



Procedure EQ - #11

Title: **ACCESSIBILITY STANDARDS: INDIVIDUALIZED WORKPLACE EMERGENCY RESPONSE**

Adopted: April 9, 2014
Revised: November 2017
Reviewed: April 2014, March 2016, January 2020
Authority: Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
Integrated Accessibility Standards, Ontario Regulation 191/11
Ontario Human Rights Code
Workplace Safety and Insurance Act

Related: Policy PCE.001 – Accessibility Standards Policy

PURPOSE

The purpose of this procedure is to provide direction regarding processes and practices relating to individualized workplace emergency response procedures for employees who require assistance in the event of an emergency. (as per the Integrated Accessibility Standards Regulation Guidelines)

PROCEDURES

1. An individualized workplace emergency response form will be completed for each employee who, in the event of an evacuation (Code Green) of Bloorview School, would require assistance to evacuate to a safe location. The plans will be prepared in conjunction with the employee and will be shared with the immediate classroom team only.
2. The plan will include the following:
 - a. The employee's name and regular workplace location
 - b. The assistance they will require (i.e. support on stairs, elevator access, etc.)
 - c. The "wait area" where the employee needing assistance will wait for assistance
 - d. The name of the employee who is responsible to notify the Principal that the employee is waiting in their designated location

Responsibilities in the event of an evacuation (code green)

3. The employee will be responsible to move to their designated evacuation area to wait for further assistance by other employees or emergency service workers. If they need assistance, one other employee will be assigned to assist.
4. The designated employee will notify the Principal of that person's requirement for assistance and the location they are waiting in.
5. The Principal or designate will notify emergency service workers of the need for assistance, giving the employee's name and the location they are waiting in.

Individualized Workplace Emergency Response (SAMPLE)

Employee Name	
Normal Work Location	
Disability	
Disability	
Assistive Devices Used	
Evacuation Wait Location	
0W - Gym area	
0W – Pool area	
1W – Classroom area	
1W – Spiral Garden/ Conference Centre/ Cafeteria area	
Assistance Required	
Location to move to once outside	
Additional Information	

I agreed to this plan:

Employee's Name: _____

Signature: _____ Date: _____

Principal: _____

Signature: _____ Date: _____