

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:

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

This information is available in alternate formats on request. Please contact the Disabilities Issues Office at DIO@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
- about your rights and responsibilities, please visit ManitobaHumanRights.ca

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

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

Employee Memo

[Department]

Subject: Employee safety during emergencies

At _____, we take employee safety seriously.
[organization]

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.

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.

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?

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?

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?

6. Can you speak with emergency staff?

- Yes No

If not, what would help you to communicate with them?

7. Can you use the emergency exits?

- Yes No
 I don't know

If not, what would help you to exit the building?

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?

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?

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

Yes No

I don't know

If not, what would help you to exit?


11. 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?

12. If you need help to evacuate, what instructions do people need to help you?



13. If you need other accommodations in an emergency, please list them here.

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: _____

Email: _____

Emergency Contact Information

Name: _____

Telephone: _____ Mobile Phone: _____

Email: _____ Relationship: _____

Work Location

Address: _____

Floor: _____ Room Name/Number: _____

Do you work in different places on a regular basis?

Yes No

List the addresses, floors, and room locations.

Emergency Alerts

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

- 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).

Equipment Required

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

Evacuation Route and Procedure

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

Alternative Evacuation Route

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 _____ give consent for
[name of employee]
_____ to share this
[name of organization]

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

