

**Personal Emergency Egress Plan**

This form applies if you are a member of staff at the University of Worcester and you have a disability or if you would have difficulty in evacuating a building in the event of an emergency and therefore require a Personal Emergency Egress Plan (PEEP).

|  |  |
| --- | --- |
| Name: |  |
| Mobile |  |

# LOCATION

### Which Campus do you work on? (Tick all that apply)

St Johns CityRiverside

# EMERGENCY ALARM

### Can you hear the fire alarm(s) or be alerted by a flashing light in your place(s) of work? (This includes at night for those resident on campus)

YES  NO  DON’T KNOW

### Could you raise the alarm if you discovered a fire?

YES  NO  DON’T KNOW

# ASSISTANCE

### 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 8

### Is anyone designated to assist you to get out in an emergency?

YES  NO  DON’T KNOW

If YES give name(s) and contact details

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### Is the arrangement with your assistant(s) a formal arrangement?

(A formal arrangement is an arrangement specified for them or written into their job description or by some other procedure.)

YES NO DON’T KNOW

Are you always in easy contact with those designated to help you?

YES NO DON’T KNOW

# GETTING OUT

### Can you move quickly in the event of an emergency?

YES  NO DON’T KNOW

### Do you find stairs difficult to use?

YES NO DON’T KNOW

### Are you a wheelchair user?

YES NO

1. Is your wheelchair?

Manual (Propelled by You)

Manual (Pushed by a Helper)

A Power Chair

1. Are you able to transfer from the wheelchair?

Without assistance (self-transfer)

With minimal assistance (not including lifting or manual handling)

With human assistance (including some lifting / manual handling)

Only with the use of a hoist or other equipment

1. Are you familiar with Emergency Evacuation Chairs and if so can you use them in an emergency?

YES NO DON’T KNOW

1. If you are unable to use an Evacuation Chair what other method to descend stairs have you used?
2. If you are not a wheelchair user, do you use any of the following mobility aids?

Crutch (es)Walking / Assistance Stick  Walking Frame  None

Other (please specify)**:**

OTHER ISSUES:

1. Are there any other issues not raised on this form that you would like considered?

Thank you for completing this form.   
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 the Health & Safety Coordinator in the Personnel Department.**