# PERSONAL EMERGENCY EVACUATION PLAN FORM (PEEP)

| School | Garton on the Wolds CE VC Primary School |
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|---|---|
| Name | |
| Classroom | |
| Classroom and area within school | |
| Name of Class teacher and Teaching Assistant Responsible for PEEP | |
| Telephone Number | 01377 253110 |
| Date of PEEPS assessment | |

## REASON FOR PEEP

### MOBILITY ISSUES

- ☐ Unable to walk
- ☐ Cannot transfer/move easily
- ☐ Unable to use stairs
- ☐ Can only use stairs with assistance
- ☐ Temporary Issues e.g. broken leg
- ☐ Use of a wheelchair
- ☐ Use of Electric Wheelchair
- ☐ Uses walking aid

### EMOTIONAL ISSUES

- ☐ _____

### LEARNING DISABILITIES

- ☐ _____

### OTHER HEALTH ISSUES

- ☐ Asthma
- ☐ Epilepsy
- ☐ Dyslexia
- ☐ Dexterity problems
- ☐ Orientation Disorder
- ☐ Temporary e.g. Broken Arm

| **NORMAL SUPPORT REQUIRED**<br>(Link to Care Plan if appropriate) |
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| **PROCEDURE IN THE EVENT OF AN EMERGENCY** |
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| **METHOD OF ASSISTANCE**<br>(E.g. Transfer procedures, methods of guidance, etc.)<br><br>☐ Use of an evacuation chair<br>☐ Can get downstairs using handrails<br>☐ Needs Assistance with 1 person<br>☐ Needs Assistance with 2 persons<br>☐ Can move down stairs on their bottom<br>☐ Needs Doors Opening<br>☐ Provision of audible alarms<br>☐ Use of Buddy System<br>☐ Provision of additional Handrails<br>☐ Provision of Push bars/ pads to doors<br>☐ Needs familiarisation with fire Exits/ Escape Routes<br><br>Add any others |
| **EQUIPMENT PROVIDED:** |
| **EGRESS PROCEDURE**: (A step by step account beginning from the first alarm) |
| **SAFE ROUTES:** |

| **DESIGNATED ASSISTANCE**<br>Give names of staff |
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| "The following people have been designated to give assistance out of the building in an emergency". |

| **COMMUNICATION**<br>State how this information has been communicated to individuals/staff/carers/parents/nominated 'buddies' etc |
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| **ACTION PLAN -** Add more rows if necessary<br><u>Ensure Care Plan is updated/amended if appropriate</u> | | | | | |
|---|---|---|---|---|---|
| **No** | **ACTION** | **TO BE COMPLETED BY** | | **ACTION COMPLETE** | |
| | | **NAME** | **DATE** | **NAME** | **DATE** |
| **1** | | | | | |
| **2** | | | | | |
| **3** | | | | | |
| **4** | | | | | |
| **5** | | | | | |
| **6** | | | | | |
| **7** | | | | | |
| **8** | | | | | |
| **9** | | | | | |
| **10** | | | | | |

| AWARENESS OF PROCEDURE |
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| I have received the evacuation procedure in the following format:<br><br>☐ The evacuation routes have been explained to me<br>☐ The evacuation routes have been shown to me<br>☐ I have my own authorised plan<br><br>"I am informed of an emergency evacuation by<br><br>☐ Existing fire system"<br>☐ Members of my work team (each of these require a copy of this PEEP)<br>☐ Other (please specify)" |

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| *"I have been fully involved in the production of this PEEP and I am aware of the procedure to be followed in the event of an emergency evacuation. I will inform my manager if my condition changes which will affect it"* | Signature of Individual (if appropriate) |

| Class Teacher SIGNATURE | |
|---|---|
| *"This PEEP has been carried out in conjunction with the individual (where appropriate) and has been formally communicated as above* | Signature of Class Teacher |

| Scheduled Date of Next Review | Any Changes in Condition or Location? Clarify that All Controls are Still in Place | Signature of Class Teacher and Teaching Assistant | Date of Review |
|---|---|---|---|
| | | | |
| | | | |

***Schedule the Review of the Peep in Line with Care Plan Review***
***(if appropriate)***