

**Red Lake Margaret Cochenour Memorial Hospital
- POLICY-**

DEPARTMENT: ADMINISTRATION <i>ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT (AODA)</i> BOARD OF GOVERNORS	CATEGORY: Integrated Accessibility Standards Regulation	POLICY NUMBER: ADM-AODA-IAS-09 BG –ACC-05	
SUBJECT: EMERGENCY RESPONSE PLANNING FOR EMPLOYEES WITH DISABILITIES	AUTHORIZATION: <hr/> <p align="center">Board Chair</p>	Distribution: Employee Orientation Handbook	Original: January 2013 Reviewed: May 2015

POLICY STATEMENT:

An employee with a permanent or temporary disability that impedes their ability to evacuate a hazardous situation will be provided with individualized emergency response information. This policy outlines the responsibility and process of identifying employees who require assistance in the event of an emergency situation and developing a plan to ensure that all employees are able to evacuate a hazardous environment.

If an employee who receives individualized workplace emergency response information requires assistance, with the employee’s consent, the hospital shall provide the same information to the person designated by the hospital to assist the employee.

The information shall be provided as soon as practicable after the employer becomes aware of the need for accommodation due to the employee’s disability.

The individualized workplace emergency response information shall be reviewed when the:

- employee moves to a different location in the hospital;
- employee’s overall accommodation needs or plans are reviewed
- hospital reviews its general emergency response policies.

Definitions:

Employee requiring assistance: staff with a permanent or temporary disability that may affect their ability to evacuate the building safely during an emergency. Examples of conditions that may affect safe evacuations may include, but are not limited to; inability to climb/descend stairs, inability to hear emergency alarms and/or see signs, emergency equipment and evacuation directions.

Buddy: the staff member who is assigned to assist an employee requiring assistance during the evacuation.

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Roles and Responsibilities:

Emergency Preparedness and Management Committee

- Ensure that Code policies/procedures incorporate general procedures and consideration for persons that require assistance to evacuate a hazardous environment in accordance with this policy.
- Include this procedure in the review of all general emergency response policies.

Department Manager

- Ensure employees are trained and aware of the general emergency response plan for employees requiring assistance.
- Be aware of employees requiring assistance to evacuate in the event of an emergency.
- Notify the Employee Health Nurse and the Accessibility Coordinator, in order to develop and communicate individual emergency response plans.
- Discuss with the employee that requires assistance to determine the level of assistance required to evacuate a floor area in the event of an emergency and determine the need to create individualized emergency response plans based on the procedure below to achieve the established emergency procedures for the unit and building.
- Notify the Emergency Preparedness and Management Committee that the role of buddy is to be added to the list of personnel assignments in the Disaster Box. (Located in the cabinet in the Ambulance bay).
- Review the individualized emergency response plan when an employee requiring assistance moves to a different location within the organization.
- Ensure that the Occupational Health and Safety (OH&S) representatives are aware of employees that require assistance and what measures are needed for that person to evacuate the building safely in the event of an emergency.

Department Staff

- Participate in training on the general emergency response plan for employees requiring assistance.
- Assist those with special needs.
- Follow procedures as required.

Employees that Require Assistance

- Inform your supervisor or manager if you require assistance in the event of an emergency situation.
- Work with your supervisor or manager to determine an individualized plan that will achieve the results intended by the unit and building's established emergency procedures.
- Inform your supervisor or manager when your condition changes, requiring different, more or less assistance.
- During an emergency that requires an evacuation, communicate to staff members if additional assistance with evacuation is needed.
- Maintain communication with your buddy.

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Employee Health Nurse

- During employee health reviews for new hires, identify permanent/temporary disabilities that may require special assistance during an evacuation.
- Review, update and communicate the general emergency response plan for employees requiring assistance.
- As part of the return to work planning process, identify the specific functional limitation (i.e. inability to descend stairs) that would warrant an individualized emergency response plan.
- During the return to work/permanent accommodation planning, have the manager identify how the emergency response measures for that individual will be applied within their department. In collaboration with the manager and employee, review any restrictions and how they would impact the employee's ability to evacuate (i.e. inability to descend stairs).
- Document the employee's individualized emergency response plan in their disability management file. Using Appendix A.
- Review and update the individualized emergency response plan when the employee's overall accommodations needs or return to work plans change.

Procedure

- The role of buddy for an employee requiring assistance will be included in the Incident Management System in the Disaster Box located in the ambulance bay and will be assigned at the time of the evacuation.
- If there is an immediate threat on the floor that requires evacuation, the employee requiring assistance will identify themselves to the evacuation team leader/designate or any staff member in the area so a buddy can be assigned and assist the employee.
 1. Move horizontally on the same floor away from the danger, if possible.
 2. If the employees are unable to move horizontally away from the danger, the employee requiring assistance including those in wheelchairs will be assisted to the closest exit stairs.
- The buddy is to stay with the employee requiring assistance until the area has been cleared by the emergency responders in charge of the incident.

***DO NOT WAIT AT ELEVATOR: Elevator use for persons requiring assistance is not permitted, unless authorized by the municipal emergency responders**

Standards and Regulations:

Occupational Health and Safety Act, Industrial Establishments
Accessibility for Ontarians with Disabilities Act, Integrated Accessibility Standards Regulation
Ontario Human Rights Code

References:

Mount Sinai Hospital, Emergency Response Planning for Employees with Disabilities, 2012

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Appendix A: Individualized Emergency Response Plan Agreement

Name: _____ Position: _____

Department and Location: _____ Date: _____

Managers Name: _____

Restrictions:

The purpose of this letter is to inform you that the Employee Health Nurse and the Occupational Health & Safety Committee is aware of the need for accommodation regarding an individualized emergency response plan. All participants are in agreement that your permanent or temporary health condition can currently be accommodated within your position. Below is your individualized workplace emergency response plan as agreed upon on _____ (Date).

Please describe the individualized emergency response plan below and include details such as meeting location and name of the buddy if applicable

This individualized emergency response plan must be reviewed when;

- the employee moves to a different location or starts working on different shift in the organization
- the employee's overall accommodation needs are changed
- the employee or the department have an issue with the ability to accommodate
- Employee Health Nurse determines that there is a need for review

The employee is to report to the Employee Health Nurse if s/he moves or experiences any changes in his/her permanent or temporary health condition so that the existing accommodation and the plan could be reassessed and modified as appropriate.

The employee consents that this information can be shared with anyone designated to provide assistance in an emergency.

A copy of this agreement will be provided to all parties. The signatures below reflect all participants involved in the approval of this accommodation and emergency response plan.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Employee Health Nurse: _____ Date: _____