This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed, the PEEP will describe the pupil’s intended means of escape in the event of emergency, including drills. The PEEP will specify what type of assistance is agreed and how it is to be maintained to ensure the pupil’s continued safety and should include assistance required from the point of raising the alarm to passing through the final exit of the building.

A completed form should be held:

* by the pupil
* in the Pupil’s personal records
* by the Fire coordinator (for each building identified)
* by the Form teacher.

**Note:** This plan must be reviewed on an annual basis (at least) and when significant change in circumstances (of the building or pupil) is anticipated or identified i.e. change in timetable. This document should be coordinated by the SENCO/Inclusion Manager or designated member of the Senior Management Team (SMT).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pupil’s name:** | |  | | |
| **Registration room or number:** | |  | | |
| **Registration area location in building:**  (For secondary school pupils attach timetable to this document, showing daily movements; times and room numbers). | | | | |
|  | | | | |
| **Registration teacher’s name:** |  | | **Tel: Ext No:** |  |
|  |  | |  |  |
| **Date completed:** |  | | **Reviewed:** |  |
|  |  | |  |  |
| **Reviewed:** |  | | **Reviewed:** |  |

|  |  |
| --- | --- |
| **Name of person who completed this Form:** |  |
| **Date completed:** |  |

|  |  |
| --- | --- |
| **Date of next review:** |  |

**Points to consider:** Either the fire safety coordinator within the school or the responsible staff member should complete this form together with the pupil.

|  |  |  |
| --- | --- | --- |
| **Question for the pupil to consider:** | **Answer** | **Comments** |
| Do you change classrooms during the course of the day, which takes you to more than one location within the building and other buildings? |  |  |
| Do you have difficulties reading and identifying signs that mark the emergency exits and evacuation routes to emergency exits? |  |  |
| Do you have any difficulties hearing the fire alarm? |  |  |
| Are you likely to experience problems independently travelling to the nearest emergency exit? |  |  |
| Do you find stairs difficult to use? |  |  |
| Are you dependent on a wheelchair for mobility? |  |  |
| If you use a wheelchair would you have problems transferring from the wheelchair without assistance? |  |  |

**A: Alarm system**

**1. The pupil is able / unable to raise the alarm (delete as appropriate)**

If the pupil is unable to raise the alarm independently please detail alternative procedures agreed. If able give brief description of how.

|  |
| --- |
|  |

**2. The pupil will be informed of an emergency evacuation by:**

|  |  |  |  |
| --- | --- | --- | --- |
| existing alarm system: | 🞎 | vibrating pager device: | 🞎 |
|  |  |  |  |
| visual alarm system: | 🞎 | other: (please specify) | 🞎 |
|  |  |  |  |
| **Give details:** | | | |

**B: Exit route procedure (progress starting from when the alarm is raised and finishing on final exit)**

|  |
| --- |
|  |

**C: Designated assistance (details of all persons designated to assist in the evacuation plan and the nature of assistance to be provided by each)**

|  |
| --- |
|  |

**D: Method of assistance (e.g. transfer procedures, methods of guidance**)

|  |
| --- |
|  |

**E: Equipment Provided (details of all equipment needed to execute the plan and its location)**

|  |
| --- |
|  |

**F: Training on use of equipment**

|  |  |
| --- | --- |
| **Date** | **Comments** |
|  |  |
|  |  |
|  |  |
|  |  |

**G: Safe route(s) (description of all the safe routes that can be used)**

|  |
| --- |
| **N.B. A copy of the building plan with routes clearly marked may be useful** |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have the routes been travelled by pupil and responsible person? | 🞎 | 🞎 |
| Has a copy of the exit route on plan been attached? | 🞎 | 🞎 |
| Has the equipment detailed above been tried and tested? | 🞎 | 🞎 |
| Have all issues been completed to full satisfaction? | 🞎 | 🞎 |
| Has a copy of this form been sent to person responsible for fire evacuation? | 🞎 | 🞎 |
| Has the fire coordinator informed all relevant staff of these arrangements? E.g. Class teachers, support assistants. | 🞎 | 🞎 |

\_\_\_\_\_ mins

Record the length of time of practice evacuation.

**If *No* to any of the above please explain:**

|  |
| --- |
|  |

**I (pupil/parent) am/are aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above, (a parent is to sign this off on behalf of a minor):**

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil signature: |  | Date: |  |
| Pupil name: |  |  |  |
| Parent signature: |  | Date: |  |
| Parent name: |  |  |  |
| Person responsible for fire evacuation signature: |  | Date: |  |
| Person responsible for fire evacuation name: |  |  |  |
| SENCO signature: |  | Date: |  |
| SENCO name: |  |  |  |

|  |
| --- |
| **List of people who have received a copy of this completed document:** |
|  |
|  |
|  |

**Further help and advice: e.g. School Representative, Health and Safety Unit, School’s County Fire Safety Technical Adviser**

|  |  |
| --- | --- |
| **Contact** | **Telephone / Email** |
| School Fire Coordinator /  H&S Representative |  |
| Health and Safety Unit | Tel: 03000 418456  [healthandsafety@kent.gov.uk](mailto:healthandsafety@kent.gov.uk) |
|  |  |