**Bournemouth Gateway Club**  
**Personal Emergency Evacuation Plan (PEEP)**

Member name:

* The aim of a personal emergency evacuation plan (PEEP) is to identify the measures required in order to safely evacuate in the event of a fire.
* Every member must have their own plan which reflects the individual’s needs and requirements.
* This plan must be reviewed at least once yearly or more frequently when there is a change in circumstances.

|  |  |
| --- | --- |
| **Capacity** |  |
| Does this individual have capacity to understand and react appropriately to an emergency situation of a fire whilst at Bournemouth Gateway Club? | **YES / NO** |
| Does this individual attend with a support worker? | **YES / NO** |
| Is this individual able to consent to this plan? | **YES / NO** |

|  |  |
| --- | --- |
|  |  |
| **Mobility** |  |
| Does this individual have any mobility difficulties? Please give details. |  |
| Does this individual use any mobility aids? Please specify. |  |
| Would this individual need someone to physically assist them to safely evacuate the building? Please give details of support required. |  |
| Is there anything else we need to consider regarding their mobility? |  |
| Will they need a ‘buddy’ to support them to evacuate? | **YES / NO**  If yes see assistance required below |

|  |  |
| --- | --- |
|  |  |
| **Sensory Impairment** |  |
| Does this individual have a sensory impairment? Please specify. |  |
| Does this individual wear aids to improve their impairment? E.g. glasses or hearing aids. Please specify. |  |
| Would their sensory impairment affect their ability to safely evacuate at any time of the day or night e.g. would they hear the alarm if they don’t wear their hearing aids? |  |
| Is there anything else we need to consider regarding their sensory impairment? |  |

|  |
| --- |
| Are there any other support needs we need to consider which would impact on the personal emergency evacuation plan? |
|  |

|  |
| --- |
| Assistance Required (details of who is designated to assist in the evacuation plan, the nature of assistance and method of assistance) |
| **Members identified as needing additional assistance to evacuate will be allocated a named person to support them. Please add any further details here;** |

|  |
| --- |
| Equipment Required (details of any equipment needed to execute the plan) |
|  |

|  |
| --- |
| Has this plan been tested – date and comments |
| *Gateway staff and members hold a fire drill at least twice per year* |

**Completed by;**

**Name (print)**

**Signature**

**Position**  
**Date**