



NHS

**Castle Point and Rochford
Clinical Commissioning Group**

Fire Safety

CPRCCG CP03

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2 Introduction

This is the policy of NHS Castle Point & Rochford Clinical Commissioning Group (CCG) for ensuring that the CCG meets its statutory obligations around fire safety. It will ensure that the requirements of the following are met:

- Regulatory Reform (Fire Safety) Order 2005;
- Health and Safety at Work Act 1974;
- Building Act 1984 and Building Regulations 1991;
- Management of Health and Safety at Work Regulations 1999;
- Health Technical Memorandum 05-01 – Managing Healthcare Fire Safety;
- NHS Firecode Suite of Documents

Failure to implement this policy could place NHS Castle Point & Rochford CCG in a position of breaching its statutory requirements around fire safety.

3 Purpose

The policy applies to all premises owned or managed by NHS Castle Point & Rochford CCG.

This policy does not apply to NHS Castle Point & Rochford CCG staff when they are working in premises that managed by other organisations (for example, CCG staff who work in local authority offices). In these circumstances, CCG staff are to comply with the Fire Safety Policy of the managing organisation and they should familiarise themselves with local evacuation procedures.

Whilst providers who deliver services from CCG-managed premises will have their own procedures for reporting incidents and near-misses, the CCG expects that they will advise the Fire Safety Manager of any fire incidents to enable the CCG to meet its Health and Safety obligations as landlord.

4 Definitions

Fire Incident -_A fire incident can be defined as “any event which has given rise, or may give rise to, actual or possible personal injury or damage / loss to property as a result of fire”.

This definition includes near misses where an occurrence related to fire could have caused harm but did not do so on this occasion.

An example of this would be smouldering toast left unattended in a staff kitchen being discovered by another staff member before it catches light.

Fire Safety Management System (FSMS) - The FSMS comprises this Fire Safety Policy, the Fire Safety Procedures and Training Manual and Fire Action Notices that can be found in all CCG sites.

The FSMS is the framework by which the CCG will meet the requirements around fire safety.

NHS Firecode - This is a suite of guidance specifically covering fire safety in the NHS in England. It includes management, functional requirements and operational provisions. The Firecode is designed to support the FSMS but it will not specifically address every issue for all buildings.

5 Roles and Responsibilities

5.1 NHS Castle Point & Rochford CCG Governing Body

The Governing Body is responsible for receiving assurance that NHS Castle Point & Rochford CCG has in place a robust system for meeting its statutory obligations around fire safety.

5.2 Chief Finance Officer

This postholder is the Executive Director with Governing Body-level responsibility for fire safety. He or she is responsible for providing assurance to the Governing Body that the systems and processes in place meet the organisations' statutory obligations around fire safety.

5.3 Director on Call

When they are contacted to deal with a fire-related incident during the out-of-hours period, Directors on Call are responsible for ensuring that the out-of-hours incident report form is completed and logged with the Emergency Planning Manager on the next working day. The Emergency Planning Manager will in turn notify the Head of Performance & Corporate Services.

5.4 Head of Performance & Corporate Services

As the Fire Safety Manager for NHS Castle Point & Rochford CCG, this post holder is responsible for:

- Commissioning or providing appropriate staff training in fire safety, including fire awareness training, fire evacuation drills at CCG premises and training for fire wardens;
- Monitoring uptake of fire awareness training and reporting coverage regularly to the Quality & Governance Committee;
- Maintaining an up-to-date register of trained fire wardens;
- Commissioning the services of an appropriate qualified Fire Safety Advisor;
- Ensuring that fire evacuation procedures are prepared for each CCG premises;
- Monitoring the reporting and follow-up of all fire-related incidents
- Ensuring that fire safety issues are logged and follow-up through the CCG Health & Safety Action Plan
- Co-ordinating the completion of the Annual Certificate of Firecode Compliance.

5.5 Fire Safety Advisor

The Fire Safety Advisor is a consultant responsible for advising on the implications of fire safety legislation and guidance and for undertaking fire risk assessments and reviewing such assessments on an annual basis or more frequently if appropriate to do so. The Fire Safety Advisor also provides the Fire Safety Manager with evidence in relation to the fire safety compliance of all CCG premises to enable the Annual Certificate of Firecode Compliance to be completed.

5.6 Fire Wardens

Fire Wardens are members of CCG staff who have volunteered or been nominated by their director to perform specific duties in the event of a fire incident. These duties include:

- Undertaking a daily check of their area to ensure that fire exits and escape routes are not obstructed;
- Bringing to the attention of the Fire Safety Manager potential fire risks in their designated area such as the accumulation of flammable material or debris, overloaded or defective electrical equipment and fire doors wedged open
- On activating or hearing the alarms, ensuring that their predetermined designated areas are vacated as a matter of urgency and that all doors and windows are closed;
- Proceeding to the assembly point and reporting to the Fire Safety Manager that all staff and visitors in their area have been safely evacuated or that persons have been reported missing; and

- Preventing unauthorised re-entry into the premises before the all-clear signal is given.

Fire Wardens are also responsible for ensuring that their training is kept up-to-date on an annual basis.

5.7 Managers

Managers are responsible for:

- Ensuring their staff complete mandatory fire awareness training annually;
- Highlighting to the Fire Safety Manager when a gap occurs in fire warden coverage of their areas, such as staff leaving or long-term absence;
- Investigating fire incidents in accordance with the NHS Castle Point & Rochford CCG Adverse Incident Reporting and Investigation Policy.

5.8 All Staff

All staff are responsible for:

- Completing mandatory fire awareness training annually;
- Observing the NHS Castle Point & Rochford CCG No Smoking Policy;
- Reporting to their line manager any instances where fire safety procedures are compromised or not being observed;
- Co-operating and complying with the instructions of Fire Wardens to evacuate the building in the event of a fire drill or real fire incident;
- Reporting fire incidents in line with the NHS Castle Point & Rochford CCG Adverse Incident Reporting and Investigation Policy;
- Co-operating with management investigation of fire incidents;
- Conducting themselves in a manner which safeguards their own Health and Safety at Work and that of colleagues, patients and visitors.

6 Policy Procedural Requirements

6.1 Fire Risk Assessments (FRAs)

FRAs must be carried out by the Fire Safety Adviser on all premises managed by NHS Castle Point & Rochford CCG and reviewed annually or at any stage if changes are carried out which could affect the fire safety of the premises.

The purpose of the FRA is to ensure that any change (either to the usage or the physical characteristics of premises and within each department) that has an effect on fire risk is evaluated and remedial actions put in place to reduce that risk.

FRAs include clear instructions in relation to meeting the evacuation requirements of different people and will make recommendations regarding personal emergency evacuation plans (PEEP).

The FRA adopted by NHS Castle Point & Rochford CCG is simple, clear and effective and relies on common sense and good observation, rather than detailed technical knowledge or complicated mathematic calculations. The FRA meets the requirements of the Regulatory Reform (Fire Safety) Order 2005.

6.2 Annual Certificate of Firecode Compliance

All NHS organisations are required to complete an Annual Certificate of Firecode Compliance in December each year with respect to that calendar year and submit it to the Department of Health. The Fire Safety Adviser supplies the Fire Safety Manager with evidence for all premises of:

- Competent assessments of fire safety;
- Agreed programmes of fire precautions;
- Procedures for continuation of fire safety measures; and
- List of statutory notices served.

The Fire Safety Manager arranges for the Executive Lead for Fire to approve the evidence to enable the Certificate to be signed by the Accountable Officer. The Fire Safety Manager then forwards the Certificate to the Department of Health by 31st December.

6.3 Statutory Fire Drills

The effectiveness of plans for dealing with a fire and the level of staff awareness of these arrangements will be tested by fire evacuation drills. The drills will be organised by the Corporate Governance Team in conjunction with the Fire Wardens.

Fire evacuation drills will be carried out annually in all premises managed by NHS Castle Point & Rochford CCG. All staff / occupants will be expected to take part unless it would directly affect their Health and Safety to do so.

6.4 Fire Incident / False Alarm Monitoring

Fire incidents and false alarms are monitored by the Fire Safety Manager to ensure that any trends are identified and acted upon. Such incidents will form part of the quarterly Health and Safety report to the I Quality & Governance Committee.

All fire incidents and false alarms should be reported in line with the Adverse Incident Reporting and Investigation Policy.

6.5 Fire Safety and Fire Warden Training

NHS Castle Point & Rochford CCG has designated annual fire awareness training as mandatory for all CCG staff. This training will be delivered through an accredited e-learning package or through face-to-face sessions delivered by an appropriately qualified trainer.

NHS Castle Point & Rochford CCG will commission fire warden training from an appropriately qualified trainer at a frequency to be dictated by the need to maintain sufficient coverage of fire wardens across the organisation.

7 Monitoring Compliance

This Policy will be reviewed on a two yearly basis by the Corporate Governance Team or sooner in the event of legislative or significant changes that affect its implementation.

The Quality & Governance Committee is responsible for approving both minor and major amendments to the policy.

If only minor revisions are made then version number for the policy will be updated by “.1” e.g. from version 1.0 to 1.1.

If significant amendments need to be made then the version number would increase to the next whole number e.g. from version 1.1 to 2.

This Policy will be monitored by the Quality & Governance Committee, taking into consideration expert Health and Safety advice where necessary.

The Director who has overall responsibility for monitoring the policy is the Chief Finance Officer.

8 Associated Documentation

- Health & Safety Risk Assessment Policy
- Risk Management Strategy 2014-15
- Adverse Incident Reporting and Investigation Policy and Procedures
- Education and Development Policy
- No Smoking Policy

9 Equality Impact Assessment

NHS Castle Point & Rochford CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications.

This policy has been assessed using the NHS Castle Point & Rochford CCG Equality Impact Assessment framework and identified as having the following impact/s upon equality and diversity issues

Age	Marital Status	Disability	Gender & Pregnancy	Race	Sexuality	Religion	Human Rights	Total Points	Impact
0	0	1	0	0	0	0	0	0	Low

Points:

- 3 – This area has a high relevance to equalities
- 2 – This area has a medium relevance to equalities
- 1 – This area has a low relevance to equalities
- 0 – This area has no relevance to equalities

Scoring:

- 13-18 points – high impact
- 7-12 points – medium impact
- 0-6 points – low or no impact

Rationale:

This policy applies to all staff whether or not any of the above categories apply. There is an implication for people with physical and sensory disabilities in particular as these individuals will require consideration when evacuation plans are drawn up. Personal evacuation plans will be drawn up and reviewed as part of the fire risk assessment process.

APPENDICES

1 Fire Risk Assessment

OVERALL COLOUR ACTION CODE RISK GREEN/RED/AMBER
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STATUTORY INSTRUMENT 2005:1541
REGULATORY REFORM (FIRE SAFETY)
ORDER 2005

FIRE RISK ASSESSMENT



Address of Premises:	
Responsible person:	
Assessor:	Date:

PURPOSE OF COMPLETING A FIRE RISK ASSESSMENT

The purpose of completing a Fire Risk Assessment is to assess the hazards in a premises relating to fire precautions, and the likelihood that the hazards will cause harm or injury to persons in the building. The Risk Assessment Form provides a method of evaluating and presenting areas of concern within a building.

It should be borne in mind that it is the risk which is being scored and not the presence of a hazard - i.e.: if a building contained explosives (a hazard) but all fire precautions and management systems are in place, then the risk (the likelihood of that hazard causing harm) is acceptable.

The overall colour action code provides a guide to the timing of the action required e.g.

RED-Immediate action required AMBER-Within one month GREEN- Satisfactory

Any unsatisfactory features will be detailed under ***action required*** at the end of the report.

This report fulfils the statutory obligation to carry out a written Fire Risk Assessment under the Regulatory Reform (Fire Safety) Order 2005.

THIS WRITTEN FIRE RISK ASSESSMENT SHOULD BE KEPT ON THE PREMISES FOR INSPECTION BY AUTHORISED OFFICERS OF THE FIRE & RESCUE SERVICE

Description Of Building

Persons at Risk

Fire Hazards	Yes	No	N/A	Action/Remarks
Are potential Ignition sources controlled?				
Does the building contain piped oxygen or in cylinders?				
Is smoking controlled?				
Does excessive fire loading exist?				
Is there an arson or deliberate ignition risk?				
Is the storage of flammable liquids controlled?				
Are electrical fittings in good order and not congested, or buried in storage?				
Are heat sources controlled?				
Are cooking ignition sources controlled?				
Are portable electrical appliances tested?				
Are Waste and Rubbish collected regularly and place in external containers clear of buildings?				
Are surface linings, upholstery and drapery compliant and in good condition?				
Is there potential for fire spread from adjacent buildings?				

Fire Fighting	Yes	No	N/A	
Are fire hydrants, static water tanks, bypass valves, sprinkler stop valves, foam inlets, risers, and ventilation controls indicated and accessible?				
Is access available to emergency vehicles?				
Does a 'hot work' permit system for contractors exist?				
Means of Escape	Yes	No	N/A	
Are escape routes clear of combustible storage and obstructions?				
Are there sufficient exit widths and routes for the number of persons present?				
Are inner rooms controlled?				
Are all floors, stairways and pathway surfaces in good condition and free from trip and slip hazards?				
Are exit routes suitable & sufficient for disabled persons?				
Do the escape routes for the premises lead as directly as possible to a place of safety?				
Are all exit doors easily opened with a single device from inside without use of a key, key-pad, code or swipe card?				

Are final exits separated from each other by fire resisting construction?				
Do exit doors open outwards where this is necessary?				
Where installed, are external escape staircases and ramps maintained in a safe condition?				
Are the means of escape suitable for disabled people? <i>Refuges etc</i>				
Fire Doors & Compartmentation	Yes	No	N/A	
Are all fire-resisting doors and frames in good condition, fully closing and not wedged open?				
Are fire doors fitted with intumescent strips and cold smoke seals where necessary and in good condition?				
Are the self-closing devices effective and of approved design?				
Are hold-open devices of approved design?				
Are vision panels fire-resisting?				
Are there any breaches in the compartmentation of the premises?				
Are service openings and ducts in floors and walls 'stopped' with fire resisting material?				

Are fire shutters tested and kept clear?				
Are areas of high fire risk enclosed in fire resisting construction				
Travel Distances	Yes	No	N/A	
Do the travel distances meet the recommendations for the type of occupancy of the premises?				
Do the first stage travel distances meet the recommendations for the type of occupancy of the premises?				
Do the second stage travel distances meet the recommendations for the type of occupancy?				
Do the dead end travel distances meet the recommendations for the type of occupancy?				
Are all dead ends situations made up from fire resisting construction?				
Fire Warning System	Yes	No	N/A	
Is the fire alarm in good working order, with a uniform signal, audible throughout the building?				
Is fire alarm tested every week using a different call point in rotation and whilst the building is occupied?				

Is fire alarm serviced quarterly, six monthly and annually by a qualified engineer or as appropriate in accordance with its design specification?				
Is the automatic fire detection adequate for the occupancy?				
Are fire alarm tests recorded in a fire precautions logbook?				
Are all fire alarm interfaces compliant with BS 5839-1?				
Are unwanted fire signal monitored and controlled?				
Does the alarm system have a legible zone plan?				
Emergency Signage	Yes	NO	N/A	
Do exit signs comply with the 'Signs and Signal Regulations 1999'?				
Is the exit signage suitable and sufficient?				
Is exit signage illuminated where required?				
Are fire action notices displayed adjacent to fire alarm call points?				

Are fire-resisting doors marked? <i>Fire Door Keep Shut</i> <i>Fire Door Keep Locked Shut</i> <i>Automatic Fire Door-Keep Clear-Close at Night</i>				
Do extinguishers have information signage?				
Emergency Lighting	Yes	No	N/A	
Is the premises provided with emergency lighting system to the escape routes?				
Does a qualified engineer test the emergency lighting system in accordance with the system design				
Is there adequate light outside the workplace that will illuminate the escape routes leading to assembly points?				

Fire Fighting Equipment	Yes	No	N/A	
Having regard to the hazards, Is the correct type of equipment present?				
Is there sufficient numbers of fire extinguishers and fire blankets present?				
Is the equipment mounted correctly at locations (wall hooks or floor stands)				
Is the equipment being serviced annually?				
Where fire suppression and extinction systems other than fire extinguishers are installed in the building are these systems regularly tested, serviced and maintained?				
Fire Training	Yes	No	N/A	
Do staff receive annual fire training?				
Do staff get initial and refresher instruction?				
Is separate instruction given to staff with a specialist role within the fire procedure? <i>Key Staff and Fire Wardens?</i>				
Is the training recorded?				
Emergency Plan	Yes	No	N/A	
Type of evacuation plan? <i>Single Stage</i>				

<i>Progressive Horizontal Evacuation</i> <i>Delayed Evacuation</i>				
Are the staff provided with suitable instruction & training on evacuation procedures?				
Are evacuation drills carried out twice yearly?				
Is there a mutual aid procedure for the site?				
Is the assembly point clearly defined and safe?				
Fire Policy & Procedures	Yes	No	N/A	
Is there a clearly defined written fire policy?				
Is the policy document accessible to staff?				
Is the policy tested and reviewed?				
Are the written fire procedures accessible to all staff?				
Are disabled people considered in the fire procedures?				
Are key personnel roles identified in the procedures? <i>Fire Wardens/Marshals etc</i>				
Arson Prevention	Yes	No	N/A	
Is CCTV installed?				

2 Personal Emergency Evacuation Plan (PEEP)

Evacuation of Mobility Impaired and/or Disabled Persons

Mobility Impairment and the Law

The Regulatory Reform (Fire Safety) Order 2005 places a legal duty on those with 'responsibility' over the management and operation of premises to provide adequate means for emergency escape in the event of fire for all building occupants. The same rights in law apply to those members of staff or visitors in a building who for whatever reason suffer from some degree of mobility impairment. The Order required fire risk assessments to be undertaken as the means by which a 'responsible person' can identify and manage fire risks. The provision of facilities for the safe emergency evacuation of those with mobility impairments should be considered an important part of the fire risk management process.

What is Mobility Impairment?

As with many aspects of fire safety, the degree to which an individual is affected by a mobility impairment and the conditions of building access and occupation together constitute a life risk that may be unique to that individual's circumstances. A mobility impairment definition can be applied to any individual who is unable, or finds it difficult to move over the potential evacuation distance without the assistance of others, or at such a pace that would impede others escaping at a normal speed. In effect, the definition can be extended beyond the wheelchair user to elderly persons, those with breathing difficulties, those with temporary conditions such as pregnancy, or those injuries affecting their mobility. It could also affect those with a visual impairment, who move slowly because they cannot easily see the means of escape. In short any individual who is unable to evacuate with the main body of able-bodied occupants.

Other Disabilities

Other disabilities may also affect a person's ability to evacuate as quickly as required. These include, but are not limited to:

Hearing impairment, where somebody is unable to hear the fire alarm sounders, or is unable to hear guidance instructions given by members of staff, either with or without the added interference of alarm sounders;

Learning disability, where somebody cannot understand what is being told to them, does not understand the gravity of the situation, or moves in unpredictable directions;

Poor Mental Health, where a person may intentionally or otherwise act in an unpredictable manner, and possibly impede the progress of others.

What are the Fire Risk Moderating Options?

Over recent times the law concerning access discrimination against those with disabilities has extended to include all service providers and employers. In meeting the freedom of access laws, the potential exists to contravene fire safety law and this is where fire risk

assessment plays its part. Strategies and procedures associated with managing the safe evacuation of mobility impaired persons involve physical fire safety provisions and fire safety management provisions.

Physical provisions need to be suitable for all classifications of mobility impairment. They usually consist of a combination of evacuation lift provision and protected stairways with carry chairs, both provided with refuges to protect occupants from the effects of fire whilst they wait for assistance. Refuges need to be clearly recognisable and if we are to ask a mobility impaired person to wait whilst others evacuate, we must ensure that a means for these persons to communicate with the building management is available. Ideally, this would not be by means of a 2-wy radio, as the person awaiting assistance may encounter additional stress levels, worrying about how to use the radio. There is the added problem of battery-charging, and security of equipment.

A better solution is a simple to use intercom system, between the refuge area, and the final exit area. This should be at a height suitable for wheelchair users as well as others.

Fire Safety Management of Mobility Impaired Persons

It is clear that building occupants with mobility impairments will need assistance to safely evacuate. It is the responsibility of premises managers to ensure that the uniqueness of an individual's mobility impairment is properly coordinated with the physical provisions for their escape. The system normally applied is known as the Personal Emergency Evacuation Plan (PEEP). It is a system that constitutes a contract between the individual and the organisation that sets expectations from the individuals' point of view concerning what support he or she can expect and from the organisations perspective, applies reasonable conditions on occupation.

Where possible, the PEEP should be developed in conjunction with the individual (or parent and child, if the plan is for a child) to agree what action will be taken. For example, a person with a visual impairment may need to be escorted from the premises in case of a fire and a staff member should be nominated for this activity.

Once a PEEP has been established, arrangements should be put in place to ensure that these are practiced and it is recommended that these are carried out separately to the standard test evacuation. The needs of the individual should be considered and therefore it may be inappropriate for the individual to be involved in the test evacuation. In these cases, a volunteer to take their place should be identified.

Personal Emergency Evacuation Plan (PEEP)

Aim

The aim of a PEEP is to provide people who cannot get themselves out of a building unaided with the necessary information and assistance to be able to manage their escape to a place of safety and to ensure that the correct level of assistance is always available.

Responsibilities

It is the responsibility of [Responsible Person / nominated representative] to talk to disabled staff, service users, and visitors to assess whether they require any assistance in the event of an emergency. If someone believes they might require assistance, the PEEP Questionnaire should be completed. This should be completed by the Responsible Person or their nominated representative and, if possible, in liaison with the individual who has the disability / mobility impairment.

Writing the PEEP

From the information gathered in the questionnaire, a PEEP should be developed.

Given the unique characteristics of buildings and the need for a PEEP to take account of an individual's capabilities, disabled persons who regularly use different buildings may have to have a separate PEEP for each building.

If assistance with escape is required, the extent of such assistance should be identified in the PEEP, i.e. the number of assistants and the methods to be used. It is necessary to ensure that there is cover for absences, and the assistants may require training.

Evacuation in an Emergency

Assisting wheelchair users down stairs

Where disabled persons are located above the ground floor there are a number of considerations. In all the following cases Evacuation Lifts (where fitted) or Refuges should be identified and clearly marked

Temporary Refuges

A refuge is a designated temporary safe place where disabled people can wait for assistance. It is an area that is both separated from a fire by fire resisting construction and provides a safe route to final exit, e.g. the head of a protected stairway – where there is sufficient space. The provision of a refuge will permit a staged evacuation to be implemented. A refuge area must be clearly signed and should be of sufficient size to accommodate both people using it as a refuge and any people passing through on their way out of the building.

Lifts

Most lifts cannot be used in an emergency. Any lift used for the evacuation of disabled people should be an "evacuation lift". The individual lift servicing contractor, or a Specialist Fire Safety Advisor, will be able to tell you if, and in what circumstances, a lift may be used in the event of a fire.

Safe Routes

A PEEP should contain details of the necessary escape route(s). Clear unobstructed gangways and floor layouts should be considered at the planning stage.

It is especially important to ensure that security devices on doors, etc., are all able to be operated by the evacuating persons.

It is also necessary to ensure that there are (as many as possible) alternative routes and that the routes are not excessively long.

Deaf and Hearing Impaired persons

Generally, most deaf people alongside hearing work colleagues, relatives or carers will not require special equipment, providing they have been made aware of what to do in the event of a fire. They will be able to see and understand the behaviour of those around them.

However, deaf and hearing impaired persons working alone may need an alternative method of being alerted to an emergency. For example many alarm systems have visual indicators in the form of a flashing light, or vibrating pager systems can be used.

Blind and Partially-sighted persons

Staff, service users, regular visitors, etc. should be offered orientation training and, where applicable, this must include alternative ways out of the building. If a blind person uses a guide dog it is important that the dog is also given ample opportunity to learn these routes.

Training

To be effective, any Emergency Plan depends on the ability of staff to respond efficiently. Staff will therefore receive instructions, practical demonstrations and training appropriate to their responsibilities. This may include some or all of the following elements:

Fire drills for staff, service users, regular visitors, etc.

Specific training/instruction for nominated members of staff e.g. Fire Wardens

Specific training/instruction in the use of Fire Extinguishers etc.

PEEP Questionnaire for Disabled Person

This questionnaire is intended to be completed by disabled persons to assist the development of a Personal Emergency Evacuation Plan (PEEP). Please provide as much information as you can to enable us to develop a suitable plan.

Once developed, the PEEP will be used to assist escape in the event of an emergency (including drills). If the practice drills identify concerns in the implementation of the evacuation, then please contact "Responsible person/nominated representative for assistance in find suitable solutions.

Why you should fill in the form

We have a legal responsibility to protect you from fire risks and ensure your health and safety. The PEEP will be developed based on the information you provide.

What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency evacuation procedures in the building(s) you attend.

If you need assistance, the "Personal Emergency Evacuation Plan" will specify what type of assistance you need. There may be some parts of the most appropriate premises where

safe evacuation cannot yet be provided without alterations to the building/structure. In these circumstances the way forward will be discussed with you.

Name:

Location

Which part of the building do you normally work in / visit?
Please name: the building, the floor and the room.

Do you routinely use more than one location in this building?

YES No

If you feel it is necessary, please provide further details below. (Please list the floors & rooms you use in each building

Emergency Procedures

Are you aware of the emergency evacuation procedures which operate in the building(s) you attend? YES NO

Do you require written emergency procedures? YES NO

Do you require written emergency procedures to be supported by British Sign Language Interpretation? YES NO

Do you require the emergency evacuation procedures in Braille? YES NO

Do you require the emergency evaluation procedure to be on tape? YES NO

Do you require the emergency evacuation procedures to be in large print? YES NO

Are the signs which mark emergency routes and exits clear enough? YES NO

Emergency Alarm

Can you hear the fire alarm(s) in your place(s) of work? 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

Is anyone designated to assist you in an emergency? YES NO Don't Know

If YES give name(s) and location(s) _____

Is the arrangement with your assistant(s) a formal arrangement? (a formal arrangement is one specified for them by a senior person, 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

In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you are located? 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

Thank you for completing this questionnaire.

The information you have given us will help us to meet the needs for information or assistance you may have.

Please return to: _____

Personal Emergency Evacuation Plan

Name _____

Department _____

Building _____

Floor _____

Room _____

Awareness of Procedure

The disabled person is informed of a fire evacuation by:

Existing alarm system

Pager device

Visual alarm system

Other (please specify)

Designated Assistance:

(The following people have been designed assist me to evacuate the building in an emergency)

Name _____

Contact details _____

Name _____

Contact details _____

Name _____

Contact details _____

Equipment Provided:
(including means of communication)

Evacuation Procedure:
(A step by step account being from the first alarm)

Safe Route(s):

Date of Agreement _____



NHS
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