

INDIVIDUALIZED EMERGENCY RESPONSE PLAN (IERP)

If you identify with a disability and require assistance in the workplace during an emergency/evacuation, please complete this self-assessment form to identify barriers and possible solutions. Your input will assist your employer prepare an Individual Emergency Response Plan (IERP) which considers your needs. You will not be asked to disclose details of your medical condition on this form, only the type of assistance you may need in the event of an emergency/evacuation.

The information collected is confidential and will only be shared with your consent. A copy of this plan will be stored in Occupational Health as part of the employee's IERP.

The purpose of this plan is to provide clear process and expectations required to assist an employee with a disability, in the event of an emergency. This plan will be held in confidence by the employee and Occupational Health. This plan will remain confidential according to the applicable privacy legislation and will be shared only with those that require the information. This document is intended as a guide for considerations, it is not all inclusive. An IERP is required for individuals identified under the Accessibility for Ontarians with Disabilities Act, Section 27. This plan shall be reviewed annually, or sooner if any of the following occur:

1. The employee's primary location changes
2. The employee's functional status changes

Contact Information (completed by employee)

Name: _____ Title: _____ Phone number: _____

Department/Faculty: _____ Supervisor: _____

Permission to share this plan with your supervisor: Yes No

Primary work location: _____ Other regular work location(s): _____

Potential Emergency Response Barriers (completed by employee)

1. Can you read or access our emergency information? Yes No I don't know
2. Can you see or hear the fire alarm signal? Yes No I don't know
3. Can you activate the fire alarm pull station? Yes No I don't know
4. Can you speak with emergency staff during an emergency? Yes No
5. Can you use stairs safely during an emergency/alarm? Yes No I don't know
6. Can you follow exit signage without assistance if it were smoky or dark? Yes No I don't know
7. Can you evacuate during a stressful and crowded situation? Yes No I don't know
8. Can you exit the building without assistance or support? Yes No I don't know
9. Do you use a wheelchair and/or other mobility aid? Yes No

If yes, please describe: _____

- a. Do you require your wheelchair/mobility aid 100% while in the workplace? Yes No N/A
- b. If you use a mobility aid (e.g., wheelchair, walker, scooter, etc), does it fit in the stairwell of your floor (if located above the ground level)? Yes No N/A
- c. Do you use an electric or manual wheelchair? Electric Manual N/A

10. Are there any other additional measures that you require during an emergency situation? Yes No

If yes, please explain:

11. If you require assistance to evacuate, what instructions would help others follow to assist you?

12. If you require other accommodations in an emergency, please list them here:

13. Do you have a service animal? Yes No

a. I am accompanied by a service animal to all work or academic activities on campus. Should I become unable to look after my service animal, my emergency contact name is:

Name: _____ Cell phone number: _____

Details of Individualized Accommodation for Evacuation (completed by the Occupational Health Nurse)

Support Team Contact Information

Names:

Cell phone numbers:

Date of implementation: _____

Date to be reviewed: _____

Date of review/revision: _____

Signatures

Employee: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____

Occupational Health: _____ Signature: _____ Date: _____

Copies to: Employee Supervisor Occupational Health UW Special Constables

Important Information

The above details relate to the employee's primary location of work only. If an emergency occurs while the employee is at an alternate location, the employee shall utilize their discretion regarding the most appropriate method of response.

Please note: The University will work with the individual to provide a reasonable accommodation solution. It is your responsibility to participate in the accommodation process, including review of all reasonable, appropriate accommodation options. Your request may require the submission of identifiable, verifiable medical documentation indicating functional restrictions and limitations to Occupational Health to assist with identifying reasonable accommodation solutions.

Privacy

The University of Waterloo gathers and maintains information used on this form for the purposes of supporting the safety of individuals with disabilities when assistance is required for emergency evacuation. Information will be protected, used, and released in compliance with applicable law, including but not limited to Ontario's Freedom of Information and Privacy Protection Act, RSO 1990, c F.31, Workplace Safety and Insurance Act (S.O. 1997, c.16) and Occupational Health and Safety Act (R.S.O. 1991, c.0.1) and UWaterloo Policies. Questions about the collection, use and disclosure of information on this form should be directed to Occupational Health, University of Waterloo, 200 University Avenue West, Waterloo, Ontario, Canada N2L 3G1.

Consent to Share Individualized Emergency Response Plan & Associated Information

I, _____, consent to the University of Waterloo sharing my Individual Emergency Response Plan with the personnel listed above who have been designated to help me in an emergency as well as my supervisor, Waterloo Fire Rescue, UW Special Constables, and Occupational Health.

Signature: _____ Date: _____