



Employee Accessibility Plan for Emergencies

Part A

Please complete this worksheet to help identify barriers and possible solutions in the event of an emergency. Your input will help us prepare emergency information that responds to your needs.

The information collected is confidential and will only be shared with your consent. You do not have to provide details of your medical condition or disability in this form, only the type of help you may need in an emergency.

Date: _____

Employee Information

Name: _____

Department, if applicable: _____

Telephone: _____ Email: _____

Mobile Phone: _____

Emergency Contact Information

Name: _____

Telephone: _____ Email: _____

Mobile Phone: _____ Relationship: _____

Work Location

1. Where do you work?

Address: _____

Floor: _____ Room Name/Number: _____

2. Do you work in different places on a regular basis?

Yes No

List the addresses, floors, and room locations.

Potential Emergency Response Barriers

3. Can you read/access our emergency information?

Yes No

I don't know

If not, what would make this information accessible to you?

4. Can you see or hear the fire/security alarm signal?

Yes No

I don't know

If not, what would help you to know the alarm was flashing or ringing?

5. Can you activate the fire/security alarm system?

Yes No

I don't know

If not, what would help you to sound the alarm?

6. Can you speak with emergency staff?

- Yes No

If not, what would help you to communicate with them?

7. Can you use the emergency exits?

- Yes No
 I don't know

If not, what would help you to exit the building?

8. If you have a mobility device, does it fit in the emergency waiting area?

- Yes No
 I don't know
 Not applicable

If not, what would help it fit, or is there a better location?

9. Could you find the exit if it were smoky or dark?

- Yes No
 I don't know

If not, what would help you to find the exit?

10. Can you exit the building without assistance or support?

Yes No

I don't know

If not, what would help you to exit?


11. Would you be able to evacuate during a stressful and crowded situation?

Yes No

I don't know

If not, what would help you to evacuate?

12. If you need help to evacuate, what instructions do people need to help you?



13. If you need other accommodations in an emergency, please list them here.

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Part B

Instructions

Use the information collected in Part A to create individualized emergency responses for the employee with a disability. Feel free to modify the form if the employee needs different types of accommodations for different types of emergencies.

All information in this document is confidential and is only shared with the employee's consent.

Employee Information

Name: _____

Department: _____

Telephone: _____ Mobile Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Telephone: _____ Mobile Phone: _____

Email: _____ Relationship: _____

Work Location

Address: _____

Floor: _____ Room Name/Number: _____

Does the employee work in different places on a regular basis?

Yes No

List the addresses, floors, and room locations.

Emergency Alerts

_____ will be informed of an emergency situation by:
[Name of employee]

- Existing alarm system
- Other (specify):
 - Pager device
 - Visual alarm system
 - Co-worker

Assistance Methods

List types of assistance (e.g., staff assistance or transfer instructions).

Equipment Required

List any devices required, where they are stored, and how to use them.

Evacuation Route and Procedure

Provide a step-by-step description, beginning from the first sign of an emergency.

Alternative Evacuation Route

Emergency Support Staff

The following people have been designated to help the employee in an emergency.

Name	Location and/or contact information	Type of assistance

Consent to Share Emergency Response Information

I _____
[name of employee]

give consent for Southern Health-Santé Sud to share Part B of this Employee Accessibility Plan for Emergencies with the individuals listed above, who have been designated to help me in an emergency.

Employee's name

Employee's signature

Date

Form completed by [manager's name]

Next review date