Cheshire and Wirral Partnership
NHS Foundation Trust

Document level: Trustwide (TW)
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Issue number: 3

CWP Major Evacuation Plan

Lead executive	Director of Operations
Authors details	Emergency Planning and Business Continuity Coordinator – 0300 303 4582

Type of document	Policy
Target audience	All CWP staff
Document purpose	To respond quickly to the needs of patients, staff and visitors likely to be at risk during an evacuation.

Approving meeting	Emergency Planning Sub Committee	Date 14-Jan-20
Implementation date	14-Jan-20	

CWP documents to be read in conjunction with	
GR6	Fire safety policy
GR7	Major Incident Plan
EP1	Business Continuity Policy and Procedures
CP36	Securing or locking of access doors to inpatient areas
GR8	Security Policy
GR9	Bomb Threat Policy
GR11	Hostage or Siege Policy

Document change history	
What is different?	Review of contents. Addition of Appendix 3 - Overview of the roles and responsibilities in an evacuation
Appendices / electronic forms	No
What is the impact of change?	No

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	*Heads of Clinical Services*
Corporate services	*Emergency Planning Leads*
External agencies	*Local Health Resilience Partnership*

Financial resource implications	None

External references
1. NHS England Planning for the Shelter and Evacuation of people in healthcare settings (2014)
2. HM Government Evacuation and shelter guidance updated 2017

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Contents

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1. Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) major evacuation plan will address the requirements of evacuation in order to respond quickly to the needs of patients, staff and visitors likely to be at risk during an evacuation.

This plan incorporates the site specific fire policies of all major hospitals within the Trust.

Where evacuation is necessary, it is generally undertaken in stages where patients are involved. Progressive horizontal evacuation is a tried and tested process adopted throughout healthcare buildings in England. This involves moving people at immediate risk to a place of temporary safety beyond the nearest fire compartment wall. From here further evacuation can take place should it become necessary.

In making arrangements for evacuation, CWP must consider the statutory duties relating to human rights and equality.

This document should be read in conjunction with the Trust's Major Incident Plan, Strategic Business Continuity Plan (BCP), local BCPs, site specific fire evacuation plans and GR6 Fire Safety Policy

1.1 Aim

The aim of CWP's major evacuation plan is to provide a coordinated response in the event of the evacuation of a healthcare building; outlining an operational framework for both response and recovery.

CWP's Major Evacuation Plan is based on, firstly, the principle of prevention.

Each site has a regularly-tested fire alarm system, and a fire evacuation assessment is completed twice a year. Fire officers give advice and guidance to building managers and staff. Competent Persons (Fire) are appointed to each site and manage all fire-related issues reporting them directly to the Fire Officers and Estates as appropriate.

Evacuation zones and assembly areas are designated in each site and stated in the general description of each hospital section of the individual Major Evacuation Plans.

1.2 Objectives

The objectives of CWP's major evacuation plan are to;

- Promote the safety of all people;
- To demonstrate a better understanding of the potential risks that might give rise to the need to evacuate;
- To consider the particular logistical challenges that would be posed in evacuating;
- To provide a framework for response in the event of an evacuation of a healthcare building;
- To ensure an ordered and efficient recovery in the event of an evacuation.

1.3 Testing and validation

This plan will be tested and validated through exercises developed as part of CWP's annual emergency planning training and exercising programme, the responsibility for which lies with the Emergency Planning Sub Committee (EPSC). The plan will be reviewed as necessary in light of learning from incidents, exercises and comments received.

1.4 Audit and amendment

The plan will be subject to on-going review and revision as well as a formal review every two years which will be completed by the CWP EPSC. All amendments will be audited and communicated to partners.

1.5 Freedom of Information (FOI)

Release of information contained in this document should be considered with regard to FOI and Data Protection legislation.

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2. Definitions

The purpose of evacuation is to move people, and where appropriate other living creatures, away from an actual or potential place of danger to a safer place.

3. Procedure

3.1 Plan activation

The order to evacuate can be given both internally by the 2nd and 3rd Tier On-call Managers and externally by Cheshire & Merseyside NHS England Strategic Command in conjunction with the Police.

The decision to activate the plan can be taken by the 2nd and / or 3rd tier on-call and would take into account:

- The overall risk to patients;
- Appropriate, safe transport and patient tracking mechanisms;
- A pre-planned and suitably equipped destination.

3.2 Triggers

There are three primary conditions when evacuation would be necessary or should be considered:

1) **Extreme emergency –** Where there is an immediate threat to life or safety.

2) **Emergency –** No immediate threat, but an incident is likely to spread from an adjoining area.

3) **Precautionary –** No immediate threat to life or safety, but there is an incident on an adjoining floor or in an adjacent building.

4. Duties and responsibilities

Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

CWP will:

- Raise awareness among staff about all aspects of evacuation and fire safety;
- Identify staff members to be further trained and take on the responsibility of fire wardens;
- Implement business continuity arrangements to mitigate the effects of an evacuation;
- Ensure that all hospital entrances and corridors are kept clear from obstructions;
- Following command and control procedures as outlined by NHS England;
- Identify any vulnerable patients and staff and make adequate arrangements for their health and safety.

CWP Major Incident Executive On-call

CWP Major Incident Executive On-call will:

- Where necessary activate major incident procedures, coordinating a major incident team if appropriate;
- Prepare a communications strategy and liaise with CWP communications team where appropriate;
- Maintain good communications with Cheshire & Merseyside NHS England Strategic Commander where appropriate;
- Maintain good communications between the 2nd and 3rd tier on-call.
- Ensure that the Major Incident Team have an overall view of new temporary working arrangements;

Chief Executive and Directors

The Chief Executive has overall responsibility for ensuring that the organisation complies with the statutory duties under the Civil Contingencies Act 2004, complies good practice guidance within the NHS Emergency Preparedness, Resilience and Response Framework 2015 and the Cabinet Office

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Chapter 5 (Emergency Planning). All Directors have a responsibility to be familiar with the Business Continuity policy and to ensure that BCM becomes part of the everyday culture for the organisation.

The Executive Team will also ensure that contracts with suppliers of critical goods and services must include a requirement for the supplier's business continuity processes to be approved and exercised to the satisfaction of this organisation.

The Chief Executive is responsible for nominating spokespersons and approving press releases, statements and stories to be used in media handling.

Accountable Emergency Officer/ Associate Director of Operations
The Accountable Emergency Officer leads on the development of Emergency Planning and Business Continuity Planning and is supported by the Emergency Planning Sub-Committee to ensure that emergency preparedness and business continuity arrangements are in place and are robust across Care Groups and Corporate Services.

Emergency Planning and Business Continuity Coordinator
The Emergency Planning and Business Continuity Coordinator supports the Accountable Emergency Officer on the development of Emergency Planning and Business Continuity Planning and is supported by the Emergency Planning Sub-Committee to ensure that emergency preparedness and business continuity arrangements are in place and are robust across Care Groups and Corporate Services.

Business Continuity Planning Leads
Each Care Group and Corporate Department must have a designated Business Continuity Planning Lead (BCP Lead).
Each BCP Lead will be responsible for the following:

- Ensuring that risk assessments and business impact analysis are undertaken for each service and risks entered onto the organisational/departmental risk register
- Ensuring that the training of key staff within each Department is undertaken, including giving a documented localised induction to staff involved in the BCM process
- Completing the Business Continuity Plan template and ensuring that it is reviewed annually or following any major change; is tested and maintained
- Ensuring that staff are aware of the need to escalate to the appropriate on-call Manager in the event of any disruption to service and that a report incorporating lessons learned is completed and forwarded to the Emergency Planning Officer within a week of the event.

Head of Operations
Each Care Group is managed by a Head of Operation who will be responsible for the following:

- Overall ownership and co-ordination of crisis management and business operational recovery for the relevant Care Group.
- Plan maintenance, policy, review and testing activities relevant to the Care Group, together with BCP Lead.
- Implementing the BCP in response to incidents affecting the Care Group, together with BCP Lead.
- Ensuring that the BCP Lead has a suggested minimum of one day per month protected time for Emergency Planning work, for some services, to be agreed within the PDP and to be reviewed annually.
- Ensuring all relevant departments within the Care Groups are able to discharge their individual responsibilities to normal service levels.

Heads of Clinical Services
Each Clinical area is managed by Heads of Clinical Service Manager (CSM) who will be responsible for the following:

- Defining, communicating and implementing policy to ensure resilience of service provision against potential threats to normal service.
- Defining the operational response to an incident.
- Minimising the impact and duration of an incident affecting the service.

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- Ensuring effective operational practices are in place and well-rehearsed to ensure swift restoration of normal service following all anticipated business disruptions.
- Communicating policy and plans with existing employees together with Line Managers during supervision.
- Policy and plans to be highlighted during local induction for all new employees by the relevant manager.

Director of Finance
The Director of Finance is responsible for the following:
- Ownership and responsibility for ensuring that revenue-generating and cash collection activities are maintained at the normal level in the face of threats.
- Establishing effective Business Continuity Planning to combat threats to these operations, so as to reduce, or remove the impact and/or duration of such threats.
- Ensuring the people, processes and technology required are in place to maintain normal services for revenue and cash generation.
- Defining and executing policy of managed communication with customers and prospects, in the event of a threat, incident, or situation deemed to require it.
- Defining, communicating and implementing policy to ensure resilience of Finance activities against potential threats to normal service.
- Defining the operational response to an incident in this service.
- Minimising the impact and duration of an incident affecting this service.
- Ensuring effective operational practices are in place and well-rehearsed to ensure swift restoration of normal service following all anticipated business disruptions.
- Establishing and maintaining necessary arrangements to enable financial commitments to be met in a situation.
- Re-negotiating financial facilities and arrangements as necessary to minimise the effects of the situation on the organisation.
- Managing all exceptional financial transactions during a situation, including all insurance and banking matters arising.

Director of People Services and Organisational Development
The Director of Peoples Services and Organisational Development is responsible for the following:
- Defining, communicating and implementing policy to ensure resilience of Human Resources activities against potential threats to normal service.
- Defining the operational response to an incident in this area.
- Minimising the impact and duration of an incident affecting the service.
- Ensuring effective operational practices are in place and well-rehearsed to ensure swift restoration of normal service following all anticipated business disruptions.
- Ensuring the welfare needs of staff are met during a situation.
- Sourcing interim or replacement staff as appropriate to the situation.

Associate Director of Communications, Marketing and Public Engagement
The Associate Director of Communications, Marketing and Public Engagement is responsible for the following:
- Providing a nominated spokesperson.
- Providing press releases, statements and stories to be used in media handling to the Chief Executive.
- Ensuring staff, service users and other stakeholders are informed of situations, as directed by the Major Incident Management Team.
- Notifying stakeholders when normal services will be/has been restored and what (if anything) will be done to avoid the same scenario happening in the future.
- Defining key messages for staff, service users and partners.
- Implement agreed communications strategy.

All Employees
- All employees should be familiar with the Business Continuity Policy and must be aware of the plans that affect their service and their role following invocation of the business continuity plan.

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- Communication with existing employees will be by the Heads of Clinical Services and Line Managers via supervision.
- Policy and plans will be highlighted during local induction for all new employees by the relevant manager.
- Any staff who are sub-contracted; bank or agency workers; volunteers; trainee students etc. (NB this list is not exhaustive) will be supported to comply with the policy and plans by the relevant manager.

Cheshire & Merseyside NHS England Strategic Commander will:

- Co-ordinate the local NHS response where the ability to respond exceeds the capacity of CWP.
- Co-ordinate resources to support evacuation using Local Resilience Forum mutual aid arrangements.

5. Command and Control

The Executive on-call in CWP will manage the incident locally, implementing the major incident plan and procedures (where appropriate). The executive on-call will ensure that up to date information is passed to the Cheshire & Merseyside NHS England Strategic Commander in order that the overall position can be monitored from a strategic position. In the event that the incident exceeds the response capacity of CWP, the trust must alert the Cheshire & Merseyside NHS England Strategic Commander immediately.

If there is an immediate threat to life requests to evacuate can be made by Cheshire or Merseyside Police or Cheshire or Merseyside Fire & Rescue Service. But, for other less threatening incidents the decision ultimately rests with the CWP command and control team. If however, the reason for evacuation is due to an act or potential act of terrorism, the Police can order evacuation.

The command and control of a hospital evacuation will be managed by the Trust's Major Incident Plan. It also sits alongside the Trust's fire evacuation plans that are already in place for CWP.

METHANE

The Joint Emergency Services Interoperability Principles (JESIP) identifies METHANE as the preferred model to share information to promote a shared situational awareness.

Please Note: The full evacuation of a hospital site will trigger a Cheshire or Merseyside wide 'Major Incident'

See appendix 1 for Incident alerting diagram.

See appendix 2 for Command and Control Communications diagram.

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6. CWP trigger levels and stages of evacuation

6.1 Triggers of evacuation

There are three primary levels when evacuation may be necessary or should be considered:

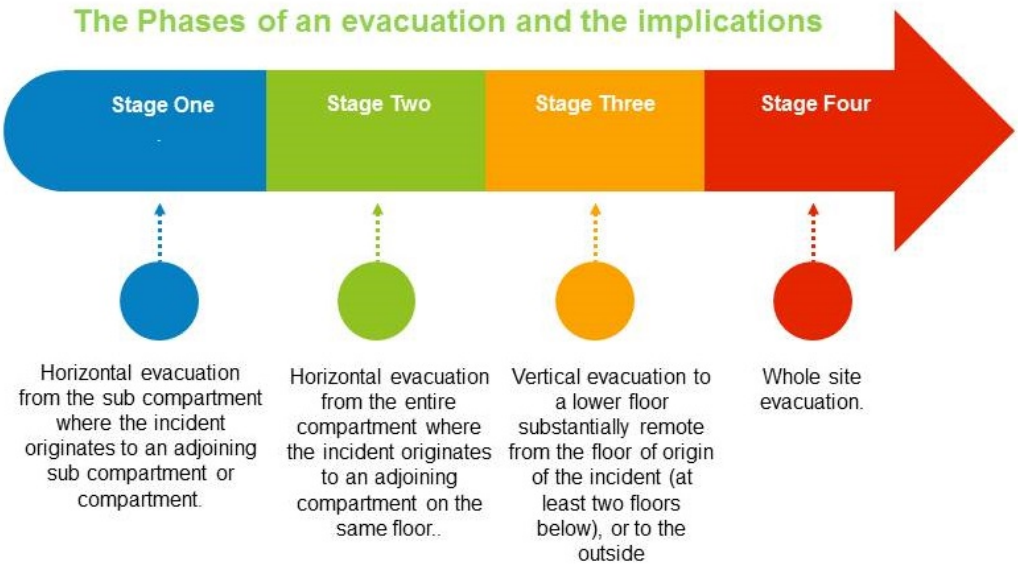
Table 1: The levels when evacuation may be necessary and the implications

The decision to shelter or evacuate should only be taken if following a dynamic risk assessment, the risk to life of remaining in situ is assessed to be greater than the risk evacuation. In certain circumstances, it will be safer to remain in situ or invacuate rather than evacuate.

6.2 Four Main Stages of Evacuation

The need for shelter or evacuation will depend on the circumstances of the incident. The type of incident will also influence the time available for evacuation and whether partial or full evacuation is required. Should evacuation be necessary, advance warning can allow staff and patients to prepare and facilitate an efficient and effective evacuation. Consideration should be given to declaring 'Major Incident Standby' at the earliest opportunity, allowing time for supporting agencies and services to get into a state of readiness.

Phased evacuation should be considered where different parts of premises are to be evacuated. Evacuation is undertaken in a controlled sequence with those parts of the premises expected to be at greatest risk being evacuated first.



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In the event of escalating to stage 4, CWP will declare a major incident.

It is at the discretion of the 3rd and 2nd tier on-call as to whether a major incident is declared at stages 1 to 3.

7. Patient Management

7.1 Triage

Patient safety is integral to the decision making process for any evaluation incident. It is the responsibility of all healthcare staff to do the 'most for the most' during an incident involving the evacuation of patients. In-patient consultant-led speciality teams and nursing staff will have a key role prioritising their in-patients for inter-hospital transfer if required. Triage assists with making decisions on whom to evacuate and in what order and needs to be a dynamic process.

Triage also helps determine: the resources required to shelter and / or evacuate patients, the mobility of patients, the type of shelter and equipment required the length of time it will take to facilitate the relocation and the type of transport required for off-site evacuation.

The national ambulance service major incident triage card system has been adapted to assist with evacuating patients (see table 3 overleaf). When following this triage card system the process of ***reverse triage*** is to be implemented. This means Priority 3 / P3 patients should be considered the highest priority for evacuation, followed by Priority 2 / P2, then Priority 1 / P1.

The evacuation triage algorithm uses mobility and dependency to determine the evacuation triage priority, categorising patients into the groups:

- **Very Dependent**
- **Dependent**
- **Independent**

In order to aid planned and emergency evacuation health organisations should consider recording patient's evacuation triage priority, the equipment required to be evacuated with the patient, the staff resources needed to evacuate the patient and the specialist drugs required for evacuation in an easily accessible location.

Clinical Decision Making

When considering whether to move a patient, there are a number of factors which should be considered including:

- Difficulty of movement (i.e. mobility of patient, what equipment is needed to be taken to ensure patient care)
- The time that would be taken in moving a particular patient vs. moving other patients also on the ward / in the clinic
- The risk to the patient of them being moved
- The risk to the patient of them remaining in situ

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Healthcare Evacuation Reverse Triage Priorities**:**

Evacuation Priority	Category	Triage Card Colour	Definition
Evacuation Priority 3 (Triage Priority 1)	Very dependent	Red	a. patient is on assisted ventilation b. patient is of such a weight as to require the assistance of 3 or more staff to effect evacuation c. patient cannot be disconnected from 1 or more pieces of apparatus for more than 60 seconds d. patient is connected to life support machinery e. patient is unconscious and in life threatened state f. patient requires more than 7 minutes to be disconnected from 1 piece of equipment g. patient is undergoing surgery h. patient has undergone major surgery under general anaesthetic i. patient requires 2 staff to effect evacuation j. patient can only be moved on his/ her bed k. patient is in critical condition/attached to more than 1 piece of apparatus l. patient is unconscious m. patient is under section mental health act n. patient is blind or deaf or has other extra-ordinary communication needs
Evacuation Priority 2 (Triage Priority 2)	Dependent	Yellow	a. patient can only move on his/her bed b. patient is connected to 1 piece of apparatus (e.g. drainage bag) c. patient must be moved in a wheelchair by another person d. patient requires more than minimal assistance or is unwilling to be dressed in adequate clothing e. requiring therefore 1 or more persons to assist f. patient has dementia to the extent that they cannot be left without supervision g. patient can walk unaided for less than 5 metres h. patient has severe sight impairment or severe hearing impairment
Evacuation Priority 1 (Triage Priority 3)	Independent	Green	a. patient can mobilize by him/herself in a wheelchair b. patient can walk unaided at less than normal pace c. patient has significant sight or hearing impediment d. patient can walk at same speed and for same distance as a member of staff e. patient can get out of bed and dress in adequate clothing with none or minimal assistance

(Source: NHS England EPRR Planning for the Shelter and Evacuation of people in healthcare settings

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7.2 Personal Emergency Evacuation Plans (PEEPs)

All staff, patients and visitors who may have difficulties evacuating Trust buildings independently in the case of an emergency should have a personal emergency evacuation plan, known as a PEEP (see Appendix 4).

What is a PEEP?
The main purpose is to ensure the safety, in a building evacuation situation, of the named person that the PEEP concerns. The PEEP will also record and communicate the suitable method of evacuation, identify those people who will assist, and any training or practice needs. The Competent Person (Fire) for each building should produce a PEEP when they are aware that staff, patients or visitors may experience difficulties in responding to a building evacuation alarm.

Who is involved in creating a PEEP?
The PEEP is a personal plan and so must be drawn up with the active participation of the person concerned. The Competent Person (Fire) is responsible for reviewing the risk assessments for the activities of the individual. They will need to do this in consultation with the Trust Fire Safety Advisors. Visitors to Trust premises that may require assistance during an evacuation will require a 'dynamic' PEEP which will require the local manager making reasonable adjustments, e.g. meeting on ground floor locations, providing assistance etc.
The Competent Persons (Fire) will receive specific guidance on the production of PEEPs as part of their training.

Using a PEEP
All staff who could be expected to aid the evacuation of a disabled person should receive a copy of the relevant PEEP at the time it is prepared. A PEEP should be activated immediately when the alarm is raised.

Creating a PEEP
Guidance to the process for creating a personal emergency evacuation plan (PEEP) can be found of the Fire Safety Intranet Page.

7.3 Transport

As well as the varying needs of patients depending on their assessed vulnerability, particular attention and consideration will need to be given to:

- Transport of patients on site between buildings
- Transport of patients to alternative locations on site e.g. to a temporary holding area
- Transport of patients from one healthcare site to another hospital or healthcare site
- Transport of patients to places of shelter off site

Clinical support for the safe transportation of patients in vehicles would have to be considered on a patient to patient needs based requirement.

Sources of transport that are currently used by CWP include:

- Statutory ambulance service
- Patient transport services
- Trust Facilities
- Voluntary Aid Societies; British Red Cross and St. Johns Ambulance
- Commercial (Taxi)
- Buses e.g. accessed via local authority and commercial

Transport decisions should be linked to the triage evacuation priorities process.

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8 Shelter

Each inpatient area has a personal site specific evacuation plan in the event of a fire. This evacuation plan should be used for all other incidents which require an evacuation.

When identifying onsite shelter points in the initial stages of an evacuation, reference to the wards shelter plans should be used.

When identifying offsite shelter points, any building designated by local authorities can be used to provide temporary accommodation for evacuated people. Basic facilities include those for eating, sleeping, registration and information and welfare. Evacuees are expected to remain in the centre for no longer than 24 hours. The Local Authorities has a list of all predetermined shelters. These include:

- Local Authority rest centres
- Churches
- Town Halls
- Community Centres

9. Communications

Category 1 responders have a duty under the Civil Contingencies Act 2004 to communicate with the public, and specifically to ensure that the public is made aware of the risks of emergencies that the public is provided with information and advice. For further guidance regarding emergency communications, please refer to the CWP Major Incident Plan.

10. Equipment to support the movement of patients

Where horizontal evacuation is being adopted, non-ambulant patients should, where possible be evacuated by bed, or by wheelchair with any equipment required for their welfare and their medical notes.

When / if the need for vertical evacuation is identified, alternative equipment may be necessary. Examples of such equipment include evacuation mats, evacuation chairs, slide sheets etc. CWP has limited provision for the transportation of bariatric patients, CWP in house team can transport wheelchairs to a width of 76cm, anything over this we would request a bariatric ambulance from North West Ambulance Service.

Evacuation equipment is regularly tested in line with the fire evacuation training that takes place annually.

11 Site Management

The security of CWP is of principle concern while it is being evacuated. Use of the lockdown process for controlling the movement and access – both entry and exit – of people around building or area is an effective way of achieving this. CWP cannot physically prevent people from leaving their premises (even if the hazard or threat is outside the building which is locked down).

By operating a lockdown process, CWP can help to prevent further safety issues from occurring. Lockdown is achieved through a combination of physical security measures and the appropriate deployment of security personnel. For further guidance for lockdown procedures, please refer to the CWP's Securing or locking of access doors within inpatient areas policy.

A lockdown / controlled access activation can lead to an evacuation. For example, if a lockdown continues to the point at which CWP can no longer adequately function, a partial or full evacuation of a site or building may be necessary. Therefore, the lockdown / access activation policy and this evacuation plan are mutually supportive.

12. Mutual aid

Where mutual aid is required, CWP will escalate the incident to the Cheshire & Merseyside NHS England Strategic Commander.

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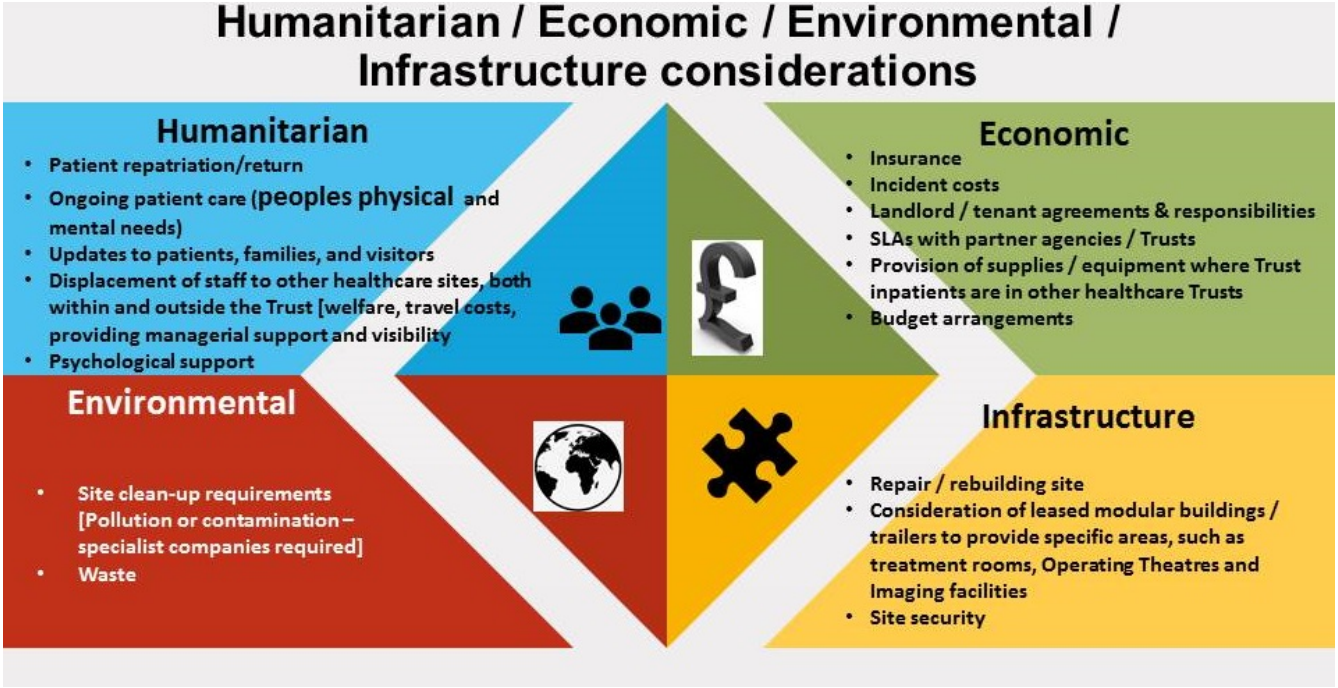
13. Recovery and debrief

It is important to recognise that Incident Response, Business Continuity and Recovery will be activated during an evacuation. Both Business Continuity and Recovery planning should start as soon as possible, ideally during the evacuation itself, although it will be dictated by the circumstances at the time. Early consideration of recovery and patient repatriation options including the strategic opportunity to plan for a new normality will ensure a smooth transition through each phase of the incident.

There are four main areas to consider: Environmental, Humanitarian, Economic and Infrastructure.



(Source: NHS England EPRR Planning for the Shelter and Evacuation of people in healthcare settings)

At the start of the recovery process, it is vital that a clear recovery strategy is developed and agreed by the Executive On-call;

The recovery strategy will need to cover the following key objectives:

- Ensure BCP leads carry out an impact assessment and report to the Executive On-call.
- Ensure all BCP leads develop a recovery action plan in accordance with the CWP recovery strategy.
- Ensure that all staff are informed of the CWP recovery strategy.

The Executive On-call will carry out a full debrief of the emergency to incorporate:

- What elements of the response went well
- What are areas for development
- Any other comments

A full debrief report including recommendations will be produced by the CWP emergency planning team for the operations board and made available to all CWP staff.

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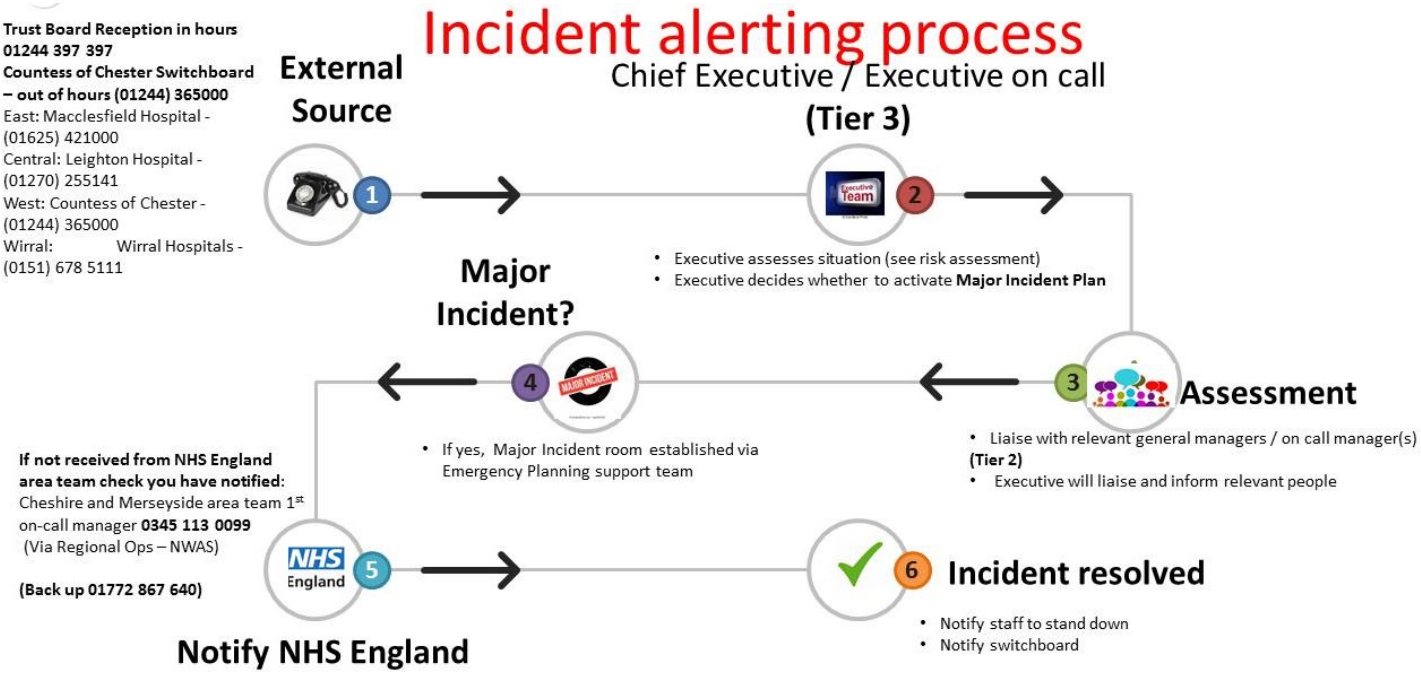
Appendix 1 - Incident alerting diagram



All necessary telephone numbers are held at hospital switchboards and in the managers on call folders.

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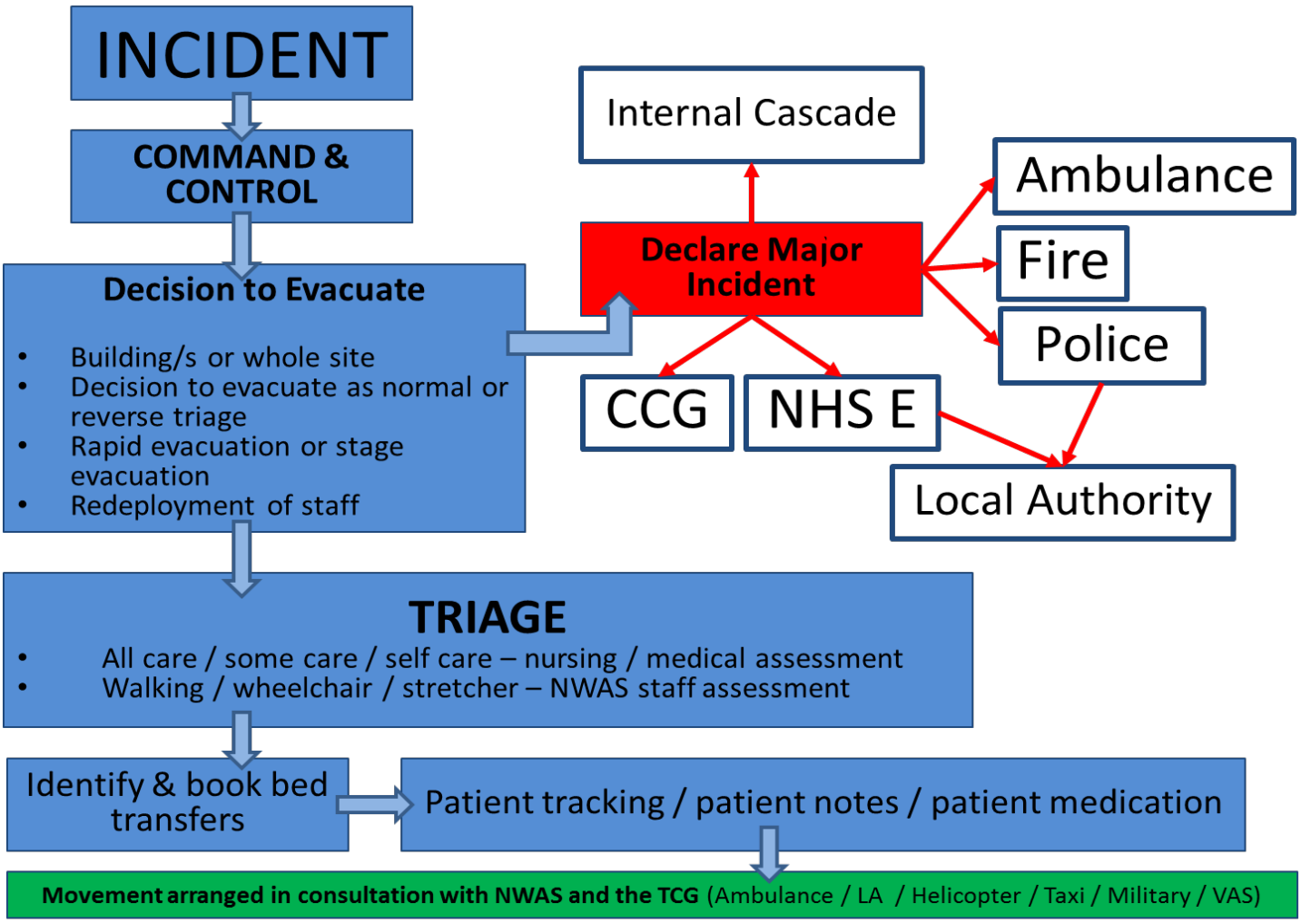
Appendix 2 – Command and Control Communications diagram



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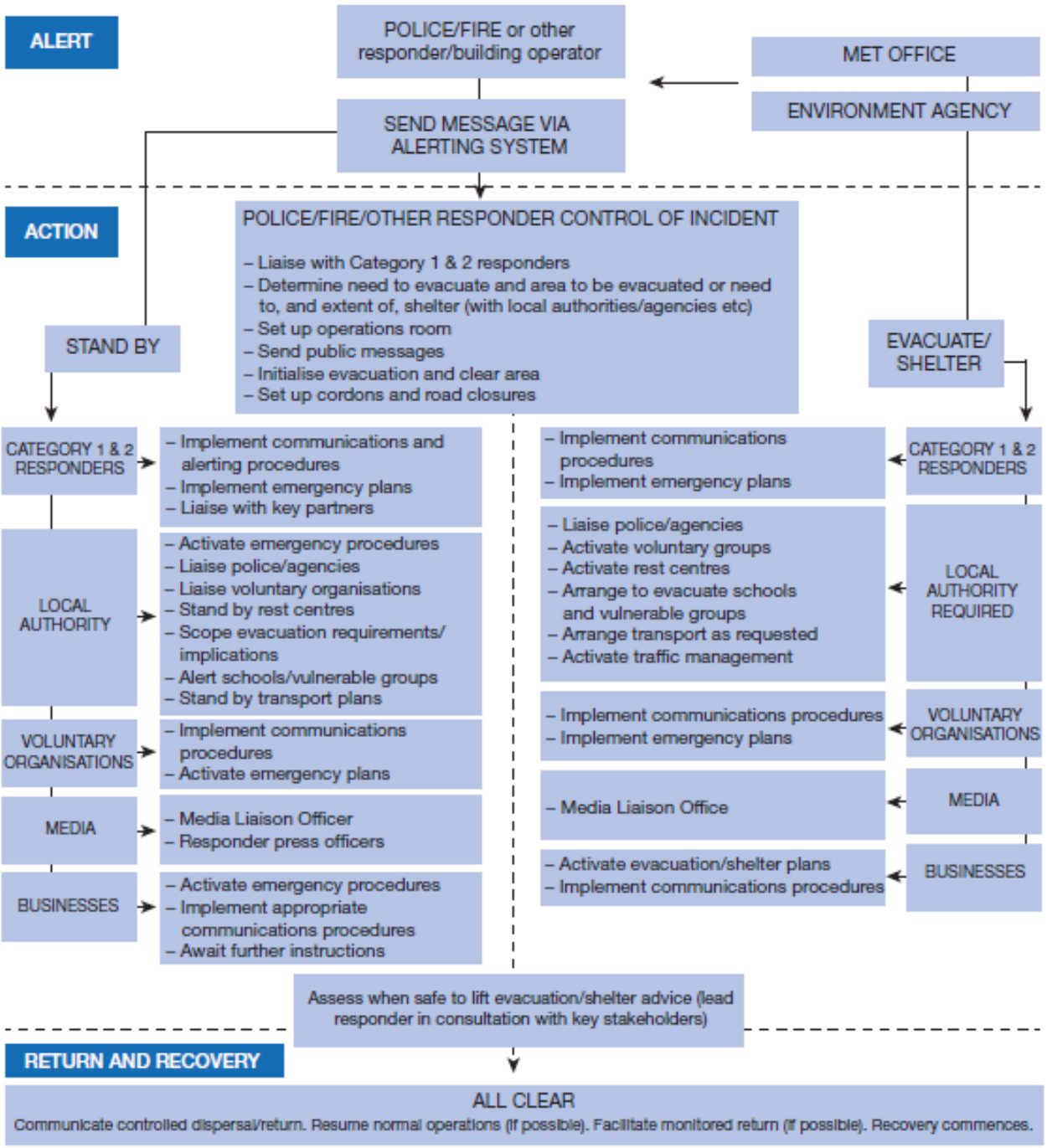
Appendix 3 - Overview of the roles and responsibilities in an evacuation



Source: HM Government Evacuation and shelter guidance updated 2017

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Personal Emergency Evacuation Plan for Fire Evacuation for Staff and Visitors

For Visitors Information:

We operate a system of assisted escape for any visitors who require assistance in the event of an emergency. Please advise the Nurse in Charge if you have any specific requirements and staff will be identified to assist you with this.

For Staff Information

We operate a system of assisted escape for any staff who require assistance in the event of an emergency. Please discuss any individual requirements with your line manager who will complete a Personal Emergency Evacuation Plan with you.

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INDIVIDUAL STAFF PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

We operate an evacuation system that included Personal Emergency Evacuation Plans (PEEPs) for any staff who have disabilities or who may need assistance in the event of an emergency evacuation situation.

Please discuss your requirements with your line manager who will record them on your individual plan below.

Requirement:

Escape Procedure:

Please indicate whether assistance from Fire Wardens or other staff is required.

Any Specific Equipment Requirements:

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