Personal Emergency Evacuation Plan for People with Access and Functional Needs

The purpose of the Personal Emergency Evacuation Plan is to coordinate requested emergency evacuation assistance for individuals with a disability or other need. This role does not replace or substitute the role of emergency first responders (EMT, Fire, or Police). Volunteers supporting this plan are not trained first responders and shall not put themselves in peril to facilitate emergency assistance beyond initial attempts to evacuate or shelter an individual.

Definitions

- 1. **Planning Assistant:** A campus employee whom coordinators the completion and facilitation of this information provided in this form.
- 2. Assistance Requestor: A UCSC affiliate who has a need for emergency evacuation assistance.
- 3. **Evacuation Assistant:** An Evacuation Assistant is a UCSC campus affiliate who volunteers to provide emergency evacuation assistance to the Assistance Requestor. An Assistant and Requestor are paired when each individual either works or lives within proximity to each other. *Qualifications for a Volunteer Evacuation Assistant:* A UCSC affiliate (employee or student) who is physically able to provide voluntary emergency evacuation assistance, and has opted in to serve as an Evacuations Assistant Volunteer, for a prescribed period of time.

Description of Evacuation Assistance and Limitations

- Available to provide assistance based on common work, study or personal schedules.
- When possible, calls for rescue (911) should be made by the individual needed aid.
- An Evacuation Assistant may call 911 for the Requestor, when possible and not impeding their own safety.
- Excluding physical carry transport, an Evacuation Assistant may escort a Requestor to an emergency exit (e.g. as a sight-guide, pushing a wheelchair).
- The Evacuation Assistant may escort the Requester to a possible place of refuge. A possible place of refuge is a location that provides protection from the hazard or threat (to the safest extent possible for both the Assistant and the Requestor).
- Evacuation Assistant may escort the Requestor to an exterior Emergency Assembly Area. And, when conditions are safe to do so, remain with the Requestor until re-entry to the building is provided or until professional first responders or campus emergency assume the Assistance role
- Communication Upon each person's individual option, the Requestor and Volunteer may exchange contact information (email, phone), if desired.
- An Evacuation Assistance shall never jeopardize his or her own safety or practice physical carry assistance that may harm himself or herself or the Assistance Requestor.

Assistances Provided by <u>Professional First Responders</u>

This form does not address assistances provided by professional emergency responders: Fire fighters, Emergency Medical Technicians, Police, or other emergency responders. Professional respondents are trained to provide:

- Lift and carry evacuation assistance
- Rescue or response in the midst of imminent danger or threat



Instructions: Complete sections of the form, which are applicable to the assistance request. This form is not applicable or necessary for employees who have emergency response within their job description.

Assistance Request and Assignment

By completing this form, the *Assistance Requestor* and Evacuation Assistant acknowledges that the information provided within this request will be kept confidential to the limited degree that the form will be shared with UCSC emergency planners, Evacuation Assistants, and emergency responders.

For assistance in completing this form, visit the Office of Emergency Assistances, <u>Emergency Procedures – Evacuation for People with Disabilities</u>, or email <u>oes@ucsc.edu</u>.

| Assistance Requestor's Name | Date | |
|--------------------------------------|------|--|
| Requestor's Signature | | |
| Evacuation Assistant's Name | Date | |
| Evacuation Assistant's Signature* | | |

- Volunteer Agreement Form
- <u>University of California, Santa Cruz Volunteer Waiver and Election of Workers'</u> Compensation Coverage

| Plan Start Date | Plan End Date | |
|-----------------|---------------|--|
|-----------------|---------------|--|

Contact Information

| Role | Name | Phone (cell preferable) | Email |
|-------------------------|------|-------------------------|-------|
| Assistance Requestor | | | |
| Planning Assistant | | | |

^{*}Evacuation Assistant must also complete and sign these Human Resources Forms:

| Location: Residential E | :mergency Ev | acuation Ass | sistance Planning |
|---------------------------------|----------------------|--------------------|---|
| Provide a description of the er | mergency evacuat | ion assistance re | quested. |
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| Residential Evacuation Assista | ants | | |
| Evacuation Assistants | Phone | | Email |
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| Residential Emergency Assem | - | _ | |
| Description of Emergency Asse | embly location. If | neiptui, attach m | laps or images to depict the |
| location. | | | |
| External Emergency Assembl | y Area | Potential Refug | |
| (primary and backup) | | (list all possible | locations) |
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Location: Work and Study Location Emergency Evacuation Assistance Planning

| Provide a description of the emergency evacuation assistance requested. (e.g. stability escort, visual alert of a fire alarm) | | | | | | | |
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A Building Emergency Coordinator, Floor Marshal, safety personnel or department administrator should coordinate the volunteers and complete this planning table. Print additional pages for additional locations.

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|---------------|--------------------------|-----------------|----------------------|------------|----------|-------|
| Location 1 | | | | Location 2 | | |
| Plan Start | | Plan End | | Plan Start | Plan End | |
| Date | | Date | | Date | Date | |
| | Name | Phone | Email | Name | Phone | Email |
| Assistance | | | | | | |
| Requestor | | | | | | |
| Planning | | | | | | |
| Assistant | | | | | | |
| Evacuation | | | | | | |
| Assistant | | | | | | |
| Evacuation | | | | | | |
| Assistant | | | | | | |
| Evacuation | | | | | | |
| Assistant | | | | | | |
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| Emergency | | | | | | |
| Evacuation | | | | | | |
| Areas* | | | | | | |
| Potential | | | | | | |
| Refuge | | | | | | |
| Areas* | | | | | | |

^{*}If helpful, attach maps or images to depict these locations.

Location: Work and Study Location Emergency Evacuation Assistance Planning

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|---|--|--|--|--|--|--|
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|-----------------|--------------------------|-----------------|----------------------|------------|----------|-------|
| Location 3 | | | | Location 4 | | |
| Plan Start | | Plan End | | Plan Start | Plan End | |
| Date | | Date | | Date | Date | |
| | Name | Phone | Email | Name | Phone | Email |
| Assistance | | | | | | |
| Requestor | | | | | | |
| Planning | | | | | | |
| Assistant | | | | | | |
| Evacuation | | | | | | |
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| Areas* | | | | | | |
| Potential | | | | | | |
| Refuge | | | | | | |
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| Location 5 | 3 | | | Location 6 | | |
|------------|----------|----------|-------|------------|----------|-------|
| Plan Start | | Plan End | | Plan Start | Plan End | |
| Date | | Date | | Date | Date | |
| | Name | Phone | Email | Name | Phone | Email |
| Assistance | | | | | | |
| Requestor | | | | | | |
| Planning | | | | | | |
| Assistant | | | | | | |
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