

Part 1:

Arrangements for a Personal Emergency Evacuation Plan (PEEP)

Aim

The aim of a Personal Emergency Evacuation Plan (PEEP) is to provide people who may have problems evacuating the building in an emergency with a personal evacuation plan, based on their special needs.

The term “special needs” should be used in its broadest context by managers developing these procedures and should include people suffering from heart conditions, epilepsy, asthma etc., elderly persons and those suffering from temporary disablement such as broken or sprained limbs, and, in some circumstances, pregnant women.

Responsibilities

It is the responsibility of any person with special needs to contact their manager to start the process.

It is the responsibility of the manager to identify these needs, to arrange for the team member to complete the “Emergency Evacuation Questionnaire” and to arrange for the appropriate support from the Risk Manager (call Help Desk on Ext 6666), who will assist with the development of the PEEP.

If required, it is the responsibility of the manager to nominate people from his/her department to act as “buddies” and assist the person with special needs in the case of an emergency evacuation, or to make any other special arrangements that may be required.

Writing the PEEP

From the information gathered in the questionnaire, a Personal Emergency Evacuation Plan (PEEP) can be formulated.

If assistance with evacuation is required, the extent of such assistance should be identified in the PEEP i.e. the number of “buddies” and the methods to be used. These “buddies” will need to be trained to provide this assistance.

The PEEP should be reviewed at least every 3 months to determine whether alterations need to be made.

Document distribution

The master copy of the completed PEEP is to be held by the person with special needs.

Copies are to be distributed to:

- Fire Marshal(s) for the floor
- Security Control Room
- Risk Manager (London - Gallery 4)

Part 2

Emergency Evacuation Questionnaire

(To be completed by Member of Staff with Special Needs assisted by the line manager and the Risk Manager as appropriate)

Personal Details

Name:	
Job Title:	
Department:	
Phone number:	
Building	
Floor	

Awareness of Emergency Evacuation Procedures

1. Are you aware of the emergency evacuation procedures that operate in the building in which you work?
YES NO
2. Are the signs that mark emergency routes and exits clear enough?
YES NO
3. Do you require written emergency evacuation procedures:
YES NO
4. Do you require the emergency procedures to be in any special format e.g. large print?
YES NO

If yes to questions 3 & 4, please specify the requirement in the section "*special equipment or information provided*" in part 3.

Emergency Alarm

5. Can you hear the fire alarm(s) in your place(s) of work?
YES NO
6. Could you raise the alarm if you discovered a fire?
YES NO

If no to questions 5 & 6, please specify the requirement in the section "*Other actions required*" in part 3.

Awareness of Alarm

7. I am informed of a fire emergency evacuation by:
- a) The building alarm system
 - b) Pager or similar device
 - c) Visual alarm
 - d) Other (Please specify)
 - e) Extra assistance required

For "d) and e)" please specify the requirement in the section "*Other actions required*" in part 3

Getting Out

- f) Can you move quickly in the event of an emergency?
YES NO
- g) Do you find stairs difficult to use?
YES NO
- h) Are you a wheelchair user?
YES NO
- i) Would you need assistance to get out of your place of work in an emergency?
YES NO
- j) Is anyone designated to assist you to get out in an emergency?
YES NO
- k) Do they require training in the evacuation procedures
YES NO

Please specify the requirement in the section "*Other actions required*" in part 3

- l) Are you always in easy contact with those designated to help you?
YES NO

Using the above information please complete Part 3

Part 3

Personal Evacuation Plan Details

METHODS OF ASSISTANCE (e.g.: Transfer procedures, methods of guidance etc.)
SPECIAL EQUIPMENT or INFORMATION PROVIDED or REQUIRED
OTHER ACTIONS REQUIRED
EVACUATION PROCEDURE (A step by step account beginning from the first alarm). <i>In the event of an evacuation proceed to the nearest usable fireman's lift located at Towers 2, 4 and 6 with your "buddy" and wait for assistance from the emergency Services. (This sentence is for your guidance for completion only, delete as necessary):</i>
SAFE ROUTES
DESIGNATED ASSISTANCE Name: Contact details:
DESIGNATED ASSISTANCE Name: Contact details:

Date:..... **Signature of Line Manager:**

Review Date:..... **Signature of Line Manager:**

Review Date:..... **Signature of Line Manager:**

Review Date:..... **Signature of Line Manager:**

Review Date:..... **Signature of Line Manager:**