HEALTHCARE PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

For Hospitals, Care Homes, and Medical Facilities | Regulatory Reform (Fire Safety) Order 2005 | CQC Fundamental Standards.

About this Healthcare PEEP

A Healthcare PEEP is a personalised evacuation plan for a patient or resident who may require clinical or physical assistance to evacuate safely during a fire or emergency. Healthcare PEEPs must account for medical conditions, treatment dependencies, and clinical care continuity.

Under the Regulatory Reform (Fire Safety) Order 2005 and CQC Fundamental Standards (Regulation 12: Safe care and treatment), healthcare providers must assess risks and ensure all persons can evacuate safely. PEEPs must be person-centred, clinically appropriate, and regularly reviewed.

This PEEP must be assessed within 4 hours of admission, reviewed whenever the patient's condition changes, and updated as part of every shift handover.

Part A — Patient/Resident Details

Patient/Resident name:	
Date of birth and NHS/Hospital number:	
Ward/Unit or care home name:	
Bed/Room number:	
Date of admission:	
Consultant/GP and primary diagnosis:	
Next of kin (name, relationship, contact number):	

Part B — Clinical Conditions Affecting Evacuation

Patient category:	☐ Mobility impaired ☐ Bed-bound ☐ Wheelchair user ☐ Post-operative ☐ Ventilator dependent ☐ Critical care ☐ Sedated/anaesthetised ☐ Mental health ☐ Dementia ☐ Learning disability ☐ Bariatric ☐ Paediatric ☐ End-of-life care ☐ Isolation (infection control)
Medical conditions affecting evacuation (detail all relevant conditions):	
Current mobility level (walk independently/with aid/wheelchair/bed-bound):	
Consciousness level and cognitive function:	
Anticipated length of stay / Is condition temporary or long-term?	

Part C — Medical Equipment Dependencies

Identify all equipment needed to sustain life or maintain clinical stability during evacuation. Ensure portable alternatives or backup systems are available.

Life-sustaining equipment required:	☐ Mechanical ventilation ☐ Oxygen therapy (___L/min) ☐ Suction ☐ Cardiac monitoring ☐ Infusion

	pumps (specify drugs): _____ ☐ Dialysis ☐ None
Portable equipment available for evacuation (portable ventilator, oxygen, monitors):	
Time-critical medications required during evacuation:	
Other clinical equipment needed (feeding pump, catheter bags, wound VAC, etc.):	

Part D — Communication and Sensory Needs

Can the patient/resident hear the fire alarm?	☐ Yes ☐ No — personal notification by staff required
Visual or hearing impairments affecting evacuation:	
Language barriers (patient's first language and interpreter needs):	
Cognitive function and ability to understand emergency instructions:	
Communication method during evacuation (verbal, written, sign language, pictures):	

Part E — Evacuation Method and Assistance Required

Evacuation method:	☐ Can walk independently ☐ Can walk with assistance (1 staff member) ☐ Wheelchair (patient can transfer to wheelchair) ☐ Bed (horizontal evacuation — move bed to adjacent area) ☐ Evacuation chair (for stairs if vertical evacuation needed) ☐ Evacuation sheet/sled (for bed-bound horizontal evacuation) ☐ Carried by staff (specify number required: ___)
Number of staff required for safe evacuation:	
Evacuation strategy:	☐ Horizontal evacuation to adjacent fire compartment (preferred) ☐ Vertical evacuation via stairs (if horizontal insufficient) ☐ Progressive evacuation (dependent on fire location/spread)
Specific equipment needed (evacuation chair, oxygen, suction, monitoring, etc.):	
Clinical considerations during movement (pain management, positioning, airway, etc.):	
Estimated time required for evacuation:	

Part F — Clinical Priorities During Evacuation

Critical clinical interventions that must continue during evacuation:	
Emergency medications that must accompany patient (include administration route):	
Monitoring required during and after evacuation:	
Infection control precautions to maintain (PPE, isolation requirements):	
Clinical staff competencies required (RN, ICU nurse, anaesthetist, etc.):	

Part G — Mental Capacity and Consent

Consider the patient's capacity to understand evacuation procedures and consent. For patients lacking capacity, decisions must be made in their best interests under the Mental Capacity Act 2005.

Does the patient have capacity to understand evacuation procedures?	☐ Yes — patient understands and consents to PEEP ☐ No — best interests decision made; family/legal representative consulted
Is the patient detained under the Mental Health Act?	☐ Yes — Section: ___ | Staff supervision requirements during evacuation: _____ ☐ No

Any advance decisions or advance care planning relevant to evacuation:	
Family/next of kin views on evacuation approach (if consulted):	

Part H — Designated Clinical Staff and Responsibilities

Primary nurse responsible for this patient's evacuation:	
Secondary/backup nurse (for shift coverage):	
Clinical staff competencies required (e.g., critical care trained, manual handling certified):	
If patient cannot be evacuated by ward staff alone, who to call for assistance:	
Receiving area or ward for horizontal evacuation:	

Part I — Special Considerations

Bariatric considerations (weight, specialist equipment, additional staff required):	
Paediatric considerations (age, parent/guardian involvement, specialist equipment):	
End-of-life care considerations (dignity, pain relief, family presence if possible):	

Safeguarding concerns or vulnerability factors:	
Any other relevant clinical, personal, or cultural considerations:	

Part J — Clinical Decision-Making Framework

In some emergencies, clinical staff must decide whether evacuation poses greater risk than remaining in situ. This section provides a framework for senior clinicians to make informed decisions during actual emergencies.

Scenarios where evacuation would be clinically extremely high-risk:	
Senior clinician who can make stay/evacuate decision (name and role):	
Communication protocol with Fire and Rescue Service if patient cannot be evacuated:	

Part K — PEEP Testing and Review

Has this PEEP been tested in a fire drill? (Date and outcome):	
Patient consent to participate in fire drills:	
PEEP communicated at shift handover? (must be included in every handover):	

PEEP must be reviewed when:	☐ Patient condition changes (deterioration or improvement) ☐ Patient moved to different ward/room/floor ☐ New equipment dependency ☐ After surgery or procedure affecting mobility ☐ Staffing levels change significantly ☐ Minimum every 4 weeks for long-stay patients

Part L — Assessment and Signatures

PEEP assessed by (registered nurse/clinician name and designation):	
Date and time of this assessment:	
Next review date (or state 'as required if condition changes'):	

Registered Nurse/Clinician	**Patient/Resident or Representative**
I confirm this PEEP has been completed based on clinical assessment and is clinically appropriate for this patient's current condition. Signature: _____ Name (print): _____ Designation: _____ Date: _____	*I/We have been consulted about this evacuation plan and agree with the arrangements. (For patients lacking capacity, best interests decision recorded)* Signature: _____ Name (print): _____ Relationship: _____ Date: _____

Part M — Review Record

Healthcare PEEPs must be dynamic and updated regularly. Record every review, noting any changes to the patient's condition, evacuation method, or clinical needs.

Review Date	Changes Made / Patient Status	Reviewed By	Next Review

This template meets CQC Fundamental Standards (Regulation 12: Safe care and treatment) and the Regulatory Reform (Fire Safety) Order 2005. Healthcare PEEPs must be person-centred, clinically appropriate, and regularly reviewed.