

Personal Emergency Evacuation Plan - PEEP

Once completed this plan should be communicated to **ALL** staff that are detailed to assist with the individual concerned in the event of an emergency. The PEEP assessment should be kept in the individual's personnel file or care plan with periodical reviews by local management.

Any significant changes in the individual's condition that may affect this PEEP should be reported to the assessment team below.

Plan produced for:	
Impairment/Disability:	
Date:	
Site:	
Location (ward, 1st floor etc.):	
Areas of occupation covered (Other areas such as transit routes from the entrance to their work station etc.):	

PEEP Assessment Team	Sign	Print
Ward manager/Line manager:		
Relevant Service user (capacity dependant) Or Staff member:		
Others please state:		

PEEP acknowledged and Authorised by	Sign	Print
Fire safety advisor:		
Health and safety advisor:		
Unit/Department manager:		
Others please state:		

Methods of assistance required (e.g. Transfer, guidance etc.)
Equipment Required

The person is made aware of an emergency by (please tick)			
Existing fire alarm system	<input type="checkbox"/>	Colleagues in work area	<input type="checkbox"/>
Pager device	<input type="checkbox"/>	Fire wardens	<input type="checkbox"/>
Visual alarm system	<input type="checkbox"/>	Other (Please state below):	<input type="checkbox"/>

Evacuation procedures (Step by step guide from initial alarm activation)

Safe routes/refuge areas

Additional information

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SAMPLE - DO NOT USE