

HSP 11D Personal emergency evacuation plans (PEEPs)

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Briefings

Having read this procedure all key points must be communicated to all staff. All residents should be included in the care homes evacuation plan.

1. Introduction

There are two essential aspects to consider when planning the safe evacuations of residents in the event of a fire; these are: -

- i) PEEPs (Personal Emergency Evacuation Plans)
- ii) The overall Fire Emergency Plan for the Home.

A personal Emergency Evacuation Plan (PEEP) is a bespoke plan for individual residents intended to identify those who are unlikely to self evacuate due to physical or neurological impairment. PEEPs are intended to identify the evacuation equipment required and the level of staff assistance necessary to evacuate a resident quickly and safe.

The Homes Fire Emergency Plan looks at the overall plan for the evacuation of residents, using a process known as horizontal evacuation. The objective of the Fire Emergency plan is to ensure that residents can be moved to a place of relative safety in a time period of around 2 ½ minutes.

2. The problem

Residents within our Care Homes who can evacuate without any staff assistance at all are few and far between – it is therefore essential to plan in advance for an emergency evacuation and identify the level of assistance and types of equipment required. Any evacuation plan must not rely on the intervention of the Fire and Rescue Service to make it work.

3. What the Regulations require

The General Manager of the home will be responsible for ensuring that all residents are provided with a suitable emergency escape plan and located in appropriate rooms within the care home.

Failure to make provisions for the safe evacuation of disabled people from its premises may be viewed as discrimination under The Disability Discrimination Act 1995 (DDA). In this respect age infirm individuals should be treated in the same way as disabled.

4. Assessing the risk

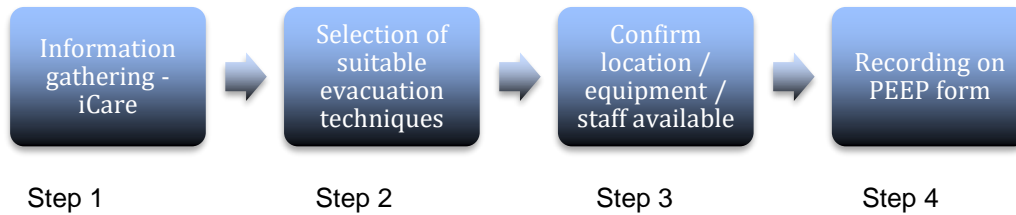
When choosing a method of evacuation and equipment required, the speedy and safe evacuation of the residents is the main objective.

In the event of a fire, the evacuation of residents is deemed 'an exceptional circumstance'. Within reason, the normal rules of moving and handling do not apply – eg a resident who is hoisted for day to day care would not normally be hoisted for evacuation purposes, unless they are too heavy to manually transfer to a wheelchair or ski-sheet.

The purpose of the PEEP is not to document the day to day lifting and handling needs of a resident.

5. PEEP Assessment

The steps of individual PEEP assessment are as follows:



Step 1: Information gathering – iCare

An assessment of residents physical & neurological issues is completed as part of resident admission to the home. The ability to evacuate a resident in an emergency is documented on iCare with the following form:-

1.05 Care Assessment – Personal Emergency Evacuation Plan – Fire

The form has a number of assessment criteria, the first seven of which are mandatory.

Assessment questions from iCare.

No.	Assessment criteria	Notes
1.	On which floor of the building is the resident located	Mandatory field – drop down list
2.	Give details of suite and room number	Mandatory field – drop down list
3.	What is the resident's current mobility level?	Mandatory field – drop down list
4.	Are there any additional risk factors in the resident's room?	Mandatory field – drop down list
5.	Cognition / comprehension	Mandatory field – drop down list
6.	Total score	Green / Amber / Red (see Section 6 below for criteria)
7.	How many staff will be needed to evacuate the resident	Mandatory field – drop down list
8.	Horizontal evacuation method	- Should be populated
9.	Vertical evacuation method	-
10.	What are the hazards in relation to the risk to the resident	-
11.	What are the hazards in relation to the risk to others?	-
12.	Control measures	-
13.	What is the resident goal in relation to maintaining a safe environment?	-

Notes : fields marked – can be left blank.

Step 2: Selection of suitable evacuation technique

The quickest and most suitable evacuation method should be selected for the resident. Section 6 below gives details of the standard evacuation options.

Step 3: Confirmation of suitability of location / equipment etc

Once the evacuation needs of the residents have been established – the room location, location of equipment and staff requirements need to be considered. More information of this is provided in Section 7 below.

Step 4: Recording on PEEP form.

A standard form format has been designed to record PEEPs. This takes and simplifies information entered into the Care Plan. See example in HSP 11D1. This is a summary broken down into a traffic light system of risk / dependency.

It is envisaged that the PEEP assessment should be completed prior to the resident taking up occupancy and following any change of the residents health, mobility or general behaviour recorded on iCare.

6. Standard Evacuation options

It should be remembered that what a resident is prepared to do in exceptional circumstances may differ significantly from what they can reasonably manage in their everyday activities. The Personal Emergency Evacuation Plans (PEEPs) should be prepared with the view of what is required in a real emergency situation:

Risk Level	Description	Definition
Green	Independent	The mobility of residents is not impaired in any way and they are able to physically leave the premises without the assistance of staff, or if they experience some impairment, they are able to leave with minimal assistance from another person.
Amber	Dependent	Residents requiring assistance
Red	Very high dependency	Those residents whose care and or condition creates a high dependency on staff or where immediate evacuation would prove potentially life threatening.

When choosing a method of evacuation, the speedy and safe evacuation of the residents is the main objective. A resident who is hoisted for day to day care would not be hoisted for evacuation purposes, unless they are too heavy to manually transfer to a wheelchair or similar aid. Similarly a resident who normally uses a Stroller may be better served for evacuation purposes by a wheelchair with staff assistance.

The ultimate selection of which evacuation technique to use in an emergency situation will be determined by a dynamic assessment at the time.

The most common evacuation options are described below:

↓ Doc		Equipment	Personnel
Independent		Mobile - Walks slowly.	Staff instruction
		Mobile - Walking stick.	Staff instruction

	Green risk	Mobile - Stroller.	Staff instruction
		Mobile - Wheelchair.	Staff instruction
	Dependent	Stick	1 Staff
		Stroller / frame	1 Staff
		Wheelchair	1 Staff
	Amber risk	Assistance – downstairs	1 staff
		Very high dependency	Wheelchair / Wheeled Commode
	Hoist / Wheelchair		2 staff
	Ski sheet		2 Staff
	Additional requirement – 3 person		3 Staff
Red risk			

Independent - Make own way slowly

Impaired and age-infirm residents are likely to be frightened and disorientated and affected by the presence of even a small amount of smoke. Consider that even with assistance they will still be slow to move. To speed up the process, a wheelchair can be used to aid the less ambient. It can be considered good planning to be aware of wheelchair locations for emergency situations.

Even the most independent individuals may still require assistance to negotiate self-closing fire-resisting doors which will be closed. Those already evacuated to a protected area may also need to be prevented from returning to the fire area.

Dependent – Wheelchair evacuation

Transfer of a resident into a wheelchair is a quick and efficient evacuation technique. It can generally be achieved in under a minute. The location and availability of wheelchairs is a critical factor. The staff member should go through any doors first and pull wheelchair after them.

Wheeled commodes can also be used for evacuation and these are often found within rooms at night.

Benefits: Quick & simple.

Points to consider: Availability and location of wheelchair, transfer down stairs difficult.

Very high dependency - Evacuation via ski sheets

A ski sheet is a single red nylon sheet that sits permanently on the underside of foam / air mattresses on resident's beds. Evacuation involves pulling the two seatbelt style buckles across the chest and feet and moving the resident with the mattress. It is recommended to put a pillow on residents chest to prevent the buckle digging in. The stronger member of staff is advised to be pulling the buckles and at the leading end out through door. Once through the door both members of staff can move to the pulling end. The mattress needs to be pulled tight to ensure it goes through the door.

Evacuation requires a minimum of two staff – if time allows some staff can prepare the resident whilst others complete the lifting.



The obvious flaw to this method is the size and weight of the resident can make it untenable. The staff members may be petite and not very strong and unable to pull the person off the bed. The PEEP must take this into account. The issue here is physical injury both to resident and staff.

Notes on using with an air mattress

Air mattresses are a potential source of air which if punctured could cause fire to spread more quickly so their use should be carefully considered.

Ski sheets can be used with some air mattress as long as there is a facility for connecting the two air pipes to prevent deflation. This connection must be done quickly as air loss is rapid. For an evacuation which can be pre-planned the air pressure can be increased prior to transfer. Do not pull the DNR tab as this will deflate mattress immediately. Staged evacuation should be considered for multiple rooms to prevent blocking in corridor.



Connection of two air pipes on Carilex mattress

Benefits: Unobtrusive, good for immobile residents.

Points to consider: requires access both sides of bed, physical work, air mattresses requires unplugging, buckles can get caught in bed if not stored properly.

Evacuation via Ski pads

Ski pads are designed for manoeuvring less mobile individuals through confined spaces such as stairways and doors. They are located near the top of stairways within our care homes. They consist of a narrow 5cm foam mat and require residents to be transferred into them. Evacuation requires a minimum of two staff.



Benefits: suitable for narrow staircases.

Points to consider: difficult to transfer residents into as typically on floor.

7. Locations of Rooms / Equipment

Once the evacuation needs of the residents have been established, the location of the resident within the Home needs to be considered.

Bariatric and any other residents who could not be carried down stairs by staff, should not be placed on the upper floors. Very high risk residents should ideally be placed within a ground floor level bedroom, ideally with external doors or alternatively place these residents in small fire compartments adjacent to exit doors. Avoid placing too many high risk residents in one fire compartment as this may extend required evacuation time for the compartment above 2 ½ minutes.

Equipment needs to be available in an emergency, hence location of any wheelchair store is important. There should be one ski pad available in or near every upper floor level enclosure.

7. Associated documents

8. A Summary of the main points

Check that:

- An up to date PEEP includes all residents in the home.
- Staff have been trained in evacuation techniques.
- Residents are located in rooms appropriate to their evacuation requirements.
- Evacuation aids are available in the event of an emergency.

9. Document history

Author	Steve Andrews (Health & Safety Manager)
Date of Implementation	08/05/2017
Date of next full review	01/01/2027

Issue	Date	Author	Reason
1.0	08/05/2017	Steve Andrews	New document.

2.0	19/06/2017	Steve Andrews	Methods of evacuation updated after exercises.
2.1	21/06/2017	Steve Andrews	Added warning about use of air mattresses.
2.2	12/07/2017	Steve Andrews	Reviewed at H&S Committee – added comment about final choice of evacuation technique determined by dynamic risk assessment.
2.3	10/01/2018	Steve Andrews	Full document review – no change.
2.4	03/12/2018	Steve Andrews	Incorporated assessment process on iCare.
3.0	13/01/2021	Steve Andrews	Full document review – no changes
4.0	08/02/204	Steve Andrews	Full document review – section 7 (Associated documents added)
4.0	27/02/2024	Steve Andrews	Banner updated, no other changes, issue number kept same.