#### THE CORPORATION OF THE TOWN OF DEEP RIVER

#### BY-LAW NUMBER 32-2021

# BEING A BY-LAW TO ESTABLISH INTEGRATED ACCESSIBILITY STANDARDS POLICY AND PROCEDURES FOR THE TOWN OF DEEP RIVER

WHEREAS the Accessibility for Ontarians with Disabilities Act, 2005, as amended, requires municipalities to establish accessibility standards;

AND WHEREAS Integrated Accessibility Standards in the areas of Employment, Information and Communications, Transportation, Design of Public Spaces, and Customer Service in accordance with Ontario Regulation 191/11 permits the Council of a municipality to enact a by-law to establish policies and procedures for Integrated Accessibility Standards,

AND WHEREAS the Town of Deep River deems it desirable to establish policies and procedures relating to Integrated Accessibility Standards;

**NOW THEREFORE BE IT RESOLVED THAT** the Council of the Corporation of the Town of Deep River enacts as follows:

- 1. **THAT** the Town of Deep River "Integrated Accessibility Standards Policy" attached hereto as Schedule 'A' is hereby adopted.
- 2. THAT Schedule 'A' is deemed to form part of this by-law.
- 2. **THAT** this by-law comes into force and effect upon adoption by Council of the Corporation of the Town of Deep River.

Suzanne D'eon, Mayor

Suzanne D'eon, Mayor

DAY OF JUNE, 2021

Mells

Jackie Mellon, Clerk

READ A THIRD TIME AND FINALLY PASSED THIS 23RD DAY OF JUNE, 2021.

Suzanne D' Eon, Mayor Jackie Mellon, Clerk

#### **SCHEDULE A TO BY-LAW 32-2021**

| Corporate Policies and Procedures                      |                   |                |                  |  |
|--|-------------------|----------------|------------------|--|
| <b>DEPARTMENT:</b> Human Resources POLICY NO.: A00-2   |                   |                |                  |  |
| POLICY NAME: INTEGRATED ACCESSIBILITY STANDARDS POLICY |                   |                |                  |  |
| DATE:  | REVISION<br>DATE: | APPLICABLE TO: | PAGE<br>NUMBERS: |  |
| June 23, 2021  |                   | All Employees  | 1 of 27          |  |

#### **Accessibility Policy Requirement**

Regulation 191/11: Integrated Accessibility Standards under the *Accessibility for Ontarians with Disabilities Act* (AODA), 2005 requires organizations to create written accessibility policies and make them publicly available. Accessibility policies are the formal rules an organization puts in place to achieve its accessibility goals in accordance with the *Municipal Act*, 2001.

#### 1. Purpose

Under the Accessibility for Ontarians with Disabilities Act, 2005 all public and private sector organizations must meet the requirements of accessibility standards established by regulation. This policy establishes the Integrated Accessibility Standards in the areas of Employment, Information and Communications, and Transportation for the Town of Deep River in accordance with Ontario Regulation 191/11 and with the Ministry of Community and Social Services' intent to "streamline, align and phase-in accessibility requirements and allow for progress on accessibility and reduce the regulatory burden for obligated organizations". This regulation came into force on July 1, 2011.

#### 2. Scope and Responsibilities

This policy has been drafted in accordance with the Regulation and addresses how the Town of Deep River achieves accessibility through meeting the Regulation's requirements. It provides the overall strategic direction that the Town will follow to provide accessibility supports to Ontarians with disabilities. This policy is publicly available at <a href="https://www.deepriver.ca">www.deepriver.ca</a> and available in an accessible format, upon request. The requirements of the Regulation include:

- a) Establishment, implementation, maintenance and documentation of a multi-year accessibility plan, which outlines the organization's strategy to prevent and remove barriers and meet its requirements under the Regulation.
- b) Incorporation of accessibility design, criteria and features when procuring or acquiring goods, services, or facilities.
- c) Training.

d) Other specific requirements under the Employment, Information and Communications, and Transportation Standards.

#### 3. Statement of Organizational Commitment

The Town of Deep River is committed to ensuring equal access and participation for people with disabilities. We are committed to treating people with disabilities in a way that allows them to maintain their dignity and independence. We believe in integration and we are committed to meeting the needs of people with disabilities in a timely manner. We will do so by removing and preventing barriers to accessibility and meeting our accessibility requirements under the *Accessibility for Ontarians with Disabilities Act* and Ontario's accessibility laws.

#### 4. Definitions

- "Accessible Formats" may include, but are not limited to, large print, recorded audio and electronic formats, braille and other formats usable by persons with disabilities.
- "Accommodation" means the special arrangement made or assistance provided so that persons with disabilities can participate in the experiences available to persons without disabilities. Accommodation will vary depending on the person's unique needs.
- "Communication Supports" may include, but are not limited to, captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications.
- "Communications" means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received.
- "Designated Public Sector Organization" means every municipality and every person or organization listed in Column 1 of Table 1 of Ontario Regulation 146/10 (Public Bodies and Commission Public Bodies Definitions) made under the *Public Service of Ontario Act*, 2006.
- "IAP" means Individualized Accommodation Plan.
- "Information" includes data, facts and knowledge that exists in any format, including text, audio, digital or images, and that conveys meaning.
- "Internet Website" means a collection of related web pages, images, videos or other digital assets that are addressed relative to a common Uniform Resource Identifier (URI) and is accessible to the public.
- "Kiosk" means an interactive electronic terminal, including a point-of-sale device, intended for public use that allows users to access one or more services or products or both.

- "Large Designated Public Sector Organization" means a designated public sector organization with 50 or more employees.
- "Mobility Aid" means a device used to facilitate the transport, in a seated posture, of a person with a disability.
- "Mobility Assistive Device" means a cane, walker, or similar aid.
- "New Internet Website" means either a website with a new domain name or a website with an existing domain name undergoing a significant refresh.
- "Redeployment" means the reassignment of employees to other departments or jobs within the organization as an alternative to layoff when a particular job or department has been eliminated.

#### "Unconvertible" - means:

- a) not technically feasible to convert the information or communications;
- b) that technology to convert the information or communications is not readily available.
- "Web Content Accessibility Guidelines" means the world wide web consortium recommendation, dated December 2008, entitled "Web Content Accessibility Guidelines (WCAG) 2.0"

#### 5. General Provisions

#### i. Multi-Year Accessibility Plan

The Town of Deep River Multi-Year Accessibility Plan outlines a phased in strategy to prevent and remove barriers and addresses the current and future requirements of the AODA. The Town of Deep River will report annually on the progress and implementation of the plan, will post the information on its website and will provide it in alternative formats upon request. The plan will be reviewed and updated annually.

#### Procuring or Acquiring Goods, Services or Facilities.

#### ii. Procuring or Acquiring Goods, Services or Facilities

The Town of Deep River will use accessibility design, criteria and features when procuring or acquiring goods, services or facilities, except where it is not practical to do so (in which case, if requested, the Town will provide an explanation).

#### iii. Self-Service Kiosks

The Town of Deep River shall incorporate accessibility features when designing, procuring or acquiring self-service kiosks.

#### iv. Training

The Town of Deep River will ensure that training is provided to all employees, volunteers, all persons who participate in developing the organization's policies; and all other persons who provide goods, services or facilities on behalf of the Town on the requirements of the accessibility standards referred to in the Regulation and the *Human Rights Code* as it pertains to persons with disabilities. Training will be provided as soon as practicable. If any changes are made to this policy or the requirements, training will be provided. The Town shall maintain a record of the dates when training is provided and the number of individuals to whom it was provided.

#### 6. Information and Communications Standard

The Town of Deep River will create, provide and receive information and communications in ways that are accessible to people with disabilities. If the Town of Deep River determines that it is not technically feasible to convert the information or communications, or the technology to convert the information is unavailable, or the communications is not readily available, the Town will be obligated to provide the person requesting the information with:

- a) an explanation as to why the information or communications are unconvertible; and
- b) a summary of the unconvertible information or communications.

#### 7. Emergency Information

The Town of Deep River prepares emergency procedures, plans and / or public safety information and makes the information available to the public. The Town shall provide the information in an accessible format or with appropriate communication supports, as soon as practicable, upon request.

#### 8. Notice of Temporary Disruption

In the event of a planned, temporary or unexpected service disruption that occurs, which would limit a customer with a disability from gaining access to the Town of Deep River's facility, goods or services, the Town will make the disruption known promptly to customers in the following ways:

- a) Will post notice (**Appendix 1**) of the service disruption on premises in the area where the service disruption has occurred.
- b) May notify customers of the service disruption by means of recorded phone message, posting on the Town of Deep River's website, post signs outside their doors and next to the disrupted service or other reasonable means in the circumstances.

#### 9. Feedback

The Town of Deep River has processes in place for receiving and responding to feedback (Appendix 2) and will ensure that those processes are provided in accessible formats, and with communication supports, upon request. The Town will notify the public about the availability of accessible formats and communication supports. All questions and comments shall be acknowledged within 5 business days from the date of receipt. Response time to the feedback will depend on the issue, but will not exceed 15 days unless there are extenuating circumstances involved. Acknowledgement and response will be the responsibility of the CAO. Feedback will be posted on the Town of Deep River website at <a href="https://www.deepriver.ca">www.deepriver.ca</a> and is available upon request through the CAO's office.

#### 10. Accessible Formats and Communication Supports

The Town of Deep River will meet internationally recognized web content Accessibility Guidelines (WCAG) 2.0, Level AA website requirements in accordance with Accessibility laws, and shall be obligated to provide or arrange for accessible formats and communication supports for persons with disabilities:

- a) upon request, in a timely manner, that takes into account the person's accessibility needs due to a disability;
- b) at a cost that is no more than the regular cost charged to other persons;

If the Town of Deep River determines that information or communications are unconvertible, the organization shall provide the requester with:

- a) an explanation as to why the information or communications are unconvertible; and
- b) a summary of the unconvertible information or communications.

#### 11. Website Accessibility

The Town of Deep River shall make its internet website and web content conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 Level AA in accordance with the Ontario accessibility laws.

#### 12. Employment Standard

The Employment Standard builds upon the existing requirements under the *Ontario Human Rights Code* in relation to how to accommodate individuals with disabilities throughout the job application process and the employment relationship. It applies with respect to employees and does not apply to volunteers and other unpaid individuals.

#### 13. Recruitment

The Town of Deep River shall notify employees, job applicants and the public about the availability of accommodations for applicants with disabilities:

- a) During the recruitment process when job applicants are individually selected to participate in an assessment or selection process.
- b) If a selected applicant requests an accommodation, the Town of Deep River shall consult with the applicant and provide and/or arrange for the provision of a suitable accommodation that takes into account the applicant's disability.
- c) Notify successful applicants of the policies for accommodating employees with disabilities when making offers of employment.
- d) Notify staff that supports are available for those with disabilities as soon as practicable after they begin their employment.

#### 14. Employee Notification

The Town of Deep River shall inform its employees of the policies used to support its employees with disabilities (**Appendix 3**), including but not limited to, policies on the provision of job accommodations that take into account an employee's accessibility needs due to a disability:

- a) As required, to new employees as soon as practicable after they begin their employment.
- b) Whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to a disability.

#### 15. Accessible Formats

In addition, where an employee with a disability requests it, the Town of Deep River will consult with the employee to provide and/or arrange for the provision of accessible formats and communication supports for:

- a) Information that is needed in order to perform the employee's job.
- b) Information that is generally available to employees in the workplace.
- c) Consult with the employee making the request to determine the suitability of an accessible format or communication support.

#### 16. Individual Accommodation Plan

The Town of Deep River shall have in place a written process for developing a documented individual accommodation plan (IAP) for employees with a disability. The process will include:

- a) The employee's participation in the development of the IAP (Appendix 4).
- b) Assessment on an individual basis.
- c) Identification of accommodations to be provided.
- d) Timeline(s) for the provision of accommodations.
- e) The Town of Deep River may request an evaluation by an outside medical or other expert, at its expense, to assist with determining accommodation and how to achieve accommodation.
- f) Steps to be taken to protect the privacy of the employee's personal information.
- g) Frequency with which the IAP will be reviewed and updated and the manner in which it will be done.
- h) If denied, the reasons for denial are to be provided to the employee.
- i) A format that takes into account the employee's disability needs.
- j) If requested, any information regarding accessible formats and communication supports provided.
- k) Identification of any other accommodation that is to be provided.
- I) The employee can request the participation of a representative from their bargaining agent, where the employee is represented by a bargaining agent, or other representative from the workplace, where the employee is not represented by a bargaining agent, in the development of the accommodation plan.

#### 17. Return to Work

The Town of Deep River will have in place a return-to-work process for employees who have been absent from work due to a disability and require disability-related accommodation in order to return to work. This process must be documented and must outline the steps that the Town of Deep River will take to facilitate the return to work and include an IAP.

# 18. Performance Management, Career Development and Advancement, and Redeployment

The Town of Deep River will take into account the accommodation needs and/or IAPs of employees when:

- a) Using performance management processes.
- b) Providing career development and advancement information.
- c) Using redeployment procedures.

#### 19. Workplace Emergency Response Information

The Town of Deep River shall provide individualized workplace emergency response information (**Appendix 5**) to employees who have a disability:

- a) If the disability is such that the individualized information is necessary and the employer is aware of the need for accommodation (Appendix 6 and Appendix 7) due to the employee's disability.
- b) If the employee who receives individual workplace emergency response information requires assistance and with the employee's consent, the Town of Deep River shall provide the workplace emergency information (Appendix 8) to the person designated by the Town of Deep River to provide assistance to the employee.
- c) As soon as practicable after becoming aware of the need for accommodation due to the employee's disability.
- d) Review the individualized workplace emergency response information when the employee moves to a different location in the organization, when overall accommodation needs or plans are reviewed and when the employer reviews its general emergency response policies.

#### 20. Design of Public Spaces

The Town of Deep River will meet accessibility laws when building or making major changes to public spaces and put procedures in place to prevent service disruptions to the accessible parts of our public spaces

#### 21. Transportation Standard

The Transportation Standard will make it easier for people to travel in Ontario, including persons with disabilities, older Ontarians and families traveling with children in strollers. The Town of Deep River will:

a) Ensure taxicabs do not charge a higher fare or additional fee to persons with disabilities.

- b) Ensure taxicabs do not charge a fee for storage of assistive devices.
- c) Ensure taxicabs have appropriate information displayed on the rear bumper and available in an accessible format to passengers.

#### 22. Regulatory Requirements

An Administrative Monetary Penalties scheme is being established under the AODA. The scheme will allow the Accessibility Directorate or a designate to issue an order against a person, organization or corporation to pay a penalty amount as a result of non-compliance with the AODA or the accessibility standard.

#### **Review Cycle**

This policy will be reviewed in each term of Council or as required due to legislative changes.

#### Appendix 1



NOTIFICATION OF SERVICE DISRUPTION FOR PEOPLE WITH DISABILITIES

# NOTICE OF TEMPORARY SERVICE DISRUPTION

WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED YOU.

SERVICE HAS BEEN DISRUPTED BECAUSE:

SERVICE IS EXPECTED TO RESUME:

THE CLOSEST ALTERNATIVE SERVICE IS LOCATED:

POSTED BY:

POSTED ON:

FOR ADDITIONAL INFORMATION PLEASE CONTACT:



#### Accessibility for Ontarians with Disabilities Act AODA Customer Feedback

| ate:   |     |
|--|-----|
| me:  |     |
| ocation:   |     |
| as our customer service provided to you in a way that was accessible to you?                                   |     |
| Yes  |     |
| Somewhat   |     |
| ] No   |     |
| omments:   |     |
|  |     |
|  | _   |
| there anything that the Town of Deep River could do to make it easier for you to coess our goods and services? | _   |
| lease let us know of any other comments or feedback that you might have:                                       |     |
|  |     |
|  | -   |
| lease provide your contact information so that we may get in touch with you. (Option                           | al) |
|  |     |

# Starting Conversations about Accessibility in the Workplace

Ministry for Seniors and Accessibility

## What you need to know

#### 1 in 7 Ontarians have a disability

People with disabilities are a significant part of Ontario's workforce. A person's disability can be permanent or temporary, and it can be visible or invisible.

# it's good to talk about workplace accommodations

An employee should notify their employer if they have a need for accommodation as an important first step. Employers should also be alert to the needs of their employees.

#### Accommodation is a shared responsibility

Everyone involved, including the person asking for accommodation, should look for solutions together. Confidential conversations and collaboration between employees and employers lead to the best solutions. It's a myth that accommodations are always expensive or impractical.

# Employers have a legal duty to accommodate employees with disabilities

The Ontario Human Rights Code requires employers to provide disability-related workplace accommodation up to the point of undue hardship.

# Disability accommodations are available if you need them

The Accessibility for Ontarians with Disabilities Act, 2005 requires employers like our organization to have policies to support employees with disabilities who need workplace accommodations, and to notify all employees about these policies and any changes. As a first step talk to your manager if you have any questions.

Workplaces across Ontario are becoming more accessible for employees with disabilities.

Accessibility levels the playing field, improves productivity, and makes workplaces healthier and safer for everyone.

For more information about your rights and responsibilities visit www.ohrc.on.ca and look for the elearning module Working Together: The Code and the AODA. For more information on accessibility requirements for employers visit Ontario.ca/accessibleemployment.

This document is available in an alternate format upon request.



Complete by Drawn 2cd Otto Aud



## Town of Deep River Individual Accommodation Plan Confidential when Completed

| Employee miorilati                      | <u> </u>              | l —                |        |                          |
|---|-----------------------|--------------------|--------|--------------------------|
| Last Name                               |                       | First Name         |        |                          |
| Title / Demander and                    |                       |                    |        |                          |
| Title/ Department                       |                       |                    |        |                          |
|   |                       | <del></del>        |        |                          |
| Manager Information                     | on                    |                    |        |                          |
| Last Name                               |                       | First Name         |        |                          |
| The / Daniel Access                     |                       |                    |        |                          |
| Title/ Department                       |                       |                    |        |                          |
| Accommodations                          |                       | Next Plan Revie    | w      | N.                       |
|   |                       |                    |        |                          |
| Start Date                              | End Date              | Date               |        | Frequency                |
| (yyyy/mm/dd)                            | (yyyy/mm/dd)          | (yyyy/mm/dd)       | OR     |                          |
| *************************************** | 159.5                 |                    |        |                          |
| Limitations                             |                       |                    |        |                          |
| List any functional l                   | imitations that the e | emplovee experien  | ices.  | how it affects different |
| aspects of his/her jo                   |                       | • •                |        |                          |
|   |                       | •                  |        |                          |
| 1. Limitation                           |                       |                    |        |                          |
|   |                       |                    |        |                          |
| Tasks / Activities                      | Affected              |                    |        |                          |
|   |                       |                    |        |                          |
| Essential Job Re                        | equirement            | WP-                |        |                          |
| ☐ Yes                                   | □ No                  |                    |        |                          |
|   |                       |                    |        |                          |
| Accommodations                          |                       |                    |        |                          |
|   | asks from the limita  | ations section abo | ove. i | identify what types of   |
|   |                       |                    |        | nplish the task. List a  |
| strategy or tool that                   | CAST A                |                    |        | '                        |
| 1. Task                                 |                       |                    |        |                          |
|   |                       |                    |        |                          |

| What must the accommodation achie                              | ve?   |
|--|---|
| Accommodation strategy   |   |
| Implementation   |   |
| List the action required to achieve the accon                  | nmodation(s) identified in the prior section. |
| 1. Action  |   |
| Assigned to  |   |
| Due Date (yyyy/mm/dd)  | Date Completed (yyyy/mm/dd)                   |
|  |   |
| Information Sources  | for any avanta consulted when building        |
| Identify and include the contact information f<br>the plan     | for any experts consulted when building       |
| (e.g., human resources manager, family doc                     | ctor, specialists)                            |
| 1. Last Name   | First Name                                    |
| Title / Role   |   |
| Email Address  | Telephone Number                              |
|  |   |
| Related Documents  Attach any additional documents required to | support the employee                          |
|  | , ,   |
| <ul> <li>Employee emergency plan (if applical</li> </ul>       | ble)  |
| <ul> <li>Accessible format of the individual ac</li> </ul>     | commodation plan (if needed)                  |
| <ul> <li>What type(s) of accessible formats ar</li> </ul>      | nd/or communications support the              |
| employee needs (if requested)                                  |   |
| ☐ Return to work plan (if applicable)                          |   |
| Other (specify):   |   |
|  |   |

| Com   | ment       | s / Note  | s         |             |              |          |         |                |      |
|-------|------------|-----------|-----------|-------------|--------------|----------|---------|----------------|------|
| Use   | this       | section   | for any   | additional  | information  | (e.g.,   | details | of alternative | work |
| arrar | ngeme      | ents, bud | dget code | e for accom | modation cos | sts, etc | .).     |                |      |
|       | (d)<br>(d) |           | - 17.00   |             |              |          |         |                |      |
|       |            |           |           |             |              |          |         |                |      |
|       |            |           |           |             |              |          |         |                |      |
|       |            |           |           |             |              |          |         |                |      |
|       |            |           |           |             |              |          |         |                | 1110 |
|       |            |           |           |             |              |          |         |                |      |
|       |            |           |           |             |              |          |         |                |      |
| Sign  | ature      |           |           |             |              |          |         |                | al a |
| Emp   | loyee      | 's Signa  | ture      |             | Date         | (yyyy/r  | nm/dd)  |                |      |
| Mana  | ager's     | Signatu   | ıre       |             | Date         | (yyyy/r  | nm/dd)  | 1              |      |



# The Corporation of the Town of Deep River Memo

| Date: |  |
|-------|--|
| Re:   |  |
| From: |  |
| То:   |  |

At the Town of Deep River, we take employee safety seriously.

If you have a disability, whether permanent or temporary, and 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.

Please note that 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 only shared with your consent.

If you have questions or you already have emergency response information and need to adjust it, please let me know.

Thank you.



## **Town of Deep River Self Assessment Form**

Please complete this form to help us identify barriers that can arise for you in an emergency. Also, provide suggestions on the type of help you may need in an emergency.

The information you provide is confidential and will only be shared with your consent. You do not have to provide details of your medical condition or disability.

| <b>Employee Information</b> |                |                  |                |  |
|-----------------------------|----------------|------------------|----------------|--|
| Name:                       |                |                  |                |  |
| Department:                 |                | 8                |                |  |
| Telephone Number:           | Mobile Number: |                  | Email Address: |  |
| Emergency Contact Info      | rmation        |                  |                |  |
| Name:                       |                | Relationship:    |                |  |
| Telephone Number:           | Mobile Number: |                  | Email Address: |  |
| Work Location               |                |                  | 2015           |  |
| 1) Where do you work?       |                |                  |                |  |
| Address:                    |                |                  |                |  |
| Room Number:                |                | Phone Number:    |                |  |
| 2) Do you work in differen  | t places on a  | regular basis?   |                |  |
| ( ) Yes ( ) No              |                |                  |                |  |
| If yes, list the addresse   | s, floors and  | room locations b | pelow:         |  |
| Address:                    |                |                  |                |  |
| Room Number:                |                |                  | 78             |  |

| Totellia Emergency Response Barriers  |
|---|
| 1) Can you see or hear the fire / security alarm signal?  |
| ( ) Yes ( ) No ( ) Don't Know   |
| <b>If No,</b> what would help you know the alarm was flashing / ringing? Please write your response in the space below: |
|   |
|   |
|   |
| 2) Can you activate the fire / security alarm system?   |
| ( ) Yes ( ) No ( ) Don't Know   |
| If No, what would help you sound the alarm? Please write your response in the space below:                              |
|   |
|   |
|   |
| 3) Can you talk to emergency staff?   |
| ( ) Yes ( ) No ( ) Don't Know   |
| <b>If No,</b> what would help you to communicate with them? Please write your response in the space below:              |
|   |
|   |
|   |
|   |

| 4) Can you use the emergency exits?  |
|--|
| ( ) Yes ( ) No ( ) Don't Know  |
| <b>If No,</b> what would help you to exit the building? Please write your response in the space below:       |
|  |
|  |
| 5) Does your mobility device fit in the emergency waiting area?  |
| ( ) Yes ( ) No ( ) Don't Know  |
| If No, what would help it fit, or is there a better location? Please write your response in the space below: |
| 6) Could you find the exit if it was smoky or dark?  |
| ( ) Yes ( ) No ( ) Don't Know  |
| If No, what would help you find the exit? Please write your response in the space below:                     |
|  |
|  |

| 7) Can you exit the building by yourself?   |       |
|---|-------|
| ( ) Yes ( ) No  |       |
| If No, what would help you to get out? Please write your response in the space be | elow: |
|   | _     |
|   |       |
| 8) Can you get into an emergency evacuation chair by yourself?                    |       |
| ( ) Yes ( ) No ( ) Don't Know ( ) N/A   |       |
| If No, what help do you need? Please write your response in the space below:      |       |
|   |       |
|   |       |
|   |       |
| 9) Would you be able to evacuate during a stressful and crowded situation?        |       |
| ( ) Yes ( ) No  |       |
| If No, what would help you evacuate? Please write your response in the space be   | elow: |
|   | _     |
|   | _     |
|   | _     |

| 10) Can you read / access the Town of Deep Rivers' emergency information?  |
|--|
| ( ) Yes ( ) No   |
| If No, what would make this information available to you? Please write your respons in the space below:                |
|  |
|  |
|  |
|  |
| 11) If you need help to evacuate, what instructions do people need to help you?  Please write your instructions below: |
|  |
| 12. If you need other accommodations in an emergency, please list them here:   |
|  |
|  |
|  |
|  |



# Consent to Share Individualized Emergency Response Form

| Name of Employee | Name of Organization |
|------------------|----------------------|
|                  |                      |

I consent to sharing this individualized emergency response information with the individuals listed below, who havebeen designated to help me in an emergency.

#### **Emergency Support Staff**

The following people have been designated to help in an emergency.

1. Employee

| ı. ⊑mpioyee         |                    |  |
|---------------------|--------------------|--|
| Name                | Location           |  |
| Contact Information | Type of Assistance |  |
| 2. Employee         |                    |  |
| Name                | Location           |  |
| Contact Information | Type of Assistance |  |
| 3. Employee         |                    |  |
| Name                | Location           |  |
| Contact Information | Type of Assistance |  |
| 4. Employee         |                    |  |
| Name                | Location           |  |
| Contact Information | Type of Assistance |  |
|                     |                    |  |

| Employee's Signature | Date (yyyy/mm/dd)                |
|----------------------|----------------------------------|
| Manager's Name       |                                  |
| Manager's Signature  | Date of Next Review (yyyy/mm/dd) |



# **Employee Emergency Response Information**

**Important:** All information in this document is confidential and can only be shared with the employee's consent

| Individualized Workplace E      | Emergency Respo        | onse Information For: |       |
|---------------------------------|------------------------|-----------------------|-------|
| Name:                           |                        |                       |       |
| Department                      |                        |                       |       |
| Telephone Number ext.           | Mobile Phone<br>Number | Email Address         |       |
| Emergency Contact Inform        | nation                 | •                     |       |
| Name                            |                        |                       |       |
| Telephone Number ext.           | Mobile Phone<br>Number | Email Address         | -     |
| Work Location                   |                        | •                     |       |
| Where do you work?              |                        |                       |       |
| Address                         |                        |                       | Floor |
| Room Name / Number              |                        |                       |       |
| Do you work in different place  | ces on a regular ba    | isis?                 |       |
| Yes                             |                        |                       |       |
| No                              |                        |                       |       |
| If yes, list the addresses, flo | ors and room loca      | tions below.          |       |
| 1. Work Location Name           |                        |                       |       |
|                                 |                        |                       |       |
| Location                        | Floor                  | Room Name and Number  |       |

| 2. Wc       | ork Location   |                                   |  |
|-------------|--|-----------------------------------|--|
| Name        |  |                                   |  |
| Location    | on   | Floor                             | Room Name and Number                   |
| 3. Wc       | ork Location   |                                   |  |
| Name        |  |                                   |  |
| Location    | on   | Floor                             | Room Name and Number                   |
| Emerg       | ency Assistance Requi                                    | rements                           |  |
| 1. Ca       | n you read and/or access                                 | the emergency inf                 | ormation?                              |
|             | Yes  |                                   |  |
|             | No   |                                   |  |
|             | Do Not Know  |                                   |  |
| If N<br>Ple | No, please tell us what ca<br>ease type your response ir | n be done to mak<br>this textbox. | e this information accessible to you.  |
|             |  |                                   |  |
|             |  |                                   |  |
|             |  |                                   |  |
| 2. Ca       | n you see the fire alarm si                              | ignal?                            |  |
|             | Yes  |                                   |  |
|             | No   |                                   |  |
|             | Do Not Know  |                                   |  |
|             | No, please tell us how we depend on this textbox.        | can let you know fii              | re alarm is flashing. Please type your |
|             |  |                                   |  |
|             |  |                                   |  |
|             |  |                                   |  |

| 3. Car | n you near the fire alarm?  |
|--------|---|
|        | Yes   |
|        | No  |
|        | Do Not Know   |
|        | lease tell us how we can let you know the fire alarm is ringing. Please type your se in this textbox.       |
| 4. Cai | n you use the emergency exits?  Yes   |
|        | No  |
|        | Do Not Know   |
|        | lease tell us what help you need to safely exit the building. Please type your se in this textbox.          |
| . Can  | you get to the emergency waiting area by yourself?  |
|        | Yes   |
|        | No  |
|        | Do Not Know   |
|        | please tell us what help you need to get to the emergency waiting area. Please ur response in this textbox. |
|        |   |
|        |   |

| i. Do y            | ou need additional accommodations in an emergency?                            |
|--------------------|---|
|                    | Yes   |
|                    | No  |
|                    | Do Not Know   |
| If Yes,<br>textbox | tell us what help you need in an emergency. Please type your response in this |
|                    |   |
|                    |   |
| Emerg              | ency Alerts   |
| Name o             | of employee will be informed of an emergency by (select all that apply):      |
|                    | Existing alarm system   |
|                    | Pager device  |
|                    | Visual alarm system   |
|                    | Co-worker   |
|                    | Other   |
| List by t          | typing your response in this textbox.   |
|                    |   |
|                    |   |
| Acciet             | ance Methods  |
|                    | es of assistance (e.g., staff assistance, transfer instructions, etc.).       |
|                    |   |
|                    |   |
|                    |   |
| 1                  |   |

| Equipment Provided  |
|---|
| List any devices, where they are stored, and how to use them                      |
|   |
|   |
|   |
|   |
| Evacuation Route and/or Procedures  |
| Provide a step-by-step description, beginning from the first sign of an emergency |
|   |
|   |
| Alternate Evacuation Route  |
| Describe  |
|   |
|   |
|   |