



The *Accessibility for Ontarians with Disabilities Act (AODA), 2005*, requires organizations to comply with mandatory standards that remove and prevent barriers to accessibility for people with disabilities.

Employer's, as part of the process are required to ensure measures are incorporated into our workplace emergency response for any employees who have a disability. The standard states:

*If you have a disability where individualized information or a specific action plan maybe necessary for your safety, you have the option of completing the attached "**Worker Emergency Evacuation Self Assessment**" checklist and submitting it to the Human Resources Department for review. The Employer is required to implement additional precautions to address any potential barriers and ensure your safe exit during an emergency evacuation.*

Should an individualized action plan be required, your Department will initiate a response plan to address the specific need within your Department. Your Supervisor and or Department designate (e.g. Fire Warden), with your consent, will be advised of any special precautions and necessary action to take in the event of an emergency response or building evacuation. If you wish not to disclose any special considerations to assist you in the event of a building evacuation, you are not required to.

Every Supervisor will be required to continuously review and modify your Department's Emergency Evacuation procedures:

- When the employee moves to a different location in the organization
- When the employee's overall accommodations needs or plans are reviewed, and
- When the employer reviews its general emergency response policies

By addressing the needs of our workers with disabilities within our emergency planning process, we can help alleviate some uncertainties and ensure that, in the event of an emergency, *everyone* in the workplace is adequately prepared.

Should you have any questions, please contact me at ext. 8297 or contact Frank Kraljevic, HR Specialist – Workplace Health and Safety at ext. 8126.



## WORKER EMERGENCY EVACUATION SELF-ASSESSMENTS

**Do you experience any of the following conditions that could interfere with your ability to quickly evacuate the workplace in the event of an emergency?**

Limitations that interfere with walking or using stairs, such as joint pain or the use of a mobility device (wheelchair, canes, crutches, walker, etc.).

**Yes [ ] No [ ]**

Reduced stamina, fatigue or tire easily due to a variety of temporary or permanent conditions.

**Yes [ ] No [ ]**

Respiratory conditions, such as heart conditions, asthma, emphysema or other symptoms triggered by stress, exertion, or exposure to small amounts of dust or smoke, etc.

**Yes [ ] No [ ]**

Emotional, cognitive, thinking or learning difficulties (for example, you may become confused when dealing with unfamiliar and unusual activity during an emergency, may lose sense of direction or may need emergency directions explained in simple steps or basic concepts).

**Yes [ ] No [ ]**

Vision loss, so you may require assistance in learning the emergency evacuation routes or assistance in moving down stairs.

**Yes [ ] No [ ]**

Hearing loss, so you may require modification to the standard way emergency announcements, notifications and instructions are provided.

**Yes [ ] No [ ]**

Temporary limitations resulting from, but not limited to, surgery, accidents and injuries, such as sprains, broken bones and pregnancy.

**Yes [ ] No [ ]**

Reliance on technology or medication that may not work in an emergency, such as hearing aids, wheelchair, elevator, lighting, sounds, etc.

**Yes [ ] No [ ]**

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe that you will need assistance in an emergency evacuation?

**Yes [ ] No [ ]** If yes, describe assistance needed. \_\_\_\_\_

**Worker's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_