

SE5 - Bolster Emergency Resilience

Policy and/or Operations Schedule

WELL Health-Safety Rating™ Q1-Q2 2024

WHAT IS THIS DOCUMENT:






This document is intended to serve as a guide on how to create a project **policy to enable individuals and communities to maintain health and well-being during and after emergencies**.



This document is meant to demonstrate an acceptable degree of detail for a documentation submission. The Feature cannot be demonstrated solely through a confirmation that the requirements have been or will be implemented. The level of detail is up to the discretion of the project team, but the documents must include specific details demonstrating that the actual policies/protocols have been enacted in the project boundary.

This document and similar tools are intended to assist projects in their pursuit of the WELL Health-Safety Rating but use of this document and/or similar tools are in no way a guarantee of achievement of any rating, certification or other designation, and no representation or warranty is made regarding the likelihood of achieving any rating or designation, and IWBI shall have no liability resulting from the use or content of this document or similar tools or resources or from any action taken or inaction occurring in reliance on this document or similar tools or resources.

Note: The below document is based on the Q1 - Q2 2024 addenda of the WELL Health-Safety Rating™. Project teams are required to implement the feature requirements from the addenda version assigned to their project or any more recent addenda version.

HOW TO USE THIS DOCUMENT:

- ☐  Read the [below feature requirements](#) (or the feature requirements from the [addenda version assigned to your project](#), as relevant) and determine how your project addresses each requirement.
 - a. If your project is a WELL Core project, read through and ensure that your project follows the “WELL Core Guidance.”
 - b. Make sure to apply the feature requirements appropriate to your project’s space types. For example, if your project has both dwelling units and other space types, ensure your project is applying the requirements under “For Dwelling Units” to the dwelling unit spaces and applying the requirements under “For All Spaces except Dwelling Units” to the other space types. Check out the [WELL Health-Safety Rating™ digital standard](#) for the exact language on your project’s space types.
- ☐  Refer to the [below example document](#) to get an idea of how to set up your documentation.
- ☐  Collaborate with your stakeholders to gather the [relevant documentation](#) that demonstrates the project’s compliance with the feature. Some examples of relevant documentation include:
 - a. a letter from a hired professional outlining services provided
 - b. the project’s floor plans
 - c. a modeling report
- ☐  Create a technical document using existing documentation where relevant, annotating it to clarify where feature requirements are met. Some examples of annotating include:
 - a. highlight the sections relevant to WELL requirements
 - b. circle or add boxes around particular data
 - c. add notes to confirm WELL requirements
 - d. add labels to draw attention to particular sections
 - e. provide an explanation of the connection to WELL requirements using a different colored font
 - f. check out the [WELL Documentation Annotation Guide](#) for more
- ☐  Name the document so that it is easily identifiable. Some examples for naming include:
 - a. name the document using the WELL feature code
 - b. name the document using the WELL feature name
 - c. name the document using the WELL document type

- ☐  Review the document you've created and ensure that all the necessary WELL requirements are fully and clearly addressed.
 - a. Note: the level of detail is up to the discretion of the project team, but the document must include specific details demonstrating that the actual requirements have been enacted in the project boundary. Features cannot be demonstrated solely through a written confirmation that the WELL requirements have been or will be implemented.
- ☐  Upload the document to the scorecard in the WELL digital platform, after you've confirmed that the document fully and clearly addresses all the necessary WELL requirements.



Feature Part Requirements

For All Spaces

Projects implement at least one of the following:

- a. *Designated outdoor or indoor space is made available to emergency responders, relief organizations or other equivalent institutions at no cost for alternative use in case of emergency (e.g., shelter during a natural disaster, treatment area during a pandemic).*
- b. *Funding or other resources (e.g., in partnership with local agencies providing relevant services or resources such as vouchers, shelter, clothing, food, transportation) are provided by the employer for emergency use by employees in at least two of the following critical scenarios:*
 - 1. *Sheltering from domestic violence or abuse.*
 - 2. *Quarantine due to infectious disease exposure.*
 - 3. *Damage to employee housing from a disaster.*
- c. *Shelter-in-place plan for emergencies in which occupants cannot leave the project (e.g., hurricane, chemical spill) that includes the following:*
 - 1. *A shelter-in-place kit with resources to help occupants shelter in place within the project for at least 24 hours (e.g., water, food supplies, blankets, flashlights, first aid kit).*
 - 2. *A process for occupants or groups who may be more vulnerable (e.g., older adults, people with disabilities, pregnant women, children) to confidentially identify specific needs they may have during a shelter-in-place emergency.*
 - 3. *Procedures for communicating to occupants the decision to evacuate or shelter-in-place during an emergency.*
 - 4. *A commitment to incorporate shelter-in-place guidelines provided by a relevant local-, regional- or global-level emergency response agency (e.g., WHO, FEMA or equivalent) into the plan, and to adhere to instructions provided by that agency during a shelter-in-place emergency.*
 - 5. *Annual (at minimum) occupant trainings on the shelter-in-place plan.*



The below sample documentation is intended to provide guidance in creating an effective Emergency Resilience policy. It is not a template. You may note included components that are not required to demonstrate compliance with this Feature.

EXAMPLE DOCUMENT

Example for Feature Part a

[Company] Emergency Response Space Policy

In an effort to facilitate resilience and recovery during and after an emergency *Company* has designated area(s) on-site at *[property name]* dedicated for emergency public use (e.g., rescue teams, emergency responders, relief organizations, etc.) at no cost.

[Room Name/Number] is available on the *[X]* floor and can be easily accessed upon entering the main building entrance. This space is ADA accessible and can be quickly re-configured during an emergency. The dedicated space is located within proximity to restrooms and a break room/kitchenette area with access to water/ice and first aid kit.



[Insert floor plan(s) clearly illustrating the indoor area location within the building and accessibility route]

On-site location name is available on the east side of the building and can be easily accessed upon arrival to the site. This area is ADA accessible, includes an overhead canopy with lighting and is located adjacent to the main building entrance/drop-off area.

[Insert site plan(s) clearly illustrating the outdoor area location relative to the building and accessibility route]

On-Site Emergency Support Team Contact(s)

The following individuals should be contacted regarding on-site emergency space. These contacts are intimately familiar with the layout and operations of our facility and are responsible for coordinating our available resources with emergency personnel.

NAME	CELL PHONE	PHOTO	POSITION	RESPONSIBILITIES
<i>[Primary]</i>				
<i>[Secondary]</i>				

[Company] Employee Hardship/Relief/Crisis/Assistance Policy

The [Company] Employee Hardship Assistance program has been established to provide financial support to [Company] employees who experience a sudden and unexpected hardship due to an emergency.

The Company Corporate Social Responsibility (CSR) team will be responsible for the management of this program and funds. Human Resources (HR) is responsible for the administration and maintenance of this policy. All inquiries regarding this policy and the application process should be directed to the following CSR and HR personnel:

NAME	TITLE	PHONE NUMBER(S)	EMAIL

Employee Eligibility for Financial Assistance

To be eligible to receive an award from the Employee Hardship Assistance program, an employee must be classified as regular full-time and must have a work commitment of thirty hours per week or greater. Persons who are not eligible to participate include temporary employees, those employees who do not receive benefits and contractors.

Types of Hardships Covered

The Employee Hardship Assistance program is intended to assist employees who have experienced an emergency or crisis that has caused a temporary financial hardship. Examples of events that will be considered as qualifying for assistance from the Employee Hardship Assistance program include, but are not limited to, the following:

Qualifying Events
<i>[Sheltering from domestic violence or abuse.]</i>
<i>[Uninsured medical expenses caused by the employee's severe illness or accident, including quarantine due to infectious disease exposure.]</i>
<i>[Uninsured losses for damage to an employee's primary residence caused by fire, crime, flood, or other disasters.]</i>

Funding

Any person or entity is eligible to donate funds to the Employee Hardship Assistance program and all donations are tax deductible to the extent provided by law. [Company] contributes resources into the program each year. Company employees are also encouraged to donate in support of their fellow employees in times of crisis and may donate to the program by cash, check, online donation or via payroll deduction and/or vacation time deduction. [Company] will match up to [X]% of employee donations to a \$[X] cap each year.

Funds are not intended to reimburse for the cost of non-essential, luxury or decorative items, or intended to place the recipient in the same economic position as prior to the emergency. Longstanding financial problems not related to a specific event do not meet the criteria of the Employee Hardship Assistance program.

Application for Financial Assistance

Employees who wish to receive financial assistance from the Employee Hardship Assistance program must submit an application. Reach out to [email address] / Visit [website] to learn more about the application process.

[Company] Emergency Shelter in Place Policy

[Company] Shelter in Place plan helps prepare our employees, their families and communities for disasters, hazards and other emergencies that may arise during the workday.

Whether an emergency occurs on-site at our facility (e.g., chemical spill or other hazard) or due to uncertainty outside (e.g., hurricane, tornado or other natural disaster), [Company] is committed to ensuring that our employees and visitors can take immediate shelter at the workplace to seek safety and protection.

The [Company] Emergency Management Team will be responsible for the administration and maintenance of this policy. All inquiries regarding this policy should be directed to the following Emergency Management personnel:

NAME	TITLE	PHONE NUMBER(S)	EMAIL

Shelter in Place Emergency Kits

Emergency kits are provided to all occupants and include supplies based on sheltering-in-place for at least 24 hours. The [Company] Emergency Management Team conducts annual checks to update these stockpiles and any expired items.

Type	Location	Supplies
[Grab-and-go kits]	[Secured under employee desks and reception area]	[Bottle of water and non-perishable food (e.g., energy bar) whistle, face mask and towelettes.]
[Additional kits]	[Room name/number]	[First aid kit, flashlight, scissors, duct tape, batteries, epi pen, blankets, cell phone charger and one gallon of water.]

Vulnerable Occupants

Understanding the types of evacuees in the population affected by a potential threat or hazard and their associated needs is critical to evacuation and/or shelter-in-place planning efforts. These types include vulnerable occupants or groups (e.g., older persons, people with disabilities, pregnant women, children).

[Company] Human Resources will confidentially identify personnel with special needs or disabilities who may need help reporting to the designated safe location and/or evacuating and assign one or more people to help them during an emergency. This database will be re-evaluated twice annually and updated accordingly.

Vulnerable Occupant Type	Personnel Identified	Emergency Buddy	Contact Information
[Pregnant women]	[Vulnerable Employee Name]	[Employee Name]	[Employee Contact Info]

Evacuation Procedures

All employees are responsible for reporting an emergency of which they become aware. When an emergency arises, listen carefully for instructions [e.g. over the emergency loudspeaker, or from the Emergency Management Team representative on your floor, etc.], and follow the [Company] Emergency Preparedness Plan.

Notification of an emergency event will either be communicated over the building's internal communication system (audible and/or visual alarm) or via a handheld piece of equipment to inform occupants that an emergency exists or to signal the presence of a hazard requiring urgent attention.

Sheltering in place vs. evacuation procedures vary depending on the type of hazard. Examples include, but are not limited to the following:

Emergency Examples	Response Type	Designated Safe Location(s)
Severe weather incident, airborne chemical hazard	Shelter in Place	Report to the [designated interior room(s)] and take refuge there.
Fire or Smoke hazard, suspicious package	Building Evacuation	Assemble outside at the [designated area of gathering]. Supervisor shall conduct an accountability check to determine if all staff members have exited the building.

Routes, Exits and Equipment Locations

[Insert floor diagram(s) clearly illustrating the locations of exits, assembly points, and equipment (such as fire extinguishers, first aid kits, and automated external defibrillators (AEDs) that may be needed in an emergency.)]

Commitment to Plan, Evaluate, Prepare

The [Company] is committed to these Shelter in Place procedures and adheres to instructions provided by the [XYZ local- regional- or global-level emergency response agency] during a shelter-in-place emergency.

Annual Training

A call to shelter in place may come with little notice and require that you act fast, which means that preparing to shelter in place ahead of time can be critical to your safety. Research has shown that people generally respond to an emergency in the way they have been trained; therefore, training and exercises are a practical and effective way for our workforce to prepare, respond and recover from an emergency.

In a continuous effort to effectively be better prepared to respond to emergencies, we have teamed up with our local emergency management [XYZ Emergency Management Agency] to conduct annual training and certification for our [Company] Emergency Management team.

Additionally, all employees receive an initial orientation on the [Company] Shelter in Place plan and their role in implementing these procedures, along with shelter-in-place training/drills that are conducted at least once per year.

TIPS FOR MULTIPLE LOCATIONS

- For organizations participating in WELL at scale, this Policy and/or Operations Schedule is categorized as Shareable. It may be shared across multiple projects, as long as they all meet the strategies that are outlined in the document.
 - If you have projects pursuing the rating together that have different emergency resilience policies, distinct documentation should be developed for each. Identify each of the specific projects by name (must match project names in WELL Online).