Appendix 3

EMERGENCY EGRESS QUESTIONNAIRE FOR DISABLED STAFF/ STUDENTS

This questionnaire is intended to be completed by disabled persons to aid in the development of a Personal Emergency Evacuation Plan with the School Safety Coordinator/Disability Coordinator. If you do not feel comfortable in answering any of the questions and only want to use the form as a proforma for developing the plan in a meeting with the Safety Coordinator/Disability Coordinator then that is acceptable. However if you do not provide information which is necessary then the Safety Coordinator/Disability Coordinator may not be able to develop a suitable plan.

Once developed the Plan will be the intended means of escape in the event of an emergency (including drills). If you or the School Safety Coordinator/Disability Coordinator consider there to be significant issues raised by this process that will require attention please contact the University EHSS Office for assistance in finding suitable solutions.

1. Why you should fill in the form

As your employer, the University of St Andrews has a legal responsibility to protect you from fire risks and ensure your health and safety at work. To do this properly we need to know:

- if you require information about our emergency egress procedures; and
- if you need assistance during an emergency.

It shouldn’t take you more than a few minutes to complete the form.

2. What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency egress procedures in the building(s) in which you work. If you need assistance, the “Personal Emergency Egress Plan” will specify what type of assistance you need. It will then be up to the School to assist you in providing this assistance. There may be some buildings where safe evacuation cannot yet be provided without alterations to the building. In these cases you will have to be patient whilst the solutions are considered and developed. In a few cases it may not be possible to provide safe access to the building, and other solutions will need to be found.

Name

Job Title/Student Status

Department

Brief Description of Duties

or Studies
1. Where are you based for most of the time?
   Please name: the building, the floor and the room number.

2. Do you routinely use more than one location in this building?
   YES □    NO □
   If you feel it is necessary please provide further details below.

3. Do you routinely use other buildings?
   YES □    NO □
   If you feel it is necessary please provide further details below.

AWARENESS OF EMERGENCY EGRESS PROCEDURES

4. Are you aware of the emergency egress procedures which operate in the building(s) in which you work?
   YES □    NO □

5. Do you require written emergency egress procedures:
   5a YES □    NO □
   5b Do you require the emergency egress procedures to be in Braille?
   YES □    NO □
5c  Do you require the emergency egress procedure to be on tape?

YES ☐  NO ☐

5d  Do you require the emergency egress procedures to be in large print?

YES ☐  NO ☐

6.  Are the signs which mark emergency routes and exits clear enough?

YES ☐  NO ☐

EMERGENCY ALARM

7.  Can you hear the fire alarm(s) in your place(s) or work?

YES ☐  NO ☐  DON’T KNOW ☐

8.  Could you raise the alarm if you discovered a fire?

YES ☐  NO ☐  DON’T KNOW ☐

ASSISTANCE

9.  Do you need assistance to get out of your place of work in an emergency?

YES ☐  NO ☐  DON’T KNOW ☐

If NO please go to Question 13

10. Is anyone designated to assist you to get out in an emergency?

YES ☐  NO ☐  DON’T KNOW ☐

If NO please go to Question 12. If YES give name(s) and location(s)
11. **Is the arrangement with your assistant(s) a formal arrangement?**

   (A formal arrangement is an arrangement specified for them by the Head of Department or written into their job description or by some other procedure.)

   YES ☐  NO ☐  DON’T KNOW ☐

11a Are you always in easy contact with those designated to help you?

   YES ☐  NO ☐  DON’T KNOW ☐

12. **In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?**

   YES ☐  NO ☐  DON’T KNOW ☐

**GETTING OUT**

13. **Can you move quickly in the event of an emergency?**

   YES ☐  NO ☐  DON’T KNOW ☐

14. **Do you find stairs difficult to use?**

   YES ☐  NO ☐  DON’T KNOW ☐

15. **Are you a wheelchair user?**

   YES ☐  NO ☐

Thank you for completing this questionnaire.
The information you have given us will help us to meet any needs for information or assistance you may have.

Please return the completed form to: ________________________

Enter School Safety Coordinators’s name above
PERSONAL EMERGENCY EGRESS PLAN FOR

Name ____________________________
School/Unit _______________________
Building _________________________
Floor _____________________________
Room Number ______________________

AWARENESS OF THE NEED TO EVACUATE

I am informed of an emergency requiring evacuation by:

- Building fire alarm system  □
- Fire alarm pager device  □
- Visual alarm system  □
- Other (please specify) □

EGRESS PROCEDURE:

(A step by step account beginning from the first alarm).

- Safe Routes to an identified refuge or final exit

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
➢ Communication link with assistance

➢ Methods of assistance (eg: Transfer procedures, methods of guidance, etc.)

DESIGNATED ASSISTANCE:
(The following people have been designated to give me assistance to get out of the building in an emergency).

Name

Contact details

Name

Contact details

Name

Contact details

EQUIPMENT PROVIDED:


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