

# Workplace Emergency Response Information

## Toolkit to Keep Employees with Disabilities Safe

As an employer, you want to keep your employees safe, including during emergencies. This toolkit will help guide your efforts to plan your emergency response with special consideration to accessibility barriers.

Enacted May 1, 2019, the Accessibility Standard for Employment calls on employers to offer individual emergency response information to their employees.

Remember, one in four Manitobans have a disability. Most disabilities are invisible.

During an emergency evacuation, avoid guessing whose arthritic knees cannot descend stairs, which employee has severe asthma, or who is immobilized by panic attacks. Plan to meet the needs of all your employees.

### What is required?

The Accessibility Standard for Employment requires employers to:

- Have individual emergency response information made available for employees with disabilities
- Ask employees who require assistance during an emergency for permission to share information with individuals who agree to help

### Does this apply to my organization?

All Manitoba employers that employ at least one person must comply, including

- Businesses
- Non-profit organizations
- Manitoba government and public sector organizations.

**All Manitoba employers must comply with these safety provisions by May 2020.**

## Tips to get you started:

The following steps are designed to help you comply Accessibility Standard for Employment, [Sections 15 and 16](#). You may wish to modify these steps to meet the circumstances of your organization.

### **Step 1. Review your emergency procedures**

A good place to start is to learn more about emergency procedures that affect your workplace. For example, if you have not done so already, review your building's evacuation plan.

Share information about emergency procedures with your employees.

### **Step 2. Ask employees if they face barriers in the event of an emergency**

To promote a safer workplace, talk to your employees about your organization's efforts to create accessibility and to keep all employees safe during an emergency.

Invite employees to notify you confidentially about their accessibility needs during an emergency.

The standard requires that the information employees share with you remains confidential and shared only a) with their permission and b) with someone who is designated to help them in an emergency

Please see the attached [sample employee memo](#), which you may modify to reflect your circumstances.

### **Step 3. Engage affected employees in preparing for emergencies**

Employees who face barriers are the experts on how best to remove these barriers, including during an emergency. In addition to talking with affected employees, you both may wish to record some relevant information to assist current and future management.

Please see the attached [Sample Employee Emergency Information Worksheet](#), which you may modify to reflect your circumstances.

#### **Step 4. Provide individualized emergency response information**

The information you collect in the Employee Emergency Information Worksheet from an employee with a disability may be helpful in creating the individualized emergency response.

Meet the employee to discuss the information and available options.

Ask employees who require assistance during an emergency for permission to share information with individuals who agree to help.

Please see the attached [Sample Employee Emergency Response Information Template](#), which you may modify to meet the specific circumstances.

#### **Step 5. Review and update**

Review and update the employee's emergency response information when:

- the employee changes work locations
- you review the employee's overall accommodation needs
- you review your organization's general emergency response policies

This information is available in alternate formats on request. Please contact the Manitoba Accessibility Office at [mao@gov.mb.ca](mailto:mao@gov.mb.ca) or 204-945-7613 or toll free at 1-800-282-8069, ext. 7613.

For more information:

- on accessibility requirements, please visit [AccessibilityMB.ca](http://AccessibilityMB.ca)
- about your rights and responsibilities, please visit [ManitobaHumanRights.ca](http://ManitobaHumanRights.ca)

Legal disclaimer: This information is not legal advice. For certainty, please refer to the [AMA](#) and the [Accessible Employment Standard Regulation](#).

The Manitoba Accessibility Office thanks the Queen's Printer of Ontario for sharing information and templates.

# Sample Employee Memo

**Subject:** Employee safety during emergencies

At [organization], we take 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 me know. I will ask you to complete a self-assessment form, then work with you to develop individualized emergency response information that will meet your needs in an emergency situation.

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

If you have questions or you already have emergency response information and need to adjust it, please let me know and we can go through it together.

Thank you.

[Manager's Name]

# Sample Employee Emergency Information Worksheet

Please complete this worksheet 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.

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

## Employee Information

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

Department, if applicable:

\_\_\_\_\_

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

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

## Emergency Contact Information

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

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

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

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

## Work Location

1. Where do you work?

Address:

\_\_\_\_\_

\_\_\_\_\_

Floor: \_\_\_\_\_ Room Name/Number: \_\_\_\_\_

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

- Yes                       No

List the addresses, floors, and room 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 the alarm was flashing or ringing? (Use additional sheets as necessary.)

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

- Yes  
 No  
 I don't know

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

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6. Can you speak with emergency staff?

- Yes
- No

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

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7. 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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8. 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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9. Could you find the exit if it were smoky or dark?

- Yes
- No
- I don't know

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

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10. 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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11. If an emergency evacuation chair is available, are you able to access it without assistance or support?

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

If not, what help do you need? (Use additional sheets as necessary.)

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

- Yes
- No
- I don't know

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

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

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

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# Sample Employee Emergency Response Information Template

## Instructions

Use the information collected in the Employee Emergency Information Worksheet to create individualized emergency responses for each employee with a disability. Feel free to modify the form if an employee needs different types of accommodations for different types of emergencies.

All information in this document is confidential and will only be shared with the employee's consent.

## Employee Information

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

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Emergency Contact Information

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

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

## Work Location

(Repeat for other work locations)

Address: \_\_\_\_\_

Floor: \_\_\_\_\_ Room name/number: \_\_\_\_\_

## Emergency Alerts

[Name of employee] will be informed of an emergency situation by:

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

## Assistance Methods

List types of assistance (e.g., staff assistance or transfer instructions).

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## Equipment Required

List any devices required, where they are stored, and how to use them.

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## Evacuation Route and Procedure

Provide a step-by-step description, beginning from the first sign of an emergency.

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## Alternative Evacuation Route

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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 [name of organization] 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

\_\_\_\_\_  
Form completed by [manager's name]

\_\_\_\_\_  
Next review date