Staff 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:

Staff Information

Name:
Department:
Telephone:
Email:
Mobile Phone:

Emergency Contact Information

Name:
Telephone:
Email:
Mobile Phone:
Relationship:

Work Location

1. Where do you work?
   Floor:
   Room Name/Number:

2. Do you work in different places on a regular basis?
   Yes   No
   List the addresses, floors and room locations.

Potential Emergency Response Barriers

3. 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?

4. Can you activate the fire/security alarm system?
   Yes   No   Don't Know
   If no, what would help you sound the alarm?

5. Can you talk to emergency staff?
   Yes   No
   If no, what would help you to communicate with them?

6. Can you use the emergency exits?
   Yes   No   Don't Know
   If no, what would help you to exit the building?

7. Does your mobility device fit in the emergency waiting area?
   Yes   No   Don't Know
   If no, what would help it fit, or is there a better location?

8. Could you find the exit if it was smoky or dark?
   Yes   No
   If no, what would help you find the exit?

9. Can you exit the building by yourself?
   Yes   No
   If no, what would help you to get out?

10. Can you get into an emergency evacuation chair by yourself?
    Yes   No   Don't Know   N/A
    If no, what help do you need?

11. Would you be able to evacuate during a stressful and crowded situation?
    Yes   No
    If no, what would help you evacuate?
    Instructions:

12. Can you read/access our emergency information?
    Yes   No
    If no, what would make this information available to you?

13. If you need help to evacuate, what instructions do people need to help you?
    Instructions:

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

Staff Emergency Response Information Template

All information in this document is confidential and will only be shared with the Staff'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
[Name of Staff] will be informed of an emergency situation by:

[check all that apply]

Existing alarm system
Pager device
Visual alarm system
Co-worker
Other (Specify):

Assistance Methods
List types of assistance (e.g. staff assistance, transfer instructions, etc.)

Equipment Provided
List any devices, where they are stored, and how to use them

Evacuation Route and/or Procedure
Provide a step-by-step description, beginning from the first sign of an emergency

Alternate Evacuation Route

[Describe]

Emergency Support Staff
The following people have been designated to help [Name of Staff] in an emergency:

Name	Location and/or Contact Information	Type of Assistance

Consent to share individualized emergency response information
I [Name of Staff] consent to [Name of organization] sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Signature: [Sign here]
Date:

Form completed by: [Manager's signature here]
Date:

For reviewed by: [Staff's signature here]
Date:

Next review date: