

## Employee Memo

**To:** Staff Name  
**From:** Supervisor Name or HR Manager  
**Date:**  
**Re:** Employee Safety during Emergencies

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At the Association of Municipalities of Ontario (AMO) we take employee safety seriously.

If you have a disability, whether permanent or temporary, and may need help during an emergency, please let me know. I will ask you to complete a self-assessment form, and then work with you to develop individualized emergency response information that will meet your needs in an emergency situation.

Please note that I do not need to know the details of your medical condition or disability, only the kind of help you may need. The information you provide will be kept confidential and only shared with your consent.

If you have questions or you already have emergency response information and need to adjust it, please let me know.

Thank you.

Supervisor's Name  
Title

## Employee Emergency Information Worksheet

Please complete this worksheet to help us identify barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

The information collected is confidential and will only be shared with your consent.

You do not have to provide details of your medical condition or disability, only the type of help you may need in an emergency.

Date: \_\_\_\_\_

### Employee Information

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

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Emergency Contact Information:

Please list the name of the individual you would like AMO to contact in an emergency situation.

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Work Location:**

***Where do you work?***

If you work out of the AMO office please describe the location of your main working space.

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If you work off-site on a regular basis please list the addresses, floors and room locations.

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(Use additional sheets as necessary)

***Potential Emergency Response Barriers***

Can you see or hear the fire/security alarm signal?    Yes    No    Don't know

If no, what would help you know the alarm was flashing/ringing? \_\_\_\_\_

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(Use additional sheets as necessary)

Can you activate the fire/security alarm system?    Yes    No    Don't know

If no, what would help you to sound the alarm? \_\_\_\_\_

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(Use additional sheets as necessary)

Can you talk to emergency staff?  Yes  No  Don't know

If no, what would help you to communicate with them? \_\_\_\_\_

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(Use additional sheets as necessary)

Can you use the emergency exits?  Yes  No  Don't know

If no, what would help you to exit the building? \_\_\_\_\_

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(Use additional sheets as necessary)

Does your mobility device fit in the emergency waiting area?  Yes  No  Don't know

If no, what would help you to sound the alarm? \_\_\_\_\_

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(Use additional sheets as necessary)

Could you find the exit if it was smoky or dark?  Yes  No

If no, what would help you to find the exit? \_\_\_\_\_

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(Use additional sheets as necessary)

Can you exit the building by yourself?  Yes  No

If no, what would help you to get out? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use additional sheets as necessary)

Can you get into an emergency evacuation chair by yourself?  Yes  No

If no, what help do you need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be able to evacuate during a stressful and crowded situation?  Yes  No

If no, what would help you evacuate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you read/access our emergency information?  Yes  No

If no, what would make this information accessible to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use additional sheets as necessary)



If you need help to evacuate, what instructions do people need to help you?

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(Use additional sheets as necessary)

If you need other accommodations in an emergency, please list them here.

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(Use additional sheets as necessary)

## Employee Emergency Response Information Template

### Instructions

Use the information collected in the employee emergency information worksheet to create individualized emergency responses for each employee with a disability. Feel free to modify the form if an employee needs different types of accommodations for different types of emergencies.

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

Individualized Workplace Emergency Response Information for:

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

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

### Emergency Contact Information

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

Telephone: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

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

### Work Location

*(Repeat for other work locations)*

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

\_\_\_\_\_

Floor: \_\_\_\_\_

Room Name/Number: \_\_\_\_\_

## Emergency Alerts

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Name of Employee will be informed of an emergency situation by:

Existing alarm system

Pager device

Visual alarm system

Co-worker

Other (Specify): \_\_\_\_\_

## Assistance Methods

List types of assistance

(e.g. communications aids, staff assistance, transfer instructions, etc.) \_\_\_\_\_

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## Equipment Provided

List any devices, where they are stored, and how to use them \_\_\_\_\_

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## Emergency Support Staff

The following people have been designated to help in an emergency:

| Name | Location and/or contact information | Type of Assistance |
|------|-------------------------------------|--------------------|
|      |                                     |                    |
|      |                                     |                    |
|      |                                     |                    |

Consent to share individualized emergency response information:

I \_\_\_\_\_ consent to the Association of Municipalities of Ontario sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ (Supervisor) Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ (Employee) Date: \_\_\_\_\_

Next review date: \_\_\_\_\_

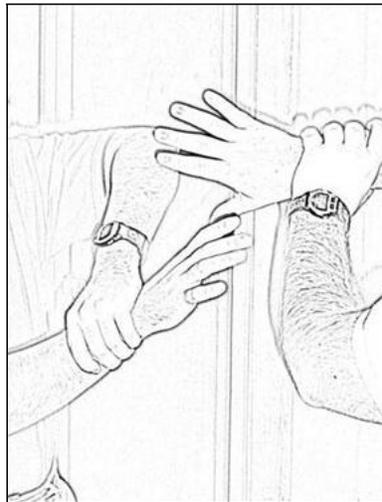
## Persons Requiring Assistance

In the event that a person requires assistance to evacuate, the Tenant Floor Wardens will be responsible for ensuring that assistance is provided by pre-assigned Assistance Monitors, or by assigning floor occupants to that individual should Assistance Monitors not be present. In most cases, the individual will have some means by which his or her evacuation may be facilitated. However, if that means becomes unavailable, or if the individual's condition is due to injury caused either directly or indirectly by the fire condition, occupants may have to manually assist the person to the nearest safe exit. The following are examples of some techniques that may be used to transport a person requiring assistance to the exits.

### Two-Person Carries

#### (1) Interlocking Wrist Carry

- a) Facing your fellow rescuer, grab your right wrist with your left hand.



- b) Grab your fellow rescuer's free wrist, forming a seat.



- c) Both rescuers slide the seat between the back of the chair and the person's back and under his or her buttocks.



- d) Both rescuers then lift simultaneously and carry the person to safety.



(2) **The Chair Lift**

- a) Lay the person on his or her back and slide a chair under his or her buttocks, until the person is in a sitting position but still lying on the floor.



- b) Put the person's hands on his or her lap, and slowly raise the chair to a vertical position.



- c) Rescuers may then pick up the chair (either side-by-side, or front and back) and proceed to safety.



**(3) Gravity Assist Method (Heavy Persons)**

- a) Assist the person requiring assistance to a sitting position at the top of the stair.
- b) One rescuer gets below the person and holds the person's legs off the stair while the other rescuer reaches under the person's arms.
- c) Both rescuers then lower the person one step at a time until the person is safe.

