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# PEEP - *Student*

# Personal Emergency Evacuation Plan

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| **Student Details** | | | |
| **Student’s Name:** |  | **Student Photo** |
| **Classroom/Room Number:** |  |  |
| **Classroom Phone Extension:** |  |
| **Grade/Class:** |  |
| **Name of Classroom Teacher:** |  |
| **Name of ES:** |  |

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| **PEEP Review Details** | |
| **Date of PEEP review:** |  |
| **PEEP Review Team:** |  |

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| **Details of Impairment – *Completed by the parent*** | | |
| **Mobility Impairment** | **Unable to walk**  **Cannot transfer/move easily**  **Unable to use stairs**  **Can only use stairs with assistance**  **Temporary issues, e.g. broken leg**  **Other:** | ***Description of impairment:*** |
| **Hearing / Vision / Cognitive Impairment** | **Hearing impairment**  **Vision impairment**  **Cognitive impairment** | ***Description of impairment:*** |
| **Health Care Need** | **Diabetes**  **Epilepsy**  **Asthma**  **Anaphylaxis**  **Other:** | ***Description of health care needs:*** |
| **Behavioural Needs** | **ADHD**  **Autism**  **ODD**  **Anxiety**  **Other:** | ***Description of behavioural needs:*** |

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| **Details of Assistance – *Completed by the parent/guardian*** | | | | |
| **What type of assistance is required?** *(Please describe the procedure/actions necessary to assist)* |  | | | |
| **Is an assistance dog involved?** | **No**  **Yes** | | | |
| **Equipment required for evacuation:** | **Equipment** | **Who provides the equipment** | **Storage location** |
| **Wheelchair**  **Walking frame**  **Crutches**  **Medication**  **Fidget toy**  **Social story**  **Hearing protection**  **Hearing mic system (only useful for indoor evacs)**  **Portable ramp**  **Other:** |  |  |

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| **Details of Assistance** | | |
| **Does the student understand the general emergency response and evacuation procedure?** | **Yes**  **No** | |
| **How will the student receive updates to the emergency response procedures?** *(E.g. email, Braille, Social Story, Student Induction etc.)* |  | |
| **Are relevant staff trained in the required evacuation equipment?** E.g. Trained in the Wheelchair Safe Work Procedure. (*please ensure their name is added to the SWP* *and it is attached to the wheelchair*)? | **Yes**  **No** | *Details of training:* |
| **Are there areas of the school to avoid?** E.g. no wheelchair access: |  | |
| **Is support required from additional staff?** *Please provide details of their name and contact details.* | **Yes**  **No** | *Full name of support staff member/s:* |
| *Contact details of support staff member/s (Can be listed in school documents, e.g. IMT Contacts QR):* |
| *Primary work location of support staff member/s:* |
| *If support is required, how will the support staff member/s be contacted?* |
| *If the allocated support staff member/s is absent, who is the deputy? Please provide details of their name and contact details:* |

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| **Specific Procedure – *Completed by the school*** | | | |
| **How will the student be notified of an emergency?** *(E.g. visual alarm, personal vibrating device, SMS, Support Staff/teacher notifies, etc or N/A)* |  | | |
| **What is the Step-by-Step Evacuation Procedure?**  *(List the procedure agreed with the parent/carer and/or student)* |  | **Step-by-Step Instructions:** | **Who is Involved:** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
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| **Map of Preferred Route** |
| **If required, include diagram of preferred route for assisted evacuation: (Please provide map/diagram):** |

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| **Sign Off PEEP** | | |
| **Review Date of PEEP:** |  | |
| **Position/Title/Role** | **Signature** | **Date** |
| **Teacher signature:** |  |  |
| **ES/Support Staff signature:** |  |  |
| **Chief Warden signature:** |  |  |
| **Parent/Guardian signature:** |  |  |

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| **Distribution List** | | | |
| **Name** | **Position/Role** | **Mobile** | **Email** |
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