This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed, the PEEP will describe the child’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 child’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:

* in the child’s personal records
* by the manager, SENCo and fire safety coordinator (for each building where applicable)
* by the class teacher.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pupil/child’s name:** |  | | | |
| **Class or room name/number:** |  | | | |
| **Location of classroom/room in building:** | | | | |
| **Teacher/manager’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:** In preparation for completing details in this form, consider the following, (discuss with the child/pupil if appropriate):

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

|  |
| --- |
| **A: Alarm System.** |

**1. The child/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 child/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 route(s) been travelled by child/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 the person responsible for the fire evacuation? | 🞎 | 🞎 |
| Has the fire coordinator informed all relevant staff of these arrangements? I.e. Class teacher, support assistant. | 🞎 | 🞎 |

\_\_\_\_ mins

Record the length of time of practice evacuation. \_\_\_\_\_ mins

**If *N*o to any of the above please explain:**

|  |
| --- |
|  |

**I/we (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):**

|  |  |  |  |
| --- | --- | --- | --- |
| Child/pupil Signature: |  | Date: |  |
| Child/pupil Name: |  |  |  |
| Parent Signature: |  | Date: |  |
| Parent Name: |  |  |  |
| Headteacher/manager Signature: |  | Date: |  |
| Headteacher/manager Name: |  |  |  |
| SENCO Signature: |  | Date: |  |
| SENCO Name: |  |  |  |

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

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

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