Brescia University College is required to provide individual emergency response information plans to employees with disabilities in order to be in compliance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). The purpose of the emergency response information plan is to outline how an employee will be provided with assistance in the event of an emergency. An emergency can range from an acute event that requires medical attention to an event such as a fire where special evacuation procedures may be necessary.

In consultation with employees with disabilities, this form is to be used by Managers/Supervisors as a tool to assist with developing a plan for persons requiring assistance during an emergency evacuation. Once completed, please ensure a copy of this plan is forwarded to the Cameron Mitchell,Acting Director, Facilities Management-Accessibility mcamer48@uwo.ca for inclusion in the Building’s Fire Safety Plan and Ingrid Christensen, Director of Human resources for inclusion in the accommodation record, brescia.hr@uwo.ca .

|  |
| --- |
| **Employee Contact Information** |
| **Name:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |
| **Faculty / Department:** | Click or tap here to enter text. |
| **Building:** | Click or tap here to enter text. |  **Room # /Area:** | Click or tap here to enter text. |
| **Select and provide your preferred method(s) of communication:** |
| [ ]  **Email** | Click or tap here to enter text. | [ ]  **Phone** | Click or tap here to enter text. | [ ]  **Text Msg** | Click or tap here to enter text. |
| [ ]  **Other** | Click or tap here to enter text. |
| **Plan Duration:** | [ ]  Permanent (plan to be reviewed annually or when changes occur\*)[ ]  Temporary - If temporary, please indicate estimated length of time plan is required: \_\_\_\_\_\_\_\_\_\_\_**\*The AODA (2005) requires employees to update and revise their emergency response information based on the following:*** Your emergency evacuation needs change
* The name(s) of the person(s) who will assist you in the event of an emergency changes
* When your overall accommodations needs are revised
* You transfer to a different location (building, office)
* When Brescia revises its general emergency response policies and procedures
 |

**This accommodation plan is to be used in the event of an emergency to assist with the following:**

|  |
| --- |
| **Emergency planning information and formats** |
| Please list any required resources, formats and/or processes related to emergency planning (example of an accessible format might be a tactile map; example of an accessible process may be guidance by an orientation and mobility instructor to identify emergency exits). |

|  |  |
| --- | --- |
| **1.)** | Click or tap here to enter text. |
| **2.)** | Click or tap here to enter text. |
| **3.)** | Click or tap here to enter text. |

|  |
| --- |
| **Alerts** |
|  | **Yes** | **No** | **N/A** |
| Standard Alert Procedures apply (i.e. no special requirement) |[ ] [ ] [ ]
| Co-Worker(s) |[ ] [ ] [ ]
| Other |[ ] [ ] [ ]
| If other, identify what assistance will be required: Click or tap here to enter text. |

|  |
| --- |
| **Evacuation Assistance** |
|  | **Yes** | **No** | **N/A** |
| Do you require the regular use of an assistive device?  |[ ] [ ] [ ]
| Do you require use of the service elevator?  |[ ] [ ] [ ]
| Has the designated Emergency Response Team member for your area been made aware of your need for assistance?  |[ ] [ ] [ ]
|  Do you require evacuation assistance to exit the building?  |[ ] [ ] [ ]
|  If yes, identify what assistance will be required: Click or tap here to enter text. |
| **Assistant(s) (if required)**  |
| **Name** | **Phone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Lockdown** |
|  | **Yes** | **No** | **N/A** |
| Do you require an accommodation(s) during a lockdown? |  [ ]  |[ ] [ ]
| If yes, identify what accommodation(s) will be required: Click or tap here to enter text. |
| **Service Animal** |
|  | **Yes** | **No**  | **N/A** |
| Do you use a service animal? |[ ] [ ] [ ]
| **Other Types of Emergency Requirements**  |
|  | **Yes** | **No** | **N/A** |
| Are there any other measures that could be introduced that would assist you in the event of an emergency? | [ ]  | [ ]  | [ ]  |
| If yes, please identify what accommodation will be required. Click or tap here to enter text. |

**Acknowledgement & Consent**

I consent to have my individualized emergency response information plan shared as soon as practicable with the person(s) designated to provide me with assistance in the event of an emergency

Employee signature:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisors signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary support person signature:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if necessary)*

Secondary support person signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*if applicable*)

Next Review Date: \_\_\_\_\_\_\_\_\_\_