



## Appendix 4: Personal Evacuation Plan

### Identifying the persons requiring assistance

The Building Emergency Director should distribute the [Qualtrics Survey](#) to all UBC occupants in the building to gather information on persons requiring assistance. Only the persons that require assistance are required to complete the survey. Note that information collected in this survey will be received by the Advisor, Safety Programs in Safety & Risk Services. This information will be shared with the Building Emergency Director and Floor Warden who will then work with those personnel who have self-identified themselves as requiring assistance to develop a personal evacuation plan. Relevant health or special needs information will be collected at this time. In any case, when a Building Occupant is left in the building during an emergency evacuation the Floor Warden, Building Emergency Director, and the Fire Department need to be immediately notified.

Providing assistance is entirely voluntary and can be performed to varying degrees. Predetermined persons providing assistance can be anyone in the office or building such as a co-worker, friend, building staff, supervisor, Building Floor Warden, etc. Whether one person or multiple people are required to provide assistance, alternate people should be identified and this information should be recorded in the Personal Evacuation Plan.

To respect personal privacy, please do not distribute or publish these plans. Please remove these pages from the BERP before widely distributing the BERP within the building.

The completed forms are to be kept in a binder with the BERP in a controlled access area so they are not readily available to others. There should be a regular review of persons who need assistance, especially if need is only temporary. If assistance is no longer required, the Personal Evacuation Plan will be kept locked up for one year and then shredded as per BC's *Freedom of Information and Protection of Privacy Act* requirements.



# Appendix 4: Personal Evacuation Plan

Personal Evacuation Plan Developed for:

Name \_\_\_\_\_

PART 1: YOUR PRIMARY LOCATION		
Building	Room Number	Department
PART 2: YOUR CONTACT INFORMATION		
Primary Phone	Cell Phone	Email Address
PART 3: DURATION OF ASSISTANCE		
Detail if assistance is required for a temporary time frame or permanent (throughout entire employment duration)		
PART 4: TYPE OF ASSISTANCE		
Detail the number of assistants required and the role of the assistant considering the following factors (use of disability related equipment, use of area of refuge or “safe location to shelter,” assisting until a certain point or until safely out of the building, are service animals involved?)		
PART 5: CONTACT INFORMATION FOR PRIMARY ASSISTANT(S)		
Primary Phone	Cell Phone	Email Address
PART 6: CONTACT INFORMATION FOR ALTERNATE* ASSISTANT (S)		
*Alternates are to assist when the primary assistants are not available		
Primary Phone	Cell Phone	Email Address
PART 7: PRIMARY EVACUATION ROUTE		
Describe the primary route that will be taken and attach a map outlining it		
PART 8: SECONDARY EVACUATION ROUTE		
Describe the secondary route that will be taken and attach a map outlining it		
PART 9: TRAINING FOR THE ASSISTANT		
Is Training required for the assistant?	Is the required training completed by the assistant?	Is there documentation showing completed training?
PART 10: PERSONAL EMERGENCY PREPAREDNESS KIT (if applicable)		
Detail the location of any Personal Emergency Preparedness Kit		