**PERSONAL EMERGENCY EGRESS PLAN**

**RESIDENTIAL BUILDINGS**

**Revision No: 2 Date: 11/07/2023**

**Before completing this form you must consult with:**

**• The person for whom the form is intended (find out the support they need)**

**• Disability Advisory Service or**

**• Occupational Health via a Referral or**

**• EDIC** [**equality@imperial.ac.uk**](mailto:equality@imperial.ac.uk)

**PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of issue: | Select Date |
| Emergency contact details (i.e. mobile phone No) | |  | |
| Required review date: | | | |

**LOCATION:**

|  |  |
| --- | --- |
| Building |  |
| Floor |  |
| Room Number |  |
| Times when applicable |  |

**PERSONAL AWARENESS OF PROCEDURES:**

|  |  |  |
| --- | --- | --- |
| Knows how to raise the alarm | Select | Explanation (if necessary)[[1]](#footnote-1) |
| Will be able to hear the alarm | Select | Explanation (if necessary) |
| Will know when alarm raised | Select | Explanation (if necessary) [[2]](#footnote-2) |
| Knows how to exit | Select | Explanation (if necessary) |
| Knows where to assemble | Select | Explanation (if necessary) |

**EGRESS PROCEDURE:**

*Details to be provided here of the specific emergency procedures from first alarm up to the building user arriving at the agreed external assembly point. The details provided should include a step-by-step account of the process. It should identify personal carers, agreed safe routes, any refuges or equipment that are part of the plan along with agreed communication methods.*

*Where equipment is used, it should outline any necessary maintenance and servicing regimes (such as changing batteries in vibrating pagers or servicing of evacuation chairs) and confirm they have been put in place.*

*Where physical assistance is required, it should be provided by building users / occupants, wardens and / or supervisory staff and not rely on others to be called to the building which might result in unnecessary delay and risk of serious harm.*

*Where the plan relies on protection by the buildings structural features and installed systems (such as fire resisting construction or operation of firefighters lifts), advice should be sought from the Fire Safety Office, who may also assist with training such as operation of evacuation chairs.*

**DESIGNATED ASSISTANCE**:

Where applicable, the following people have been designated to give assistance to the person this plan applies to.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Location: |  |
| Contact Details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
| Contact Details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
| Contact Details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
| Contact Details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
| Contact Details / phone number: | |  | |

Designated assistants have been trained in the emergency procedures drafted Select

**SIGN-OFF:**

|  |  |
| --- | --- |
| **Building User**  **(Consenting for distribution below)** |  |
| **Assessor** (print name and sign)  **(To distribute as below)** |  |

**IMPORTANT**

Copies of this plan **must** be provided to:

* The person the plan applies to
* The Assessor
* Security Control (who may forward to local security control rooms)
* All named assistants
* Residential Services Operations Manager
* Relevant Hall Supervisors and Wardens
* Building Manager
* Fire Safety Office

**This plan is to be reviewed at least annually or upon any material change of circumstance if sooner**

**Must ensure that the lastest online version is used**

1. For instance is able to access and operate fire alarm break glass units, use phone or will verbally inform…. [↑](#footnote-ref-1)
2. For instance, if a vibrating pillow is used or reliance on personal carer etc. [↑](#footnote-ref-2)