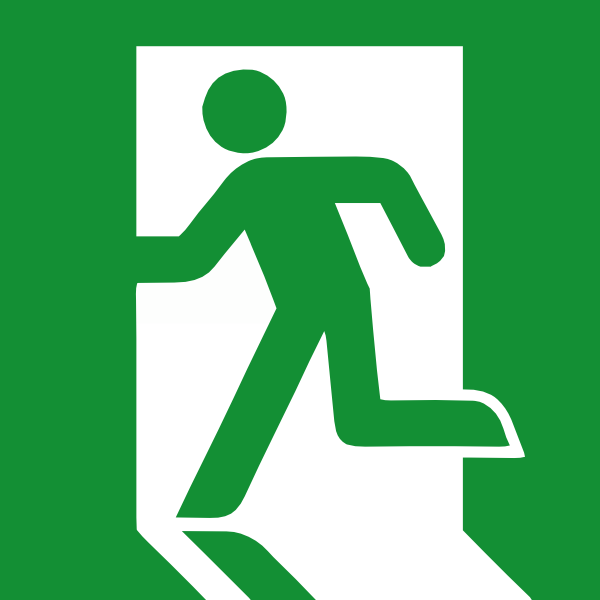
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**Personal Emergency Evacuation**

**Plan (PEEP) Residential Care**

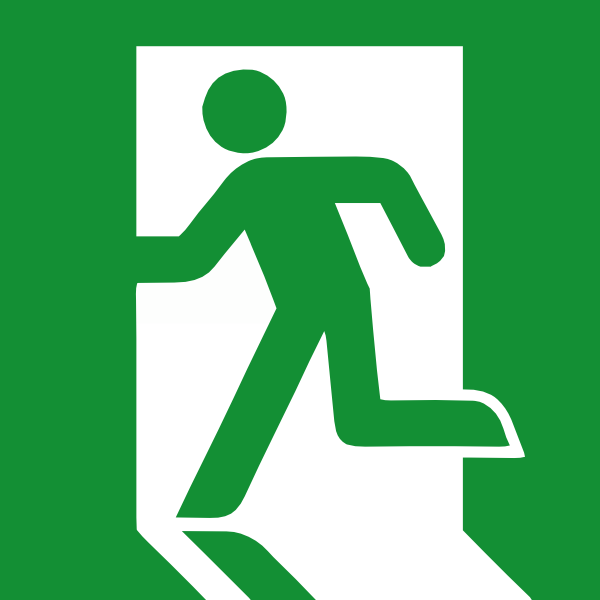
**(Revision 01)**

**Name of Resident:** Click here to enter text.

**Residents Bedroom Number & Floor Level:** Click here to enter text.

**Date of Assessment:** Click here to enter text.

**Prepared By:**



****

**Health & Safety Consultancy**

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**PEEPs & Fire Evacuation Strategies**

There are two essential aspects to consider when planning the safe evacuation of residents in the event of a fire; these are:-

1. PEEPs (Personal Emergency Evacuation Plans)
2. The overall Fire Evacuation Strategy for the Home

**PEEPs**

A personal Emergency Evacuation Plan (PEEP) is a bespoke plan for individual residents intended to identify those who are unlikely to self-evacuate due to physical or neurological impairment. PEEPs are intended to identify the evacuation equipment required and the level of staff assistance necessary to evacuate a resident quickly and safely.

**The Fire Evacuation Strategy**

The Homes’ Fire Evacuation Strategy looks at the overall plan for the evacuation of residents, typically using a process known as progressive evacuation. The strategy should consider the location of fire compartments, the number of high risk residents per compartment, internal and external fire assembly points, the buildings standard of fire separation between floor levels, the type of fire alarm system in place, travel distances to a place of safety etc. The objective of the Fire Evacuation Strategy is to ensure that residents can be moved to a place of relative safety in a time period of around 2 ½ minutes.

***The PEEPs and the Fire Evacuation Strategy go hand in hand, both are ineffective without the other being in place.***

For further assistance on PEEPs and Fire Evacuation Strategies, please contact Adrian Gouldin by phone (01332 668877) or email (agouldin@marpal.co.uk).

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| **Personal Emergency Evacuation Plan (PEEP) – Residential Care Homes** |

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| **Section 1 – Assessment Details** |

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| --- | --- | --- | --- |
| **Name of Care Home:-** |  | **Name of Resident:-** | Click here to enter text. |
| **Residents’ Bedroom Number, Unit and Floor Level:-** | Click here to enter text. | **Date of Taking up Residency:-** |  |
| **Name of Assessor:-**  **(Home Manager)** |  | **Date of Assessment:-** | Click here to enter text. |

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| **Notes** |
| This PEEP Assessment should be completed by the Home Manager and should form part of the overall strategy for the evacuation of the Home in the event of a fire.  Care Home providers and their staff have a responsibility to look after the health & safety of all of the residents in their care; this Personal Emergency Evacuation Plan (PEEP) template is intended to form part of the residents’ care package and assists in putting suitable and sufficient emergency plans in to place.  Whilst this template is intended to identify the needs of individuals, there may be further considerations that are not itemised within the standard template. Any additional required actions should be listed in Section 3.0 (Summary of Actions to be Taken).  It is envisaged that the PEEP Assessment will be completed prior to the resident taking up occupancy and thereafter be updated:-   * At or around 14 days after the resident took up residency at the Home (once the Home Manager and staff have got to know the resident). * Following a change in the residents’ health, mobility, medication or general behaviour. * On an ongoing basis at least every 6 months. |

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| **Section 2 – Information Gathering** |

| **Ref** | **Item** | **Response** |  | **Action to be taken** |
| --- | --- | --- | --- | --- |
| **1.0** | **Consultation with the Resident** | |  |  |
| 1.1 | Would the resident be able to comprehend the actions to be taken in the event of an emergency evacuation? | Choose an item. |  | Choose an item. |
| **2.0** | **Physical Considerations** | |  |  |
| 2.1 | In the event of an evacuation, would the resident require a walking aid, wheelchair or evacuation mat in order to vacate the room they are in and then progress to a place of relative safety? | Choose an item. |  | Choose an item. |
| 2.2 | In an emergency evacuation scenario, could the resident be lifted without the use of a hoist? | Choose an item. |  | Choose an item. |
| 2.3 | Does the resident suffer from strokes, cerebral palsy, muscular dystrophy, multiple sclerosis or similar condition that could affect their ability to self-evacuate? | Choose an item. |  | Choose an item. |
| 2.4 | Is the residents’ sight significantly impaired e.g. are they registered blind? | Choose an item. |  | Choose an item. |
| 2.5 | Is the residents’ hearing significantly impaired e.g. are they registered deaf? | Choose an item. |  | Choose an item. |
| 2.6 | Is the resident receiving end of life care or are they physically frail to an extent that moving them for evacuation purposes could be potentially life threatening? | Choose an item. |  | Choose an item. |
| **3.0** | **Neurological Considerations** | |  |  |
| 3.1 | Does the resident suffer from Alzheimer’s, Dementia, Parkinson’s disease, Huntington’s disease, Dyspraxia or other condition that would affect their ability to self-evacuate? | Choose an item. |  | Choose an item. |
| 3.2 | Is the resident likely to attempt to leave the site in the event of a fire alarm activation/evacuation? | Choose an item. |  | Choose an item. |
| 3.3 | In the event of a fire alarm activation/evacuation is the resident likely to resist being moved? | Choose an item. |  | Choose an item. |
| 3.4 | Does the resident suffer from conditions such as agoraphobia or similar condition that would hinder their movement? | Choose an item. |  | Choose an item. |
| **4.0** | **General Medical Issues** | |  |  |
| 4.1 | Is the resident receiving medication that could affect their ability to evacuate/be evacuated? | Choose an item. |  | Choose an item. |
| 4.2 | Is the resident attached to medical equipment that could either delay or prevent their evacuation? | Choose an item. |  | Choose an item. |
| 4.3 | Is the resident known to have a heart condition? | Choose an item. |  | Choose an item. |
| 4.4 | Is the resident diabetic? | Choose an item. |  | Choose an item. |
| 4.5 | Is the resident receiving oxygen therapy? | Choose an item. |  | Choose an item. |
| 4.6 | Does the resident have asthma or a breathing condition? | Choose an item. |  | Choose an item. |

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| **Section 3 – Summary of Actions to be Taken** |
| Choose an item. |
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| **Section 4 – Summary of Overall Risk** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Based on the information gathered about the residents’ health and mobility, the Home Manager is required to make an evaluation of risk on the evacuation needs of the resident using the following definitions and placing a cross in the low, medium or high box.  **Low Risk (Independent):-** The mobility of the resident is not impaired in any way and they are able to physically leave the premises without the assistance of staff or, if they experience some impairment, they are able to leave with minimal assistance from another person.  **Medium Risk (Dependant):-** The resident is neither low risk (independent) or high risk (very high dependency) they have either mental health problems and/or mobility problems.  **High Risk (Very High Dependency):-** The residents’ care and/or condition creates a high dependency on staff, or the immediate evacuation would prove potentially life threatening. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Low** |  | **Medium** |  | | **High** | |  |  | **Number of Staff Required to Assist:** | |  | |
|  | | | | | | | | | | | | |
| **Home Manager’s Signature:** |  | | | **Print Name:** | |  | | | | **Date:** | |  |
|  |  | | |  | |  | | | |  | |  |

**Please note that this PEEP Assessment only forms part of the overall Fire Evacuation Strategy for the Home.**