



Employee Emergency Plan

(Taken from the Conference Board of Canada)

INSTRUCTIONS

The employee with a disability, together with the management team, will use the information collected in the Employee Request Form to create an individualized emergency plan for the employee in the event of an emergency. All information in this document is confidential and a copy will be kept in the employee's file. If others have been identified to help in the event of an emergency (e.g. Safety Buddy), only the information necessary for those identified to provide support or assistance will be shared with the employee's consent.

Start date: _____

End date: _____

Employee Information

Name: _____

Job Title: _____

Work Location(s): _____

Supervisor(s): _____

Emergency Contact Information

1. Name: _____

Telephone: _____ Mobile phone: _____

Relationship: _____

2. Name: _____

Telephone: _____ Mobile phone: _____

Relationship: _____

Emergency Alerts

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

Existing alarm system

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- Radio system
- Visual alarm system
- Co-worker
- Other (specify): _____

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 (For the employee)

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

Name	Location and contact info	Type of assistance



Consent to Share Emergency Response Information

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

REVIEW

The emergency response outlined in this Plan should be reviewed with the employee at least annually and at times when:

- the employee’s needs for accommodation change;
- the employee’s job changes
- the employee’s location of work or work space changes;
- the employee’s hours of work change;
- the employee no longer requires an individualized workplace Emergency Response Plan.

Employee Signature

Date

Supervisor’s Signature

Date

REVIEW OF EXISTING EMERGENCY RESPONSE PLAN

A review of the Plan was required due to one or more of the following reasons:

- annual review;
- the employee’s needs for accommodation changed;
- the employee’s job changed;
- the employee’s location of work or work space changed;
- the employee’s hours of work changed;
- the employee no longer requires an Individualized Employee Emergency Response Plan;
- other: _____