

## ASSISTANCE IN AN EMERGENCY

### Employee Letter

Subject: Employee safety during emergencies

The Pembina Trails School Division takes employee safety seriously. If you have a disability, whether permanent or temporary, visible, or invisible, and believe you may need help during an emergency, please let us know. We will ask you to complete the employee individualized emergency information form and we will work with you to ensure we meet your needs in an emergency.

Please note that at this time we 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 will only be shared with your consent. For example, if you need another person to assist you during an emergency, we will request your permission to share the relevant information with that helper.

If you have questions or you already have an individualized emergency response in place and need to adjust it, please let us know and we can revise the response information.

Thank you,

(Manager's Name)

*Accomplish Anything*

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## Employee Individualized Emergency Information Form

Please complete this form to help identify barriers and possible solutions in the event of an emergency. Your input will help us prepare emergency information that responds to your needs.

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 in this form, only the type of help you may need in an emergency.

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

### Employee Information

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

Department, if applicable: \_\_\_\_\_

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

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

### Emergency Contact Information

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

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

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

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

— *Accomplish Anything* —

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## Work Location

1. Where do you work?

Address:

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2. Do you work in various places on a regular basis?

Yes

No

List the locations. (Use additional sheets, as necessary.)

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## Potential Emergency Response Barriers

3. Can you read/access our emergency information?

Yes

No

I don't know

If not, what would make this information accessible to you? (Use additional sheets as necessary.)

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4. Can you see or hear the fire/security alarm signal?

Yes

No

I don't know

If not, what would help you to know if the alarm was flashing or ringing? (Use additional sheets, as necessary.)

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*Accomplish Anything*

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5. Emergency Alerts: (Name of employee) will be informed of an emergency by:

- Existing alarm system
  - Visual alarm system
  - Pager device
  - Other (specify):
  - Co-worker
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6. Can you use the emergency exits?

- Yes
- No
- I don't know

If not, what would help you to exit the building? (Use additional sheets, as necessary.)

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7. If you have a mobility device, does it fit in the emergency waiting area?

- Yes
- No
- I don't know
- Not applicable

If not, what would help it fit, or is there a better location? (Use additional sheets as necessary.)

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8. Can you exit the building without assistance or support?

- Yes
- No
- I don't know

If not, what would help you to exit? (Use additional sheets, as necessary.)

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9. If you need help to evacuate, what instructions do people need to help you?  
(Use additional sheets, as necessary.)

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10. If you need other accommodations in an emergency, please list them here. (Use additional sheets, as necessary.)

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### Emergency Support Staff

The following people have been designated to help (name of employee) in an emergency.

Name	Location and/or contact information	Type of assistance

### Consent to Share Emergency Response Information

I (name of employee) give consent for the Division to share this individualized workplace emergency response information with the individuals listed above, who have been designated to help me in an emergency.

\_\_\_\_\_  
Employee's name

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_

— *Accomplish Anything* —

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Form completed by (manager's name)

Next review date

*Accomplish Anything*

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