Н
(Please refer to Section 7(2) of the Manual)			

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

Please list below all the tours you provide which may be impacted by this category of event:

TSUNAMI: (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

TSUNAMI: (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will follow if such an event occurs.

TSUNAMI: (Recovery Actions)

CATEGORY OF EVENT (5)	RISK LEVEL		4
EARTHQUAKE (Please refer to Section 7(7) of the Manual)	L	Μ	Н

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

Please list below all the tours you provide which may be impacted by this category of event:

EARTHQUAKE: (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

EARTHQUAKE: (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will follow if such an event occurs.

EARTHQUAKE: (Recovery Actions)

CATEGORY OF EVENT (6)		RISK LEVE	
WILDLIFE ENCOUNTER/INCIDENT (Please refer to Section 7(10) of the Manual) (Applies to items such as snake bites, stings (bees/scorpions/hornets/jellyfish), shark or crocodile attacks, etc.)	L	Μ	Н
Please indicate the risk level for the category of event above based on your geogra where you conduct your associated tours. What is the probability that this event w your tour operation/tours?			
You are required to fill out the section below if your risk level is Mediun	ı or H	igh.	
If your risk level is Low, you are not required to complete the section	below	•	
Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.			
Please list below all the tours you provide which may be impacted by this category	of eve	nt:	

WILDLIFE ENCOUNTER/INCIDENT: (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

WILDLIFE ENCOUNTER/INCIDENT: (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will follow if such an event occurs.

WILDLIFE ENCOUNTER/INCIDENT: (Recovery Actions)

CATEGORY OF EVENT (7)		RISK LEVEL	
CRITICAL INJURIES (CIs)	L	Μ	Η
(Please refer to Section 7(8) of the Manual)			
(Applies to CIs such as Sprains, Cuts, Broken Bones, Fainting, Concussions, etc.)			

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

Please list below all the tours you provide which may be impacted by this category of event:

CRITICAL INJURIES: (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

CRITICAL INJURIES: (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will execute if such an event occurs.

CRITICAL INJURIES: (Recovery Actions)

CATEGORY OF EVENT (8)		RISK LEVEL	
TRANSPORTATION INCIDENTS	L	Μ	Н
(Please refer to Section 7(9) of the Manual)			
(Applies to any type of Vehicle, Marine Vessel or Aircraft incidents or accidents, etc.)			

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

Please list below all the tours you provide which may be impacted by this category of event:

TRANSPORTATION INCIDENTS: (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

TRANSPORTATION INCIDENTS: (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will follow if such an event occurs.

TRANSPORTATION INCIDENTS: (Recovery Actions)

CATEGORY OF EVENT (9)	RISK LEVEL		
MEDICAL EMERGENCIES (MEs)	L	Μ	Η
(Please refer to Section 7(8) of the Manual) (Applies to MEs such as Heart Attack, Stroke, Severe Burns, Severe life threatening Cuts, Decompression Sickness (bends), Seizures, Breathing Difficulty, etc.)			

You are required to fill out the section below if your risk level is Medium or High.

If your risk level is Low, you are not required to complete the section below.

Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.

Please list below all the tours you provide which may be impacted by this category of event:

MEDICAL EMERGENCIES: (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

MEDICAL EMERGENCIES: (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will follow if such an event occurs.

MEDICAL EMERGENCIES: (Recovery Actions)

CATEGORY OF EVENT (10)]	RISK LEVEI	1
OTHER (A) (This is any specific and significant event that impacts only your tour operation and that is not reflected above in the other categories)	L	Μ	Н
Please indicate the risk level for the category of event above based on your geographic location and where you conduct your associated tours. What is the probability that this event will occur and impact your tour operation/tours? <u>Please identify the event type in your detailed information sections.</u> You are required to fill out the section below if your risk level is Medium or High.			
If your risk level is Low, you are not required to complete the section below.			
Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.			
Please list below all the tours you provide which may be impacted by this category of	of event	:	

OTHER (A): (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

OTHER (A): (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will execute if such an event occurs.

OTHER (A): (Recovery Actions)

CATEGORY OF EVENT (11)		RISK LEVEL		
OTHER (B) (This is any specific and significant event that impacts only your tour operation and that is not reflected above in the other categories)	L	Μ	Н	
Please indicate the risk level for the category of event above based on your geographic location and where you conduct your associated tours. What is the probability that this event will occur and impact your tour operation/tours? <u>Please identify the event type in your detailed information sections.</u> You are required to fill out the section below if your risk level is Medium or High.				
If your risk level is Low, you are not required to complete the section below.				
Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.				
Please list below all the tours you provide which may be impacted by this category of	of event	t :		

OTHER (B): (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to reduce the impacts of such an event.

OTHER (B): (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will execute if such an event occurs.

OTHER (B): (Recovery Actions)

CATEGORY OF EVENT (12)]	RISK LEVEI	L	
OTHER (C) (This is any specific and significant event that impacts only your tour operation and that is not reflected above in the other categories)	L	Μ	Н	
Please indicate the risk level for the category of event above based on your geographic location and where you conduct your associated tours. What is the probability that this event will occur and impact your tour operation/tours? <u>Please identify the event type in your detailed information sections.</u> You are required to fill out the section below if your risk level is Medium or High.				
If your risk level is Low, you are not required to complete the section below. Please be guided in your selection above by using the risk level assessment process for each event category as provided in the accompanying Manual.				
Please list below all the tours you provide which may be impacted by this category of	of event	:		

OTHER (C): (Preparation/Mitigation Steps)

What are the possible impacts to be faced by your tour operation/tours from this event type? Please provide a detailed list of steps you will execute to follow the impacts of such an event.

OTHER (C): (Response Activities)

What are the possible scenarios to be faced by your tour operation/tours from this event type? Please provide a comprehensive list of steps you will follow if such an event occurs.

OTHER (C): (Recovery Actions)

SECTION 3 – EMERGENCY PLAN - TRAINING DETAILS

Please provide in the table below details of staff (inclusive of name, position and date training completed) as well as the name of the emergency plan trainer who delivered the training.

Training that are executed must include all the staff who are assigned duties during an emergency. (Please refer to Section 7(12) of the Manual.)

Documentation of all emergency training should be maintained for each staff in their personnel record.

The following staff have been trained on this plan:

Staff Name	Position	Training Date	EP Trainer

The emergency preparedness plan must be practiced at least annually from the date of initial completion.

Please refer to pages 13 – 15 of the accompanying Manual for further guidance on the importance of preparation and practice exercises.

Kindly provide in the table below details of the annual review carried out including date of review, participants, method of review and outcome of exercise:

Date	Method of Review	Outcome of Exercise	Staff Present