# Personal Emergency Evacuation Plan (PEEP)

#### This should be filled in by the care home manager or Responsible Person (if this is not the care home manager).

This document is a guide with examples of the type of questions you should be asking. Think about the needs of each resident and whether there are other questions you need to ask to build a tailored emergency evacuation plan.

#### Details of resident

Name of care home	-
Name of resident	
Resident's bedroom number and floor level	-
Date resident moved to care home	
Name of care home manager	
Date of assessment	

#### Information about resident

	Response	Action to be taken
Is the resident able to understand what action they need to take in the event of an emergency evacuation?		

#### **Physical considerations**

	Response	Action to be taken
In the event of evacuation, would the resident require a walking aid, wheelchair or evacuation mat to be able to leave their room and move to a place of safety?		
Can the resident be lifted without the use of a hoist?		
Does the resident suffer from strokes, cerebral palsy, muscular dystrophy, multiple sclerosis or similar condition that could affect their ability to evacuate without assistance?		
Is the resident's sight significantly impaired?		

### Response Is the resident's hearing significantly impaired? Is the resident receiving end-of-life care or are they physically frail to the extent that moving them for evacuation purposes could be potentially life threatening?

#### **Neurological considerations**

	Response
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?	
Is the resident likely to attempt to leave the site in the event of a fire alarm?	
If the fire alarm is activated, is the resident likely to resist being moved?	
Does the resident suffer from conditions such as agoraphobia or similar condition that would hinder their movement?	

#### General medical issues

	Response
Is the resident receiving medication that could affect their ability to evacuate with or without assistance?	
Is the resident attached to medical equipment that could delay or prevent their evacuation?	
Is the resident known to have a heart condition?	
Is the resident diabetic?	
Is the resident receiving oxygen therapy?	
Does the resident have asthma or a breathing condition?	

Action to be taken	A	cti	on	to	be	take	en
--------------------	---	-----	----	----	----	------	----

#### Action to be taken

Action to be taken

Personal Emergency Evacuation Plan (PEEP)

Step-by-step	guide to	emergency	evacuation	procedure	(from	ala
--------------	----------	-----------	------------	-----------	-------	-----

Personal emergency evacuation plan	
Assistance required (including number of staff)	
	Evacuation route(s)
Assistance methods/techniques	Peaced on the information given, the home menager or responsible person peads to make an
	Based on the information given, the home manager or responsible person needs to make an evaluation of the level of risk of evacuation of each resident.
· · · · · · · · · · · · · · · · · · ·	
	Low risk (independent): The resident's mobility is not impaired and they can physically leave the
	premises without assistance, or if they have some impairment they can leave with minimal assistance.
	Medium risk (dependent): The resident is neither low or high risk but they have mental health problems
	and/or mobility issues
	High risk (very high dependency): The resident's care and/or condition creates a high dependency on
	staff, or the immediate evacuation could prove life threatening.
Equipment provided	
·	Home manager/Responsible Person's signature
	Print name
· · · · · · · · · · · · · · · · · · ·	
	Date

## larm to safety)