



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:

NAME:		DEPARTMENT:	
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EMERGENCY CONTACT INFORMATION

NAME:		TELEPHONE:	
EMAIL:		RELATIONSHIP:	

WORK LOCATION(S)

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)	
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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