



Réseau Santé  
Rive Nord

POLICY ID: FORM-EPC-004

## **TITLE:** Employee Emergency Response Information Template

Using the information collected in **FORM-EPC-003 Employee Emergency Information Worksheet** to create individualized emergency responses for each employee with a disability. The form may be modified if an employee needs different types of accommodations for different types of emergencies.

### **INDIVIDUALIZED WORKPLACE EMERGENCY RESPONSE INFORMATION FOR:**

<b>NAME:</b>		<b>DEPARTMENT:</b>	
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### **EMERGENCY CONTACT INFORMATION**

<b>NAME:</b>		<b>TELEPHONE:</b>	
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<b>EMAIL:</b>		<b>RELATIONSHIP:</b>	
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### **WORK LOCATION(S)**

<b>SITE:</b>	<input type="checkbox"/> Blind River Site <input type="checkbox"/> Thessalon Site <input type="checkbox"/> Richards Landing – Matthews Site	<b>SPECIFIC LOCATION(S):</b> (i.e. Office Location, Room Name/Number)	
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### **EMERGENCY ALERTS**

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

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 \_\_\_\_\_ (Employee) in an emergency:

NAME	LOCATION AND/OR CONTACT INFORMATION	TYPE OF ASSISTANCE

## **CONSENT TO SHARE INDIVIDUALIZED EMERGENCY RESPONSE INFORMATION**

I \_\_\_\_\_ (Employee) consent to North Shore Health Network sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

**Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

Employee Signature DD/Mmm/YYYY

**Form Completed By:**

\_\_\_\_\_  
Manager's Name      \_\_\_\_\_  
Manager's Signature      **Dated:** \_\_\_\_\_  
DD/MMM/YYYY

**NEXT REVIEW DATE:** \_\_\_\_\_  
DD/Mmm/YYYY