**PERSONAL EMERGENCY EGRESS PLAN**

**STAFF or POSTDOC**

**PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | **Mr John Smith (fictional)** | Date of issue: | 16 March 2016 |
| Emergency contact details (i.e. mobile phone No) | | **01234 234567** | |

**PLACE OF WORK (Separate plan required for each building / location used):**

|  |  |
| --- | --- |
| Building | Hammersmith IRDB |
| Floor | 4 |
| Room Number | 4xxx |
| Times when applicable | 09.00 to 17.00 Monday to Friday |

**PERSONAL AWARENESS OF PROCEDURES:**

|  |  |  |
| --- | --- | --- |
| Knows how to raise the alarm | Yes | Can operate a call point |
| Will know when alarm raised | Yes | Can hear fire alarm |
| Knows how to exit | Yes | Has been explained and rehearsed |
| Knows where to assemble | Yes |  |

**EGRESS PROCEDURE:**

John is a **wheelchair user** and therefore cannot negotiate stairs when the lifts are taken out of service by a fire alarm activation.

Upon raising or hearing a fire alarm John will make his way to the South lift lobby (fire protected) and await assistance from his designated assistants. Four assistants have been appointed and trained in order to ensure adequate cover at all times John is at work.

Upon arrival of two of his assistants, John will be transferred to the evacuation chair located on the wall inside the adjacent staircase. He will then be taken down the staircase (additionally fire protected) to ground floor, exit the building and head towards the assembly point (North car park).

Where a third assistant is available and where safely achievable, they will move ahead of John down the stairs with his wheelchair that he can be transferred back to upon exiting the building and at a safe distance from the building.

Any **difficulties** with the evacuation must be **notified immediately** to Security **(020 7594 3457/8)** by John or one of his assistants. Security are also to be **notified once safely out** of the building.

An Evac+Chair model 300H has been purchased for this plan and a planned preventative maintenance schedule has been arranged for its servicing.

**DESIGNATED ASSISTANCE**:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Mrs Assistant 1 | Location: | IRDB 3rd floor |
| Contact details / phone number: | |  | |
|  | | | |
| Name: | Mr Assistant 2 | Location: | IRDB 3rd floor |
| Contact details / phone number: | |  | |
|  | | | |
| Name: | Ms Assistant 3 | Location: | IRDB 3rd floor |
| Contact details / phone number: | |  | |
|  | | | |
| Name: | Prof Assistant 4 | Location: | IRDB 4th floor |
| Contact details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
| Contact details / phone number: | |  | |

Designated assistants have been trained in the emergency procedures drafted Yes

**SIGN-OFF:**

|  |  |
| --- | --- |
| **Building User**  (Consenting for distribution as below) | J Smith |
| **Assessor** (print name and sign)  (To distribute as below) | David Jones D Jones |

**IMPORTANT**

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

* The person the plan applies to
* The Assessor (normally the line manager)
* Security Control (who may forward to local security control rooms)
* All designated assistants
* Building Manager
* Fire Safety Office
* Human Resources Head of Equality, Diversity and Inclusion Centre

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