

<b>DRAFT Turtle Mountain School Division Accessible Employment Accessibility Employee Emergency Response Plan</b>	
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## **Accessibility Employee Emergency Response Plan**

### **Instructions**

Use the information collected in the Employee Emergency Information Form to create individualized emergency responses for each employee with a disability.

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

### **Employee Information**

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

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

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Emergency Contact Information**

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

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

### **Work Location**

(Repeat for other work locations)

Address:

\_\_\_\_\_

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

### **Emergency Alerts**

Employee name: \_\_\_\_\_ will be informed of an emergency situation by:

Existing alarm system

Other (specify):

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- Pager device
- Visual alarm system
- Co-worker

### **Assistance Methods**

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

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### **Equipment Required**

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

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### **Evacuation Route and Procedure**

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

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### **Alternative Evacuation Route**

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### **Emergency Support Staff**

The following people have been designated to help,

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Name of Employee: \_\_\_\_\_ in an emergency.

<b>Name</b>	<b>Location and/or contact information</b>	<b>Type of assistance</b>

### **Consent to Share Emergency Response Information**

I \_\_\_\_\_ give consent for Southwest Horizon School Division 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

\_\_\_\_\_  
Form completed by [Supervisor's name]                      Next review date