# **Individualized Employee Emergency Response Information**

Use the information collected in the emergency response worksheet to create an individualized workplace emergency response for each employee with a disability. Modify this form if an employee needs different types of accommodations for different types of emergencies.

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

# **Employee Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_

# **Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Work Location**

(Complete separate form for each work location)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room name/number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Emergency Alerts**

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

|  | Fire/Evacuation | First Aid/Medical | Violence/Hold & Secure | Other |
| --- | --- | --- | --- | --- |
| Existing alarm system |  |  |  |  |
| Fleming Safe App |  |  |  |  |
| Visual alarm system |  |  |  |  |
| Other (specify) |  |  |  |  |

# **Assistance Methods**

|  |  |  |
| --- | --- | --- |
|  | Please Circle | |
| Do you have a fulltime personal assistant? | YES | NO |
| Can you hear audible alarm signals? | YES | NO |
| Can you use the stairs safely in an emergency situation? | YES | NO |
| Would you use the stairs without assistance? | YES | NO |
| Can you follow exit signage without assistance? | YES | NO |

# **Equipment Needed**

|  |  |  |
| --- | --- | --- |
| Do you use a wheelchair and / or any other device to aid your mobility? | YES | NO |
| If yes, please describe: |  |  |
| If you use a wheelchair is it manual or electric? | Manual | Electric |
| Do you use your wheelchair at all times while in the College? | YES | NO |

# **Refuge Areas and Procedure**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **Staff Resources**

The following people have been designated to help [name of employee] in an emergency.

| Name | Location and/or contact info | Type of assistance |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **Consent to Share Emergency Response Information**

I [name of employee] give consent for Fleming College to share this individualized workplace emergency response information with the individuals listed above, who have been designated to help me in an emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee’s name Employee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s name Manager’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next review date

Distribution:

immediate supervisor

employee

Manager Parking & Security

HR – if Medical Accommodation Plan is in place