

Office Crisis Management Plan

Date: _____

Office/Department: _____

Prepared by: _____

1. Purpose

Describe the objective of the crisis management plan and the guiding policies to follow in the event of a crisis.

2. Scope

Outline which types of crises are covered and which office locations, personnel, and resources this plan applies to.

3. Crisis Response Team

Name	Role	Contact Information

4. Emergency Contact Information

Service	Contact Number
Police	
Fire Department	
Medical/Emergency	
Building Management	

5. Crisis Scenarios

1. Fire/Explosion
2. Medical Emergency
3. Natural Disaster
4. Security Threat/Intruder
5. Utility Failure
6. Other: _____

6. Response Procedures

General Procedures

- Evacuation
- Shelter-in-Place
- Lockdown
- Communication Protocols
- First Aid

Specific Crisis Procedures

1. **Scenario 1:** _____
 - Step 1: _____
 - Step 2: _____
2. **Scenario 2:** _____
 - Step 1: _____
 - Step 2: _____

7. Communication Plan

- Internal Notification Procedures
- External Communication Guidelines
- Media Management
- Stakeholder Contacts

8. Business Continuity

- Backup Procedures
- Alternate Work Locations
- Critical Systems Restoration
- Recovery Timeline

9. Review & Revision History

Date	Revision	Description	Approved By