

Policy & Procedure Manual

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**EMERGENCY PREPAREDNESS AND RESPONSE PLAN**  
**HR-XI-25**

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**POLICY:**

OPTIONS NORTHWEST is committed to protecting the health and safety of all people receiving service, employees, volunteers and board members. As a result of this commitment, OPTIONS NORTHWEST has prepared Emergency Preparedness and Response Plans. The Response plans are intended to be a guide for people receiving service, employees, volunteers, board members, and the public as applicable, to enable them to respond appropriately and efficiently in the event of any Emergency or Disaster. \*Note there are three Emergency Response Plans as follows: (a) Residential Locations and (b) 95 N. Cumberland Administration office and (c) 86 S. Cumberland Administration office. The plans have been developed as directed by;

1. Regulation 299/10 the Quality Assurance Measures under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008

The Quality Assurance Measures state; each Service agency shall have an Emergency Preparedness plan to address the following emergency situations,

- i. Emergencies that may occur inside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and supports from the agency, examples of which include power outages, fire, flood, storm damage, pandemic and medical emergency, and
  - ii. Emergencies that may occur outside premises owned or operated by the service agency where persons with developmental disabilities are receiving services and instances where a person with a developmental disability runs away or becomes lost.
2. The Occupational Health and Safety Act 1990 – To take every precaution reasonable in the circumstances for the protection of a worker.
  3. Regulations 191/11 made under the AODA-2005, specifically for the Integrated Accessibility Standard, Part II, the Information and Communications Standards and Part III, the Employment Standards.
  4. Upon request, this policy and agency Emergency Preparedness and Response Plans and information shall be made available in an accessible format to people receiving service, employee, volunteers, board members and the public, as applicable. Individuals with disabilities, who require individualized emergency response information and/or plans, shall be accommodated.

**PURPOSE:**

The plans have been developed to maximize the safety of and minimize any threat to the health and safety of people receiving service, employees, volunteers and board members, of this organization, as well as members of the public, as applicable. The plan will also serve to minimize any damage to property.

Each plan will establish processes and procedures for the appropriate responses to major emergencies, and adding roles and responsibilities for the implementation and execution of the plan in the event of an emergency.

The guidelines and directives in each plan are intended to keep agency employees prepared to respond to any emergency situation.

For the purposes of each plan, emergency situations and the actions taken to deal with their potential consequences are categorized as those having:

- ❖ Local effects confined to a single location e.g. furnace breakdown in winter.
- ❖ Systemic effects impacting more than on location e.g. influenza pandemic, severe weather

**Local Emergencies:**

Power outage  
Fire  
Furnace Breakdown  
Air Conditioning breakdown during prolonged extreme heat wave  
Influenza or gastrointestinal outbreak  
Scabies/lice/bed bugs  
Hostage situation nearby  
Water main break  
Natural Gas leak  
Chemical spill in vicinity  
Bomb threats

**Systemic Emergencies**

Pandemic  
Pandemic influenza outbreak  
Snow storm/blizzard with large accumulation of snow fall  
Regional power outage  
Natural disasters e.g. lightning strike, flooding, ice storms, high winds caused by tornados or micro cells  
Missing individual supported or on duty employee

**PROCEDURE:**

1. The Director, Human Resources and Coordinator, Health and Safety shall be responsible to develop and recommend an Emergency Preparedness and Response Plan Policy.
2. The Health and Safety Coordinator shall be responsible to coordinate and recommend the development of the Emergency Preparedness and Response Plans. This shall include forming and working with one or more committees. Senior Administration shall be kept apprised of and review the development of such plans.
3. a) The employer shall distribute a memo (Appendix A) to all work areas on an annual basis, in order to determine if employees, students, or volunteers with disabilities require customized emergency information.  
  
b) The individual who identifies the need for customized emergency information shall complete an Emergency Information Worksheet (Appendix B) and submit it to the Coordinator, Health and Safety. The Coordinator shall work with the Individual and their supervisor as applicable to develop a customized emergency response information plan, as necessary (Appendix C)  
  
c) At any time, an individual with a disability can complete an Emergency Information Worksheet (Appendix B) and submit it to the Coordinator, Health and Safety, to request a customized emergency plan. The Coordinator shall respond to and work with the employee and their supervisor as applicable to develop a customized emergency response plan, as necessary. (Appendix C)  
  
d) Whenever an employee, student, or volunteer with a known disability requires accommodation, the need for a customized emergency response plan shall be considered.
4. The Coordinator Health and Safety shall ensure all approved plans are distributed to the appropriate work areas for posting.
5. This policy and each Emergency Preparedness and Response Plan will be reviewed on an annual basis as initiated by the Health and Safety Coordinator.

**TRAINING:**

All employees are required to review the Emergency Preparedness and Response Plan on an annual basis. The annual WHMIS & Health and Safety Awareness Quiz shall include questions related to the Emergency Preparedness and Response Plan.

**POLICY: HR-XI-25**  
**DEPARTMENT: Human Resources**  
**CATEGORY: Health and Safety - General**  
**EFFECTIVE DATE: June 2021**  
**SUPERSEDES VERSION DATED: December 2013**  
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**RECOMMENDED BY:** Director, Human Resources  
Coordinator, Health and Safety

**APPENDICES: 3**

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources,  
Community Services Administration, Community Services (all)

**ORIGINAL POLICY DATE:** February 2013

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke at the end, positioned above a horizontal line.



**OPTIONS  
NORTHWEST**  
*live life your way*

## MEMORANDUM

To: \_\_\_\_\_

From: Health & Safety Coordinator

Date: \_\_\_\_\_

Re: **Safety During Emergencies**

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At OPTIONS NORTHWEST, we take 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, and then work with you and your supervisor to develop individualized emergency response information that will meet your needs in an emergency situation.

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.

Please refer to Policy HR-XI-25 for further information. If you have questions or you already have emergency response information and need to adjust it, please call my direct line 343-4569.



# OPTIONS NORTHWEST

## Emergency Information Worksheet

Please complete this worksheet to help us identify barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

The information collected is confidential and will only be shared with your consent. You **do not** have to provide details of your medical condition or disability, only the type of help you may need in an emergency.

Date: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Work Location

1. List all other work locations (outside of your primary area of assignment) that you have orientation to and may work at:

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2. Do you work in different locations on a regular basis? Yes  No

## Potential Emergency Response Barriers

3. Can you see or hear the fire/security alarm signal? Yes  No  Don't know

If no, what would help you know the alarm was flashing/ringing?

4. Can you activate the fire/security alarm system? Yes  No  Don't know

If no, what would help you sound the alarm?



5. Can you talk to emergency staff? Yes  No

If no, what would help you communicate with them?

6. Can you use the emergency exits? Yes  No  Don't know

If no, what would help you to exit the building?

7. 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?

8. Could you find the exit if it was smoky or dark?

Yes  No

If no, what would help you find the exit?

9. Can you exit the building by yourself?

Yes  No

If no, what would help you get out?

10. Can you get into an emergency  
evacuation chair by yourself?

Yes  No  Don't know  N/A

If no, what help do you need?

11. Would you be able to evacuate during a stressful and crowded situation?

Yes  No

If no, what would help you evacuate?

12. Can you read/access our emergency information?

Yes  No

If no, what would make this information available to you?

13. If you need help to evacuate, what instructions do people need to help you?

Instructions: (use additional sheets as necessary)

14. If you need other accommodations in an emergency, please list them here.

Accommodations: (Use additional sheets as necessary)

# OPTIONS NORTHWEST

## Emergency Response Information Plan

### Instructions

Use the information collected in the Emergency Information Worksheet to create individualized emergency responses for each person with a disability. Feel free to modify the form for different types of accommodations in different types of emergencies.

All information in this document is confidential and will only be shared with the employee's consent.

### Individualized Workplace Emergency Response Information for:

Name: \_\_\_\_\_

Total number of plans for this individual: \_\_\_\_\_

Location: \_\_\_\_\_

This plan applies to the following work locations: \_\_\_\_\_

\_\_\_\_\_  
\*Note Additional plans may be developed as required, depending on the location worked.

### Emergency Contact Information

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Emergency Alerts

\_\_\_\_\_ will be informed of an emergency situation by:

Name of individual

Existing alarm system:

Pager device:

Visual alarm system:

Co-worker:

Other (Specify): \_\_\_\_\_

## Assistance Methods

List types of assistance  
(e.g. staff assistance, transfer instructions, etc.)

## Equipment Provided

List any devices, where they are stored, and how to use them

## Evacuation Route and/or Procedure

Provide a step-by-step description, beginning from the first sign of an emergency

## Alternate Evacuation Route

## Emergency Support Staff

The following people have been designated to help \_\_\_\_\_ in an emergency:

Name of employee

\*Where staff work shift work, no specific staff member names will be listed as designated to help; this shall be the role of all coworkers.

Name	Location and/or Contact Information	Type of Assistance

## Consent to share individualized emergency response information

I \_\_\_\_\_ consent to \_\_\_\_\_ sharing this individualized  
Name of individual Name of organization  
emergency response information with the supervisory personnel and those individuals,  
who have been designated to help me in an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Coordinator, Health and Safety

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Director

Next review date: \_\_\_\_\_