

North Shore
Health NetworkRéseau Santé
Rive Nord

POLICY ID: FORM-EPC-003

TITLE: Employee Emergency Information Worksheet

At the North Shore Health Network, we take employee safety seriously. If you have a disability, whether permanent or temporary, and may need help during an emergency, please complete this self-assessment form. Once completed, NSHN will work with you to develop individualized emergency response information that will meet your needs in an emergency situation.

Please note: do **not** include details of your medical condition or disability, only the type of help you may need in an emergency. The information you provide will be kept confidential and only shared with your consent.

If you have previously completed emergency response information and need to adjust this information – please contact Human Resources.

Upon completion submit form to: humanresources@nshn.care.

EMPLOYEE INFORMATION			
NAME:		DATE:	
DEPARTMENT:		TELEPHONE:	
EMAIL:		ALTERNATE PHONE:	
EMERGENCY CONTACT INFORMATION			
NAME:		TELEPHONE:	
EMAIL:		RELATIONSHIP:	
WORK LOCATION			
Where do you work? <input checked="" type="checkbox"/> All that apply.			
SITE:	<input type="checkbox"/> Blind River Site <input type="checkbox"/> Thessalon Site <input type="checkbox"/> Richards Landing – Matthews Site	SPECIFIC LOCATION(S): (i.e. Office Location, Room Name/Number)	
Do you work at different sites on a regular basis?			<input type="checkbox"/> YES <input type="checkbox"/> NO
POTENTIAL EMERGENCY RESPONSE BARRIERS			
1. Can you see or hear fire / security alarm signal? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW If NO, what would help you know the alarm was flashing / ringing?			

2. Can you activate the fire/security alarm system?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

If NO, what would help you sound the alarm?

3. Can you talk to emergency staff?

- ☐ YES
- ☐ NO

If NO, what would help you communicate with emergency staff?

4. Can you use the emergency exits?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

If NO, what would help you exit the building?

5. Does your mobility device fit in the emergency waiting area?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ NOT APPLICABLE

If NO, what help it fit, or is there a better location?

6. Could you find the exit if it was smoky or dark?

☐ YES

☐ NO

☐ DON'T KNOW

If NO, what would help you find the exit?

7. Can you exit the building by yourself?

☐ YES

☐ NO

If NO, what would help you get out?

8. Would you be able to evacuate during a stressful and crowded situation?

☐ YES

☐ NO

If NO, what would help you evacuate?

9. Can you read/access our emergency information – including emergency code policies & procedures?

☐ YES

☐ NO

If NO, what would make this information available to you?

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