

**EMPLOYEE INDIVIDUAL EMERGENCY
RESPONSE PLAN**

EMPLOYEE WORKPLACE INFORMATION	
Name:	
Position:	
Email:	Telephone:
School/Department:	
Principal/Manager:	
Principal/Manager contact information:	
Location of classroom/work location:	
Other work location(s):	

EMERGENCY CONTACT INFORMATION
Last Name:
First Name:
Relationship:
Primary Phone No.:
Secondary Phone No.:
Email:

EMERGENCY EVACUATION ASSESSMENT

1. Identify any temporary or long-term medical restrictions (optional identification: condition(s) or disability(ies)) that may affect your well-being and safety during an emergency.

2. Do you experience any of the following that could impede your ability to quickly evacuate from your workplace?

a) Mobility limitations/restrictions, interference with walking, using stairs, joint pain, and/or the use of mobility device (e.g., wheelchair, scooter, cane, crutches, walker).

b) Identify Specific Devices (indicate where they are stored and how to use them):

c) Vision Impairments/loss: yes no

d) Hearing impairment/loss: yes no

e) Other (please specify, e.g. anxiety in stressful situations):

3. Please describe the emergency assistance you may require.

COMMUNICATION NEEDS & ACCOMMODATIONS

Select your preferred method of communication in an emergency situation:

Existing alarm system

Pager device

Visual alarm system

Co-worker

Other (specify)

List specific assistive communication devices and/or accommodations required (e.g., a person with a hearing impairment may require Blackberry or pager to receive emergency evacuation information via text message).

PERSONAL EMERGENCY KIT

Do you have a personal emergency preparedness kit? yes no

If yes, please list contents and important information or instructions (e.g., emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health and contact information, etc.):

Location of personal emergency preparedness kit:

EMERGENCY EVACUATION ROUTES

Please provide a step-by-step description of the **primary** accessible evacuation route for your workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan, and identify meeting location.

Describe an **alternative** evacuation route/Area of Safe Refuge (AOSR) at your workplace noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

A minimum of 2 people are recommended for the Emergency Assistance Network as well as back up alternates. An employee requiring an emergency response plan should be involved in selecting those who will be notified to assist during an emergency.

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

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

Principal/Manager Signature

Date

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

Employee Signature

Date

All personal information collected on this form and on any attachments will be used for only emergency response purposes and will remain confidential subject to the *Municipal Freedom and Protection of Privacy Act*.