

# Personal Evacuation Plan for Persons with Access and Functional Needs

Version #1.0

#### I. Introduction

A Personal Emergency Evacuation Plan (PEEP) coordinates requested emergency evacuation assistance for individuals with a disability or other functional need. For the purpose of this plan, the term requestor denotes the NCCU employee or student who has a need and who is requesting temporary or permanent emergency evacuation assistance.

The underlying question in deciding whether a PEEP is necessary is "can you evacuate the building unaided, in a prompt and safe manner, during an emergency situation?"

A PEEP may be required for persons with an ongoing presence in the building who have:

- Mobility impairments
- Visual impairments
- Hearing impairments
- Cognitive impairments
- Other circumstances

A temporary PEEP may be required for:

- Short term injuries (i.e. broken leg)
- Temporary medical conditions
- Those in the later stages of pregnancy

It is the responsibility of any person who determines they need assistance evacuating from a building, even temporarily, to inform and complete a PEEP with your Supervisor and Building Manager. If you work in multiple buildings, then it may be necessary to prepare a separate PEEP for each building.

Often volunteer **evacuation coordinators** are included as part of an individual's evacuation plan. The evacuation coordinator is an NCCU employee or student who volunteers to provide emergency evacuation assistance to the Requestor. A Coordinator and Requestor are paired by proximity to one another in the normal course of their day. Volunteers supporting this plan are not trained first responders and shall not put themselves in peril to facilitate emergency assistance beyond initial attempts to evacuate or shelter an individual.

By completing this form, the Requestor, Evacuation Coordinators, Building Manager, and other members of the building safety team acknowledge that the information provided within this request will be shared with NCCU Emergency Management, Department of Environmental Health and Safety, and Building Safety Team members (building manager, evacuation custodians, and employee safety committee members).

Additional assistance is available for completing this form from NCCU EHS. Students who wish to discuss issues with evacuation or safety can also contact <u>Student Accessibility Services</u> while faculty and staff should have a conversation with the <u>Equal Employment Opportunity and Affirmative Action Office</u>.

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#### II. Instructions

Requestor should complete all relevant information in Sections III and IV and arrange for a volunteer Evacuation Coordinator if requested. Requestor's Supervisor and Building Manager should work with the Requestor to complete Section V. Once all parties have signed this document, it becomes effective and should be added to the Building Specific Evacuation Plan. A copy of the completed plan should be provided to EHS.

III. Plan Information	
Building:	Address:
Building Manager:	Date of Plan:
If this is a temporary plan, provide end date:	
Requestor Information	
Name:	Email:
Department:	Work Schedule:
Primary Worksite Location in Building (floo	or/area):
Evacuation Assistance Needs	
Is Requestor able to evacuate the building without	ut use of an elevator without assistance?
Yes No	
Does Requestor require assistance to evacuate th	ne building?
Yes No	
If unable to evacuate the building, is there a desi accessible to the Requestor?	gnated area of refuge or evacuation waiting area
Yes No Does Requestor have an assistance animal?	
Yes No Please describe (e.g	g. guide dog):



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#### IV. Requested evacuation assistance

Check all that apply:

Escort to evacuate building and get to emergency assembly area (e.g. providing stability, sight-guide, pushing a wheelchair).

Escort to area or area of refuge/evacuation waiting area and notification of emergency responders upon exiting the building

Notification of alarm for hearing impaired

Other, please describe in detail

What type of assistance is required?

Walking guidance or aid

Wheelchair assistance

Other (please describe)



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# V. Personal Emergency Evacuation Plan

The following assistance has been requested and constitutes to	the personal emergency evacuation plan for the Requestor.
Start Date:	End date if temporary plan:
Name of Evacuation Coordinator (if requested):	
Evacuation Coordinator cell phone:	Email:
Evacuation Coordinator assistance needed to evacu	uate building and get to emergency assembly area
Describe primary and secondary evacuation routes (atta	ach maps to this plan):
Evacuation Coordinator assistance needed to reach of emergency responders as to location of the Requestor	area or area of refuge/evacuation waiting area and subsequent notification ronce Evacuation Coordinator exits the building.



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If yes, complete information below for primary and secondary area of refuge/waiting area. The secondary area should be used if the primary is not accessible or safe.

	Location	Description
Primary		
Secondary		

Alternate notification of alarm for hearing impaired

Method of notification to be used:

Other, please describe in detail

#### **Egress Procedure**

From t	he response	s in the	previous s	section,	provide step-	-by-step	details	describin	ig your	primary	egress	procedure	listing ev	vacuation r	oute you v	vill use

1.

2.

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3.

5.

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Title Title	Name	Date	Signature	
Requestor				
Evacuation Coordinator				
Building Manager				
Evacuation Warden				
Copy added to Building Fire	e Safety & Evacuation Plan	Copy sent to EHS		
0	e Safety & Evacuation Plan	Copy sent to EHS		
	e Safety & Evacuation Plan	Copy sent to EHS		
Reviews and Changes	•		ignature	
Reviews and Changes	•		ignature	
Copy added to Building Fire Reviews and Changes  Date Changes	•		ignature	