

PERSONAL EMERGENCY EVACUATION PLANS

# FORMS FOR SCHOOLS

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwici-LOltXaAhVBnhQKHbhzDqsQjRx6BAgAEAU&url=https://www.evacservices.com.au/personal-emergency-evacuation-plan/&psig=AOvVaw0hJzBSdq5kDlrsR5I2sb4F&ust=1524737091255220)

## Personal Emergency Evacuation Plan-Forms

The following forms are to be used when completing a Personal Emergency Evacuation Plan (PEEP).

* PEEP 1: Personal Emergency Evacuation Plan Questionnaire
* PEEP 2: Personal Emergency Egress Plan
* PEEP 3: Reasonable Adjustments to Facilitate Emergency Evacuation of Disabled Persons from School Premises

**PEEP 1 and PEEP 2 MUST be completed for all Personal Emergency Evacuation Plans**

**PEEP 3 must be completed if PEEP 1 and PEEP 2 identify that reasonable adjustments are required.**

## PEEP 1: Personal Emergency Evacuation Plan Questionnaire

This form should be completed in conjunction with the employee/pupil (with parents)/regular visitor etc. requiring assistance.

| PRELIMINARY INFORMATION | | |
| --- | --- | --- |
| Name of Assessor: | Blank cell | |
| Name of Person Plan Prepared For: | Blank cell | |
| Assessed Person’s Building: | Blank cell | |
| Date of Assessment: | Blank cell | |
| Nature of Impairment(s)/Disability (mobility/audible/visual/cognitive/other): | Blank cell | |
| Area(s) Covered By The Assessment (1): | Blank cell | |
| What times/days are covered by this assessment (2)? | Blank cell | |
| Does the building Fire Risk Assessment denote that the proposed building has suitable access/egress (3)? | YES | NO |

1. The PEEP should, as far as practicable, be specific to individual areas of work. However, if, for example, a number of activities are proposed to take place in adjacent areas from which escape will be effected using the same emergency provisions then it may be possible to assess the provisions on one form.
2. It is important to distinguish in the PEEP whether the area to be accessed will be used inside or outside of “normal” working areas. It is likely that certain areas of buildings will be inaccessible outside of normal working hours e.g. to assure security. The PEEP needs to demonstrate that this has been adequately considered.
3. If a building assessment deems that a particular area does not meet the general access requirements for person being assessed then alternative management arrangements will need to be identified. Once these arrangements have been identified then a new PEEP will need to be undertaken to ensure that the new location(s) is/are adequate. Additionally, the Assessor should complete form PEEP2 and send to the person in overall control of the building to arrange for an evaluation of possible “reasonable adjustments” to the existing building to permit future access.

Please indicate which other school buildings you will be using and whether a PEEP has been completed for them:

| OTHER SCHOOL BUILDINGS USED | PEEP Completed |
| --- | --- |
| Blank cell | Yes/No |
| Blank cell | Yes/No |
| Blank cell | Yes/No |

Please answer the relevant questions below and provide additional information as required.

| MOBILITY IMPAIRMENT | Yes/No |
| --- | --- |
| Can you leave the building unassisted? | Blank cell |
| Can you move quickly in the event of an emergency? | Blank cell |
| How far can you walk unaided? Distance in metres | |
| Do you find stairs difficult to use? | Blank cell |
| Are you a wheelchair user? | Blank cell |
| Is the wheelchair required for all circumstances? | Blank cell |
| Can your wheelchair be dispensed with for short periods? | Blank cell |
| Is your wheelchair of standard dimensions? | Blank cell |
| Is your wheelchair electrical powered? | Blank cell |
| If the answer is “Yes” to any of the above, the school may have to identify staff that are physically fit, suitably trained and capable of assisting. These staff will be constantly aware of the individuals location on the premises. In the event of an emergency we want to ensure that we provide you with assistance in the most appropriate way for you. | |

| ASSISTANCE REQUIRED | Yes/No |
| --- | --- |
| “Wheelie” down the stairs with the wheelchair tilted onto its rear wheels? | Blank cell |
| Carried down the stairs in your wheelchair? | Blank cell |
| Assisted from your wheelchair and a suitable number of helpers to carry you down the stairs? | Blank cell |
| Assisted to walk down the stairs with one assistant holding each arm? | Blank cell |
| Assisted to walk down the stairs with one assistant and the use of the handrail? | Blank cell |
| Provided with supervision as you move down the stairs on your bottom, unaided? | Blank cell |
| Self-transfer to an evacuation chair/stairclimber? | Blank cell |
| Could the medical nature of your condition be aggravated by the use of such a device? | Blank cell |
| Has a member of staff and a deputy been assigned to assist you in an emergency? | Blank cell |
| Any other problems/observations/solutions?  Details: | |

| VISUAL IMPAIRMENT | Yes/No |
| --- | --- |
| Do you have strong enough eyesight to see your way out of the premises unaided? | Blank cell |
| Can you read the escape instructions? | Blank cell |
| If not, what format would you need them in? Give details | Blank cell |
| Do you require aid to move around the building, for example a cane, guide dog, or other equipment? | Blank cell |
| How long does it take you to leave the building in normal circumstances? | Blank cell |
| Could you find your way out of the building by an alternative route should your normal route be unavailable? | Blank cell |
| Do you think that the speed at which you leave the building may have the potential to hold up other people leaving the building in corridors and stairways, or that they may cause you injury as they pass by you more quickly? | Blank cell |
| Would tactile signage or floor surface information be of assistance to you? | Blank cell |

| HEARING IMPAIRMENT | Yes/No |
| --- | --- |
| Would you hear the fire alarm/an announcement informing you that there was an emergency? | Blank cell |
| Would a visual indicator assist? | Blank cell |
| Is there, to your knowledge, any special or purpose designed hearing system or device available which might assist you in hearing the fire alarm more clearly? If “Yes” give details | Blank cell |
| Would your response to a fire alarm activation be helped by an assistant who could provide support in the fire evacuation procedure? | Blank cell |
| Would a vibrating device, operated when the fire alarm was actuated, be of assistance?  This could include pagers, mobile phones or other specialist devices (where/if available)? | Blank cell |

| COGNITIVE IMPAIRMENT | Yes/No |
| --- | --- |
| Are you able to understand what is happening in an emergency? | Blank cell |
| Do you understand the risks? | Blank cell |
| Do you understand the possible need for choice and change of direction during escape? | Blank cell |
| How long does it take you to leave the building in normal circumstances? | Blank cell |

| OTHER INFORMATION | Yes/No |
| --- | --- |
| Might the measures needed for your escape from the building in an emergency adversely affect the safe escape of other occupants? | Blank cell |
| Do you think any special staff training is required to give you the assistance that you would need in an emergency? | Blank cell |
| Are you aware of the emergency evacuation procedures for this building? | Blank cell |
| Do you understand the escape instructions? | Blank cell |
| Do you require a written copy of the evacuation plan? | Blank cell |
| Are the signs that mark the emergency exits and the routes to the exits clear enough? | Blank cell |
| Could you raise the alarm if you discovered a fire? | Blank cell |
| Do you work alone? | Blank cell |

### ADDITIONAL NOTES

In order that an effective PEEP can be prepared for you it may be necessary to share some of the information provided with other relevant members of the school community, i.e. Fire Evacuation Officers; Security; Line Management; Senior Leadership Team.

I understand that these details will only be disclosed if they are required to meet the needs of my Personal Emergency Evacuation Plan.

Employee Signature: .Date:

Assessor Signature: Date:

## PEEP 2: Personal Emergency Evacuation Plan

| PERSONAL EMERGENCY EVACUATION PLAN | |
| --- | --- |
| Name |  |
| Status (e.g. pupil) |  |
| Building and Floor |  |
| Contact Number |  |

### AWARENESS OF PROCEDURE

is informed of a fire evacuation by: (please tick X relevant box)

existing alarm system:

visual alarm system:

pager device:

Other (please specify):

### DESIGNATED ASSISTANCE

The following have been designated to give assistance to get out of the building in an emergency

Name

Contact Details (Building, Rm No and Ext)

Name

Contact Details (Building, Rm No and Ext)

Name

Contact Details (Building, Rm No and Ext)

**METHODS OF ASSISTANCE (eg Transfer procedures, methods of guidance etc)**

**EQUIPMENT PROVIDED (including means of communication)**

**TRAINING REQUIRED OF DESIGNATED ASSISTANCE (e.g. transfer to and use of evacuation chair)**

| PERSONALISED EVACUATION PROCEDURE (A step by step account beginning with the first alarm) | |
| --- | --- |
|  | |
| 1 | Blank cell |
| 2 | Blank cell |
| 3 | Blank cell |
| 4 | Blank cell |

**METHODS FOR TESTING THE PEEP (e.g. practicing transfer and use of evacuation chair)**

### MONITOR AND REVIEW

Signed by Manager Date

Signed by Individual Date

## PEEP 3: “Reasonable Adjustments” to Facilitate Emergency Evacuation of Disabled Persons from School Premises

This form should be completed by the assessor (line manager).

| ASSESSOR DETAILS | |
| --- | --- |
| Name: | Blank cell |
| Department/Service: | Blank cell |
| Contact Details: | Blank cell |

| DETAILS OF ADJUSTMENTS REQUIRED | | |
| --- | --- | --- |
| Exact location where adjustment/s required: | Blank cell | |
| Type of adjustment required: | Physical (1) | Blank cell |
| Procedural (2) | Blank cell |
| Reason adjustment required: | Blank cell | |

| DETAILS OF PERSON REQURING ADJUSTMENT | | |
| --- | --- | --- |
| Is the person requiring adjustments already at the building/s? | YES | NO |
| If no, when will they be occupying the building/s?(3) | Blank cell | |
| If yes, what alternative interim arrangements have been identified?(4) | Blank cell | |

1. There can be a number of physical adjustments that may be considered. This could include the installation of an evacuation chair, the need for colour contract on stairs/edge markings, tactile plans, large print information, vibrating pagers, flashing beacons etc. Where a physical adjustment is required the assessor should contact the Corporate Property Services section for further assistance.
2. There can be a number of procedural adjustments. This could include moving the person requiring assistance to be moved to an alternative building, the training of staff to support the person (e.g. in carry down procedures) or support from security etc. Where a procedural adjustment is required the assessor should contact the Corporate Health & Safety section for further assistance.
3. It is important to identify when the person is to occupy the building as this will enable appropriate planning of adjustments to take place
4. Where alternative arrangements cannot be put in place in the building, the assessor should consider the safety implication of this. It may be necessary to accommodate the person requiring assistance in an alternative building until the necessary adjustments can be implemented.