**Standard Operating Procedure**  
*(Fire Safety 05)*

**Personal Emergency Evacuation Plan (PEEP)**

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<tr>
<th>Date</th>
<th>Review Date</th>
<th>Version</th>
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<tbody>
<tr>
<td>June 2018</td>
<td>June 2023</td>
<td>V3</td>
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</table>

**Purpose**

This document must be used when preparing a Personal Emergency Evacuation Plan (PEEP) for any member of staff who requires assistance with evacuating the workplace.

**Who should read this document?**

- Senior managers, heads of department/services, ward/line managers;
- Fire wardens;
- Any member of staff who requires assistance with evacuating the workplace.

**Key messages**

It is the senior/line manager’s responsibility to ensure that all members of staff who require assistance with evacuating the workplace have a PEEP in place.

**Accountabilities**

- **Production**: Fire Safety Advisor
- **Review**: Health and Safety Committee
- **Ratification**: Director Responsible (Fire Safety)
- **Dissemination**: Trust wide
- **Compliance**: Regulatory Reform (Fire Safety) Order 2005 and Firecode

**Links to other policies and procedures**

This policy links to the Trust’s Fire Safety and Arson Prevention Policy and Fire Safety Guidance

**Version History**

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<tr>
<th>Version</th>
<th>Date</th>
<th>Author/Details</th>
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<tr>
<td>V1</td>
<td>25.02.13</td>
<td>Dave Presswell (Fire Safety Advisor)</td>
</tr>
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<td>V2</td>
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<tr>
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<td>12.06.18</td>
<td>Dale Mills 5 yearly review (Fire Safety Manager)</td>
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**UHPNT is committed to creating a fully inclusive and accessible service.**

*Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.*

*We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.*

**An electronic version of this document is available on the Trust Documents.**

**Larger text, Braille and Audio versions can be made available upon request.**

TRW.FIR.SOP.759.3 Personal Emergency Evacuation Plan
Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Purpose and Scope

A Personal Emergency Evacuation Plan (PEEP) should be documented for any member of staff who requires assistance with evacuating the workplace. The plan will outline what additional measures or assistance that may be needed by the individual in order for them to evacuate safely.

Plans should have regards to:

- **Temporary refuges**: which are a place of safety within the building where people can wait for assistance. From here, the individual can be evacuated out of the building in a safe and controlled manner;
- **Safe routes**: unobstructed walkways allowing free movement around floor space, corridors, stairs etc., as well as use of door locks, fob access and key pads;
- **Mobility equipment**: e.g. wheelchairs for horizontal evacuation or specialist chairs provided in staircase enclosures for vertical evacuation. Trained staff only to operate specialist equipment.
- **Hearing impaired individuals**: need to be familiar with the evacuation procedure so that they see and understand the behaviour of others. In cases where they work alone, a visual or vibrating method of alert should be considered;
- **Visually impaired individuals**: adopt a buddy system so they are accompanied out of the building;
- **Training**: communicate the PEEP to the individual but more particularly to colleagues and fire wardens. Undertake practical trials and fire drills.

Procedure to Follow

The questionnaire in appendix 1 should be completed by the individual to assist with the development of a PEEP for their workplace.

**Should simulated evacuation drills highlight any problems with this plan please contact your Line Manager or the Trust Fire Safety Team.**

1. **Why you should complete this form.**
   As your employer, University Hospitals Plymouth NHS Trust has a legal responsibility to protect you from fire risks and ensure your health and safety at work. The PEEP should be developed jointly with your department Line Manager or Nominated Person (i.e. Fire Warden, Fire Safety Team).

2. **What will happen when you have completed the form?**
   You will be provided with additional information necessary about the emergency evacuation procedures in the building(s) you use/attend. Should you need further assistance the PEEP will specify what type of assistance is required.
3 Document Ratification Process

The design and process of review and revision of this procedural document will comply with “The Development and Management of Trust Wide Documents”.

The review period for this document is set as default of 5 years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health and Safety Committee and ratified by the Director Responsible for Fire Safety (Director of Planning and Site Services).

Non-significant amendments to this document may be made, under delegated authority from the Director Responsible for Fire Safety or by the nominated author. These must be ratified by the Director Responsible for Fire Safety and should be reported, retrospectively, to the Fire Safety Group (FSG).

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes.

Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Fire Safety Manager and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

4 Monitoring and Assurance

An electronic copy of the completed PEEP Part 2 only must be forwarded to Trust Fire Safety Team for inclusion in the fire risk assessment for the area.
Name:  
__________________________________________________________________________

Staff only

Job Title:  
__________________________________________________________________________

Department:  
__________________________________________________________________________

Brief Description of Duties:  

LOCATION

1. **Where are you based for most of the time?**
   Building:
   Floor:
   Room number:

2. **Do you routinely use more than one location, including those visited for recreation and/or personal purposes?**
   YES ☐ NO ☐
   If YES please provide further details below. (Please list the buildings and floors you used in each building)

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<thead>
<tr>
<th>Building</th>
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AWARENESS OF EMERGENCY EVACUATION PROCEDURES

3. Are you aware of the emergency egress/access procedures that operate in the building(s) you use?
   YES □  NO □

4. Do you require written emergency evacuation procedures?
   YES □  NO □

   a) Do you require written emergency evacuation procedures to be supported by British Sign Language interpretation?
      YES □  NO □

   b) Do you require the emergency evacuation procedures to be in Braille?
      YES □  NO □

   c) Do you require the emergency evacuation procedure to be on tape?
      YES □  NO □

   d) Do you require the emergency evacuation procedures to be in large print?
      YES □  NO □  DON’T KNOW □

5. Are the signs, which mark emergency routes, and exits clear enough?
   YES □  NO □  DON’T KNOW □

EMERGENCY ALARM

6. Can you hear the fire alarm(s) in your place(s) or work?
   YES □  NO □  DON’T KNOW □

7. Could you raise the alarm if you discovered a fire?
   YES □  NO □  DON’T KNOW □

ASSISTANCE

8. Do you need assistance to get out of your place of work in an emergency?
   YES □  NO □  DON’T KNOW □

   If NO please go to Question 12
9. **Is anyone designated to assist you to get out in an emergency?**
   
   YES ☐  NO ☐  DON'T KNOW ☐

   If **NO** please go to Question 11.
   If **YES** give name(s) and location(s)

10. **Is the arrangement with your assistant(s) a formal arrangement?**
   (a formal arrangement is an arrangement specified for them by the Head of Department or written into their job description or by some other procedure.)

   YES ☐  NO ☐  DON'T KNOW ☐

   a) Are you always in easy contact with those designated to help you?
   YES ☐  NO ☐  DON'T KNOW ☐

11. **In an emergency, can you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you are located?**

   YES ☐  NO ☐  DON'T KNOW ☐

GETTING OUT

12. **Can you move quickly in the event of an emergency?**
   YES ☐  NO ☐

13. **Do you find stairs difficult to use?**
   YES ☐  NO ☐

14. **Are you a wheelchair user?**
   YES ☐  NO ☐

Thank you for completing this questionnaire. The information you have given us will help us to meet any needs for information or assistance you may have.

Please return the completed form to your Line Manager or nominated person (i.e. Fire warden).
PERSONAL EMERGENCY EVACUATION PLAN FOR:

Name:

Department:

Building:

Floor:

Room Number:

Completed by: Date:

AWARENESS OF EVACUATION ALARM

The person requiring assistance is alerted to an emergency evacuation by:

Audio alarm system ☐ Pager device ☐
Visual alarm system ☐ Other (please specify) ☐

If an electronic device has been provided is this subject to scheduled maintenance?

Yes ☐ No ☐

DESIGNATED ASSISTANCE:

(The following people have been designated to provide assistance to evacuate the premises in an emergency).

Name:

Contact details:

Name:

Contact details:

Name:

Contact details:

Name:

Contact details:
METHODS OF ASSISTANCE (i.e. Transfer procedures, methods of guidance, etc.):

EQUIPMENT PROVIDED (including means of communication):

EVACUATION PROCEDURE (A step by step account from the first alarm):

SAFE ROUTE (S): Diagram