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## Guidelines to Emergency Evacuation Procedures for Employees/Clients with Disabilities

### Purpose of an Emergency Plan

The purpose of an emergency plan is to promote a safe work environment and establish a continuing state of emergency preparedness for the protection of all employees, clients and visitors, including those with disabilities, in the event of an emergency. The plan is designed to protect lives and property, preserve the organizational structure and ensure the continuity and/or early resumption of essential services.

### Americans with Disabilities Act and the Emergency Plan

The Americans with Disabilities Act (ADA), Public Law 101-336 of 1990 (42 U.S.C. 12101 et seq.), guarantees equal opportunity for people with disabilities in employment, public and private services, transportation and communications.

To achieve this intent, all public agencies are required to take measures to ensure compliance with the ADA. While the ADA does not specifically require formal emergency plans, Titles I and III do require policies and procedures be equally accessible and include people with both permanent and temporary disabilities. Since it is every agency's responsibility to provide a safe place for all employees to work, departments must make provisions for all employees, clients and visitors during emergencies.

Awareness of emergency procedures and the inclusion of people with disabilities require planning, and emergency plans/procedures will need to specifically address such matters. Departments must evaluate all facets of safety and emergency procedures to determine if they adequately address disability issues.

This guide for the evacuation of people with disabilities is intended to serve as a tool to facilitate their inclusion in emergency plans. Use it to help customize your emergency plan and perhaps modify policies, procedures and equipment in order to reach the requisite end result of safety for all employees.

### Identifying People Needing Assistance during an Emergency

An essential component and major challenge in developing a comprehensive emergency plan is identifying all individuals who need assistance during an emergency. This is not always easy to do. People using wheelchairs or those with other visible disabilities come to mind immediately. However, there are others who may require assistance, but may not appear to have a disability, or people who may not even realize they need assistance. In fact, many employees do not think they will require assistance, but may have a condition like asthma, heart disease or pregnancy which can

reduce stamina to the point of needing help in an actual emergency.

A sample memo and form that can be used to help identify employees who need assistance follow this section. It is important to protect the confidentiality of this information. Some employees fear it will be used against them and are reluctant to come forward and ask for assistance. To accurately identify all employees who need assistance, it is especially important to address these fears. All information must be kept confidential according to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.).

### **Identifying Employees with Disabilities**

- Prepare a memo to all employees with an attached form requesting information regarding assistance that may be needed during an emergency. (See examples located after this section.)
- To survey new employees, include the memo and form in the new employee paperwork.
- Review forms of employees requesting assistance and the type of assistance requested.
- Contact each person who is requesting assistance and discuss the best way to provide support. It is important to consider the individual's personal preferences, privacy and dignity when discussing assistance. If an aide is requested, ensure a person with a disability has the option of asking the department to solicit volunteers and allowing the person to choose from the volunteers or personally select the aide(s).
- Develop a list of people who are willing to assist others with disabilities during emergencies.
- Make sure there are at least 2 emergency aides for each person. Contact requested aides to ask if they are willing to accept the responsibility.
- Meet with the person requesting assistance and the emergency aides to discuss procedures and training.
  - The department and the person requesting assistance should conduct training for the aides as soon as they are recruited. The person requesting assistance will address his/her individual needs. Some people with disabilities who have requested emergency aides will not want to be evacuated during drills and minor emergencies.
- Follow your office's procurement policy and procedures to obtain emergency equipment as needed. Make sure people requesting assistance and the emergency aides know how to use the equipment.
- Designate an area of refuge on each floor. This is a safe area with direct access to an exit. People who are unable to use the stairs may remain there temporarily while awaiting further instructions or assistance during an emergency evacuation. The Fire Prevention staff will determine the location(s) of the area of refuge. Include the areas of refuge on the evacuation route maps posted on each floor.
- Contact the person in charge of your department to inform them of people who have requested assistance.
- Maintain a list of people who have requested emergency aides, the type of assistance needed and the designated emergency aides, if applicable.
- Contact people requesting assistance to make sure training is complete and equipment, if necessary, has been received and is ready for use.
- Conduct an "Emergency Evacuation Information" survey annually.

**Model Memo**

**Date:**

**To:** All Employees

**From:**

**Subject: Identifying Employees Needing Assistance During an Emergency**

Currently, our Department is in the process of reviewing and updating our Emergency Plan. An essential component in a comprehensive plan is identifying all employees who may need assistance during an emergency. The need for assistance may be permanent or temporary such as when you are recovering from surgery or a broken leg. When completing this form, evaluate your situation thoroughly and honestly. You might not think you need assistance, but a heart condition, asthma or pregnancy can reduce your stamina to the point where you need assistance during an emergency. In addition, a hearing loss might limit your ability to respond to an audio alarm or evacuation information.

Describe in detail the type of assistance you think you will need. **It is not necessary to give medical details.**

If you want colleagues to assist you, you can either select your own or choose from a list of volunteers the department has on file. If you choose your own, list their names and phone numbers. You should select a primary aide and a back-up as well. Make sure you select “emergency aides” who can handle their assigned tasks.

Please complete the attached form and return it to the Emergency Coordinator -----, in Room -----. The Coordinator will contact you to discuss your request.

This information will be kept confidential according to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.). It will be used only to provide assistance during an emergency.

It is our goal to safely and efficiently protect every employee, client and visitor during an emergency and to preserve everyone’s personal dignity in the process.

**It is our responsibility to provide a safe place for you to work. However, we cannot be held liable for your safety if you do not identify your need for assistance.**

Thank you,

Signature  
Attachment

**Model Form**

**EMERGENCY EVACUATION INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Office \_\_\_\_\_

Address \_\_\_\_\_

Room Number \_\_\_\_\_

Phone Number Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone Number Office: \_\_\_\_\_ Cell: \_\_\_\_\_

**Do you need assistance during an emergency?**

**NO**

**YES** - The only evacuation assistance I request is sighted-guide assistance out of the building with whomever is closest and available.

**YES** - The type of assistance I will need is:  
(please do not provide medical information)

**Do you wish to choose your aides from a list of volunteers:**  **YES**  **No**

**If no, list the names and phone numbers of two coworkers you wish to assist you.**

**Do you wish to be evacuated during drills and minor emergencies?**  **YES**  **NO**

If you do not wish to be evacuated, go to the area of refuge during drills and minor emergencies

The purpose of this form is to identify employees who need evacuation assistance during an emergency. The need may be permanent or temporary such as when an employee is recovering from surgery or a broken leg. Some employees might not think they have a disability, but a heart condition, asthma or pregnancy can reduce stamina to the point of needing assistance when quickly moving down stairs, or a person's hearing loss might limit the ability to respond to an evacuation alarm or verbal announcement.

The information will be given to the Emergency Coordinator who will contact you to discuss your request and will notify your emergency floor warden. All information will be kept confidential pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.).

If you have any questions, please contact your emergency coordinator at \_\_\_\_\_

**Please remember: We are committed to your safety, but need your help in identifying your need for assistance.**