Humber is required to provide individual emergency response information to employees with disabilities in order to be in compliance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). The purpose of the workplace emergency response information is to outline how an employee will be provided with assistance in the event of an emergency. An emergency can range from an acute event that requires medical attention to an event such as a fire where special evacuation procedures may be necessary. The workplace emergency response information applies to all employees paid by Humber College including work-study students.

In consultation with employees with disabilities, Managers/Supervisors shall use the Plan template to determine what the employee’s needs are in the event of an emergency.

If you have any questions or need assistance completing the Plan, contact the Centre for Human Rights, Equity & Diversity by phone at 416.675.6622 ext. 5685 for further direction.

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| --- |
| **For Employees with Disabilities Only** |
| I **do not** require an individualized emergency response plan.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s signature Date |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | | | | | | | |
| Employee’s Name: | | | | | | | | | | | |
| Email: | | | Phone: | | | | | | | | |
| Manager/Supervisor’s Name: | | | | | | | | | | | |
| Building: | | Campus: | | | | | | | | | |
| Date: | | | | | | | | | | | |
| **Update and Revise your Plan** | | | | | | | | | | | |
| The AODA (2005) requires employees to update and revise their workplace emergency response information annually, or based on the following:   * Your emergency evacuation needs change * The name(s) of the person(s) who will assist you in the event of an emergency changes * When your overall accommodations needs are revised * You transfer to a different location at Humber (for example, moving locations from North Campus to Orangeville Campus) * When Humber revises its general emergency response policies and procedures | | | | | | | | | | | |
| **Communication** | | | | | | | | | | | |
|  | | | | | **Yes** | | | **No** | | **N/A** | |
| All Humber buildings have an alarm system that warns employees of a fire emergency. Are you able to hear the fire emergency system? | | | | |  | | |  | |  | |
| **Evacuation Assistance** | | | | | | | | | | | |
|  | | | | | | **Yes** | **No** | | | **N/A** | |
| Do you require the regular use of an assistive device? | | | | | |  |  | | |  | |
| Do you require use of the service elevator? | | | | | |  |  | | |  | |
| Has the designated Emergency Response Team member for your area been made aware of your need for assistance? | | | | | |  |  | | |  | |
| Do you require evacuation assistance to exit the building? | | | | | |  |  | | |  | |
| If yes, identify what assistance will be required: | | | | | | | | | | | |
| **Assistant(s) (if required)** | | | | | | | | | | | |
| **Name** | **Phone Number** | | | **Email** | | | | | | | | |
|  |  | | |  | | | | | | | | |
|  |  | | |  | | | | | | | | |
|  |  | | |  | | | | | | | | |
| **Lockdown** | | | | | | | | | | | |
|  | | | | | | **Yes** | **No** | | | **N/A** | |
| Do you require an accommodation(s) during a lockdown? | | | | | |  |  | | |  | |
| If yes, identify what accommodation(s) will be required: | | | | | | | | | | | |
| **Service Animal** | | | | | | | | | | | |
|  | | | | | | **Yes** | | | **No** | | **N/A** |
| Do you use a service animal? | | | | | |  | | |  | |  |
| **Other Types of Emergency Requirements** | | | | | | | | | | | |
|  | | | | | | **Yes** | | | **No** | | **N/A** |
| Are there any other measures that could be introduced that would assist you in the event of an emergency? | | | | | |  | | |  | |  |
| If yes, please identify what accommodation will be required. | | | | | | | | | | | |

I consent to have my individualized emergency workplace response information shared with the person(s) designated to provide me with assistance in the event of an emergency.

Employee Signature Date

If you have any questions or need assistance completing the Plan, contact the Centre for Human Rights, Equity & Diversity by phone at 416.675.6622 ext. 5685 for further direction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Copies to: **✓** | Employee | | Manager | HR Services |
| Mgr, Public  Safety (North) | | Mgr, Public Safety | (Lakeshore) | Mgr, Emergency Management |