

Fire Safety Protocol 11



Personal Emergency Evacuation Plan

Personal Emergency Evacuation Plan Checklist - PEEP 1

The forms contained within this section are provided to assist operational managers to evaluate the assistance and arrangements that may be required to aid employees or other relevant persons that may need assistance to evacuate the premise in the event of a fire emergency evacuation.

Section 1 - General information

Name of assessor:		
Name of the person for whom the plan was prepared:		
Assessed person's department:		
Date of assessment:		
Nature of impairment(s)/disability:		
Area(s) ⁽¹⁾ covered by the assessment:		
What times/days ⁽²⁾ are covered by this assessment?		
Does the building Fire Risk Assessment ⁽³⁾ denote that the proposed building has suitable access/egress?	YES	NO

- (1) The PEEP should, as far as practicable, be specific to individual areas of study/work/residence. However, if, for example, several activities are proposed to take place in adjacent areas from which escape will be affected using the same emergency provisions, then it may be possible to assess the provisions on one form. Hearing impaired persons will normally be able to be assessed on one form since the provisions made for this class of persons are likely to be the same regardless of location.
- (2) It is important to distinguish in the PEEP whether the area to be accessed will be used inside or outside '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 an 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 buildings you will be using and whether a PEEP has been completed for them:

Other Buildings used:	PEEP Completed?	
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO
	YES	NO

One of the following forms should be completed by the assessor and the assessed person.

- Form 2A - Mobility Impairment
- Form 2B - Visual Impairment
- Form 2C - Hearing Impairment
- Form 2D - General: for all other disabilities not falling within Forms 2A-2C.

Completed questionnaires should then be attached to this header sheet along with a copy of any remedial actions deemed necessary on PEEP2.

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 SHSC staff, i.e. Fire Marshal, Fire Warden, Building Evacuation Controller.

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

Signature: Date:

FORM 2/A - MOBILITY IMPAIRED PERSONS

Name:		Name of Department:	
Building to which this PEEP applies:			
Floors used:			
	Personal Emergency Evacuation Plan Checklists	yes	no
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	Are you able to and have you been shown how to use the refuge communications equipment?		
6	If you are (or will you be) resident in a SHSC owned property has a PEEP been prepared for your accommodation? (If not please ask for one to be prepared)		
7	Do you use a manual wheelchair?		
8	What is the approximate width of your wheelchair	mm	
9	If you use another type of mobility aid, what is it? (insert details)		
10	Could you transfer to an Evacuation Chair in an emergency with assistance?		
Activities on the Ground Floor			
11	At the intended time of use, how many fire exits are available for disabled use?		
12	If only 1 emergency exit is available, how far, approximately, is the exit from the area where you are starting to escape?		
13	How long, approximately, would it take you to evacuate, unaided, from the building? (please record a time for each of your available exits up to a maximum of 4)	minutes	
		minutes	
		minutes	
		minutes	
14	Are the escape routes free from any structural features that will present either a hazard or a barrier to you using any of the available fire exits?		
The following questions need to be answered by all 'ground floor based' mobility impaired persons that will be assisted by full time 'helpers'.			
15	Who will be providing this assistance? (insert names)		
16	Who will cover this 'help' role when your normal helper is absent, e.g. due to sickness, leave etc? (insert names)		

	Activities based above the ground floor (or in a basement with access by stairs)		
17	ASSESSOR: Have all possibilities for relocating the activity or service provision on the ground floor (of this or any other building) been exhausted?		
18	Is the area to be used above the ground floor?		
19	Is there a 'fire lift'?		
20	At the intended time of use, how many fire exits from the floor to be used are available for use?		
21	Do any of the escape routes involve escape into an adjoining building allowing horizontal evacuation?		
22	Have refuges been provided on, or adjacent to, each fire escape route (where applicable)?		
23	Where refuges have been provided, are these appropriate for use at the intended time of occupancy?		
24	Where refuges are not provided on all escape routes, does the existing fire escape signage clearly lead you to other refuges that are available?		
25	Are the refuge doors of the self-closing type and operating correctly?		
26	Do refuges have communication points that are accessible for you to use i.e. telephone or speaker connected to building fire control point or Security?		
27	Are you able to use an 'evacuation' chair?		
28	Can you transfer to an 'evacuation' chair without being lifted?		
29	Is there an evacuation chair provided in the building?		
30	Where are the nearest alternative chairs kept?		
31	How long, approximately, would it take you, unaided, to reach a place of safety in an emergency? (Please record a time for each of your available exits, up to a maximum of 4).	minutes	
		minutes	
		minutes	
		minutes	
	The following questions need to be answered by all 'non-ground floor based' mobility impaired persons that will be using/provided with full time assistants.		
32	Who will be providing this assistance?		
33	Who will provide assistance when your normal assistant is absent, e.g. due to sickness, leave etc.?		

ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Building User)	

FORM 2/B - VISUALLY IMPAIRED PERSONS

Name		Name of Department	
Building to which this PEEP applies:			
Floors used:			
Personal Emergency Evacuation Plan Checklists			
	AWARENESS OF EMERGENCY EGRESS PROCEDURES	Yes	No
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	If you are (or will you be) resident in a SHSC owned property has a PEEP been prepared for your accommodation? (If not please ask for one to be prepared)		
6	Do you require the emergency escape procedure to be on tape?		
7	Do you require the emergency escape procedures to be in Braille?		
8	Do you require the emergency escape procedures to be in large print?		
9	Can you read the fire escape signs?		
10	How long would you estimate that it would take to evacuate the building under assessment, unaided (other than with the help of any items identified above), in the event of an emergency?	minutes	
11	How many escape routes are available to you in the event of an emergency?		
12	Have any hazardous "projections" or other structural components been identified on your escape routes?		
	The following questions need only be answered by those visually impaired persons possessing some degree of visual capacity		
13	Are all escape routes clearly signed posted to meet YOUR requirements?		
14	Where applicable, are all escape corridors designed to prevent visual confusion in YOUR circumstances?		
15	Where applicable, are all escape staircases fitted with adequate colour contrasting nosing and a suitable handrail?		
	The following questions need to be answered by all visually impaired persons that will be using/provided with full time 'helpers' while in the building for which this peep is being prepared.		
16	Who will be providing this assistance?		
17	Who will cover this 'help' role when your normal helper is absent, e.g. due to sickness, leave etc.?		
18	ARE YOU AWARE OF ANY OTHER MEASURES THAT COULD BE INTRODUCED IN THE BUILDING UNDER ASSESSMENT THAT COULD FURTHER AID YOUR EVACUATION IN CASE OF AN EMERGENCY?		

ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Building User)	

FORM 2/C - HEARING IMPAIRED PERSONS

Name:		Name of Department:	
Building to which this PEEP applies:			
Floors used:			
Personal Emergency Evacuation Plan Checklists			
	AWARENESS OF EMERGENCY EGRESS PROCEDURES	Yes	No
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire, (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	If you are (or will be) resident in an SHSC-owned property, has a PEEP been prepared for your accommodation? (If not, please ask for one to be prepared).		
6	Can you hear the fire alarm in normal circumstances?		
7	Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?		
8	Do you require written emergency procedures to be supported by BSL interpretation?		
9	Is your work room fitted with a 'hard wired' flashing light (and a vibrating pillow if a study bedroom), linked to the fire alarm?		
10	Is your toilet (or shower/bathroom in halls) fitted with a flashing beacon linked to the fire alarm?		
11	ARE YOU AWARE OF ANY OTHER MEASURES THAT COULD BE INTRODUCED IN THE BUILDING UNDER ASSESSMENT THAT COULD FURTHER AID YOUR EVACUATION IN CASE OF AN EMERGENCY		

ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Building User)	

Thank you for completing this form, the information provided will be used by your Line manager to help produce a Personal Evacuation Escape plan to meet your needs.

FORM 2/D - GENERAL

Name:		Name of Department:	
Building to which this PEEP applies:			
Floors used:			
Personal Emergency Evacuation Plan Checklists			
	AWARENESS OF EMERGENCY EGRESS PROCEDURES	Yes	No
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	If you are (or will you be) resident in a SHSC owned property has a PEEP been prepared for your accommodation? (If not please ask for one to be prepared)		
6	Can you hear the fire alarm in normal circumstances?		
7	Do you need assistance to get out of your place of work/study in an emergency?		
8	Is anyone designated to assist you to get out in an emergency?		
9	Is the arrangement with your assistant a formal arrangement?		
10	In an emergency could you contact the person in charge of evacuating the building in which you work and tell him where you were located?		
11	Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?		
12	Can you move quickly in the event of an emergency?		
13	ARE YOU AWARE OF ANY OTHER MEASURES THAT COULD BE INTRODUCED IN THE BUILDING UNDER ASSESSMENT THAT COULD FURTHER AID YOUR EVACUATION IN CASE OF AN EMERGENCY		

ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Building User)	

Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.
You should now complete PEEPS 2

Personal Emergency Evacuation Plan Checklist - PEEP 2

PERSONAL EMERGENCY EVACUATION PLAN

1. PERSONAL DETAILS:

Name:	
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2. LOCATION:

Building	
Floor	
Room Number	
Times when the PEEP is applicable?	

3. AWARENESS OF PROCEDURES:

I have received the emergency evacuation procedures:

In Braille		On Tape	
In B. S. L.		In Print	
In Large Print		In SSE	

4. ALARM SYSTEM:

I am informed of an emergency evacuation by:

Existing alarm system		Visual alarm system	
Vibrating Pager		Other (please specify below)	

5. DESIGNATED ASSISTANCE:

Where applicable, the following people have been designated to give assistance when I need to get out of the building in an emergency.

Name:	Location:

My designated assistants have been trained in the emergency procedures required to aid in my evacuation in the event of an emergency:

Yes No

6. EGRESS PROCEDURE (To be provided by the Assessor):

Details of the specific emergency procedures from first alarm up to the building user reaching a 'place of safety. The details provided here should include a step-by-step account of how SHSC will ensure the building user will reach a place of safety from first alarm actuation to final exit. A diagram should be provided, where necessary, highlighting the position of specific escape routes, refuges and any equipment provided to ensure the safety of the person under assessment.

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7. ANY MATERIAL PROBLEMS IDENTIFIED

Complete PEEP 3 and send to the Directorate Risk Manager.
If satisfactory complete Section 8.

8. ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Building User)	



Personal Emergency Evacuation Plan Checklist - PEEP 3

Request For 'Reasonable Adjustments' to Facilitate Emergency Evacuation of Disabled Persons from SHSC Premises:

Section 1 - Assessor's details:

Name:	
Department	
Contact details (extension/email):	
Address	

Section 2 - Details of Reasonable Adjustment(s) Required:

Exact location where adjustment(s) required:	
Type of adjustment(s) required:	
Reason(s) adjustment required?	

Section 3 - Disabled User Details:

Is the disabled user already at the site?	YES	NO
If you answered NO to question 3.1, when will they be arriving at the building?		
Have alternative interim arrangements been identified?		

Signed:		Date:	
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Where adjustments are requested, information and a copy of this form should be sent to the Director of Facilities for authorisation.