



**Girlguiding**

# Personal emergency evacuation plan (PEEP)

You should complete this **PEEP** if a young member or volunteer may need help to evacuate from your unit meeting place. This may be because of a [disability](#) or temporary condition. For example, they may be using crutches because of a broken leg.

This **PEEP** should be specific to the person named. You should complete the **PEEP** with the person named and, if applicable, their parent or carer. You must update it if there are any changes to their circumstances.

<b>Factors contributing to risk</b>	<b>Control measures</b> What is, should or could be put in place to control the risk?	<b>Action needed</b>	<b>Confirm controls in place, or actions being taken and who is taking them</b> If not applicable, insert N/A	<b>Date completed</b>
Physical ability to detect an emergency alarm. For example, the young member/volunteer has a hearing impairment.	Efforts are made to make sure the person is personally alerted when an alarm goes off.  This must happen at the point the alarm goes off, even if evacuation isn't expected.	Consider arranging a buddy for the person during unit meetings and activities who can alert them to an alarm going off, particularly if they're away from the main group.		
Physical ability to evacuate the building to a safe place quickly. For example, if the young member/volunteer has a mobility impairment.	Efforts are made to make sure the person can evacuate safely.	If appropriate, think about allocating a buddy during unit meetings and activities to help in case of evacuation.  Find out if there are safe waiting areas in the building, such as disabled refuge areas. If so, make sure you, the person and their buddy know the process for using them.  If evacuation chairs, slides or stair lifts are provided, make sure you and the person know how to use them. Ask the building management for training.		

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Additional support needed to help the young member/volunteer understand and follow evacuation plans. For example, because of a neurodiverse or mental health condition.	Support is provided where required.	If appropriate, consider allocating a buddy during unit meetings and activities to help in case of evacuation and help ease distress.		
Other conditions, injuries or factors that may make evacuation more difficult.				

**Any additional comments:**

Name of person completing risk assessment:		Membership number:
Signature*:	Role:	Date:
Name of person being risk assessed:		Membership number:
Signature*:		Date:
Name of parent or carer (for anyone under 16):		
Signature*:		Date:

• Both electronic and wet ink signatures are acceptable.

**Review history**

Date	Signature	Summary of changes (if any)