



EMPLOYEE WORKPLACE EMERGENCY EVACUATION RESPONSE PLAN

1. EMPLOYEE INFORMATION

Name:

Employee Telephone/Extension:

Position:

Supervisor:

Department:

Location of Classroom/Workstation:

2. EMERGENCY EVACUATION ASSESSMENT

Does the employee experience any of the following that could impede the ability to quickly evacuate the workplace?

- a. Mobility limitations; interference with walking, using stairs, joint pain, use of mobility device (i.e. wheelchair, scooter, cane, crutches, walker, etc.) yes no
- b. Vision impairment/loss yes no
- c. Hearing impairment/loss yes no
- d. Other (please specify): yes no

3. COMMUNICATION NEEDS & ACCOMMODATIONS

Indicate the employee's preferred method of communication in an emergency situation. List any assistive communication devices and/or accommodations required. *Example: person with hearing impairment may require Blackberry or pager to receive emergency evacuation information via text message.*

4. CONDITIONS, SENSITIVITIES, DISABILITIES & ACCOMMODATIONS SUMMARY

Indicate any temporary or long term conditions, sensitivities and/or disabilities that may affect the well-being and safety of the employee during emergency response.

Emergency Assistance Required:

5. EMPLOYEE PERSONAL EMERGENCY PREPAREDNESS KIT

Employee Personal Emergency Preparedness Kit required? *(at employee's discretion)* yes no

List Contents (i.e. emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health & contact information, etc.):

Location of Employee's Personal Emergency Preparedness Kit:

6. EMERGENCY EVACUATION ROUTES

Indicate **primary** accessible evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

Indicate **alternative** evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

7. EMERGENCY ASSISTANCE NETWORK

Establish a network of co-workers who can assist the person with a disability during emergencies. Members should:

- be physically and mentally capable of performing the task and not require assistance themselves
- work close to the same hours in the same area as the person they will be assisting

The employee requiring a Workplace Emergency Response Plan should be involved in selecting those who will be notified to assist during an emergency. **A minimum of 2 people is recommended for the Emergency Assistance Network.**

Name: School/Department: Contact Info:	Name: School/Department: Contact Info:
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8. ACKNOWLEDGEMENT & RELEASE

Reason for review: new hire change in workplace location change in employee's condition

Principal's Signature

Date

I acknowledge that the information contained on this form is accurate and hereby authorize Toronto Catholic District School Board to release applicable personal information contained within my Employee Workplace Emergency Response Plan to designated individuals within my Emergency Assistance Network and emergency/first responders, in the event of a workplace emergency situation.

Employee's Signature

Date

PLEASE ENSURE THAT THE ORIGINAL COMPLETED EMPLOYEE WORKPLACE EMERGENCY RESPONSE FORM (WITH ATTACHMENTS) IS SENT TO HUMAN RESOURCES TO BE HELD IN THE EMPLOYEE'S PERSONNEL FILE AND THAT THE PRINCIPAL/SUPERVISOR AND HEALTH & SAFETY OFFICER AND EMPLOYEE RETAIN A COPY.

All personal information collected on this form and any attachments herein will be used for Employee Workplace Emergency Response purposes only and will remain confidential as per MFIPPA unless written consent is obtained from employee (completion of Section 8).