

Improving fire safety for vulnerable residents: A toolkit for Responsible Persons (RPs)

Additional resources [annex to Toolkit]

First Edition, July 2025

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***Note: these resources include the terminology used to date by each RP, so that the use of acronyms such as PEEP and PCFRA will differ between the different resources***

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**Introduction to the Annex:**

This annex contains a variety of documents which are used by different RPs to support their local schemes to support vulnerable residents in the event of fire. They date from before the introduction of the Residential PEEPs policy, however demonstrate the approaches developed over time by different organisations to address the fire safety and evacuation of their residents: these documents cover PCFRAs, information for the secure information box, information to residents, engagement with residents, and information for staff, along with others. In some cases, these resources show how RPs bring together more than one stage of what is required by the Residential PEEPs process, and, too, there are examples where the fire safety element is combined with other activities. As with the main body of this Toolkit, the aim is not to advise that any RP should follow a specific approach, but to share a range of well-developed approaches from different organisations which may help others to develop and refine their own processes.

Again, as with the body of the Toolkit, as further approaches are put in place and bed down, we would welcome RPs to share documents with MHCLG to consider for inclusion in a future edition of the Toolkit. We would be interested in both variations on the sort of documents included here, and those covering other aspects of fire safety and evacuation relevant to the Residential PEEPs policy.

As noted earlier, the terminology in the documents in this Annex follow the usage of the organisations concerned, including for terms such as PEEPs, which may differ from how these are defined under the Residential PEEPs legislation.

Hammersmith and Fulham: PCFRA

|  |  |  |  |
| --- | --- | --- | --- |
| **Person Centred Fire Risk Assessment** | | | |
| **The assessment should be completed in full once per year and be subject to a review every 4 months or when changes to the resident’s condition or property has been identified** | | | |
| **Name of resident** |  | | |
| **Resident Identification Number** |  | | |
| **Full address** |  | | |
| **Date** |  | **Form completed by** |  |
| **Date of Review** | DD / MM / YYYY | **Form completed by** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Question** |  |  | **Describe actions taken** |
| **1** | **Smoking** | Is the resident a smoker (including E cigarettes) |  |  |
|  | | signs of unsafe use of smoking or vaping materials (e.g. smoking in bed). |  |  |
|  | | Are there burn marks on carpets, furniture, clothing or bedding? |  |  |
|  | | Has a home safety visit been organised by the London Fire Brigade? |  |  |
| Has Fire retardant bedding, blankets or clothing been provided? |  |  |
| Has Fire safe ashtrays been provided? |  |  |
| **2** | **Emollient creams that are petroleum or paraffin based**. | Does the resident use emollient creams that are petroleum or paraffin based? |  |  |
|  | | Are these being used near smoking materials and naked flames? |  |  |
| Has the family and carers been informed? |  |  |
| **3** | **Use of Oxygen** | Are oxygen cylinders used in the property? |  |  |
|  | | Is oxygen kept at least two metres away from flames or heat sources? |  |  |
| Is the person smoking or using e-cigarettes in proximity to oxygen? |  |  |
| Is the cylinder kept a clear distance away from combustible material (such as paper, cardboard, curtains?) |  |  |
| Does the resident use petroleum-based products with Oxygen? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Is the system plugged directly into the electrical supply without the use of extension units? |  |  |
| Has an oxygen warning sign been placed on the entrance door to the property? |  |  |
| **4** | **Air pressure mattress** | Are air pressure mattresses in use? | **No** |  |
|  | | Has a home safety visit been organised by the London Fire Brigade? |  |  |
| Has Fire retardant bedding, blankets been provided? |  |  |
| Has the resident been made aware of keeping hairdryers or heated hairstyling appliances, away from the mattress? |  |  |
| Are electrical appliances plugged directly into the mains supply, not extension units? |  |  |
| **5** | **Portable Heaters** | Are portable Heaters being used? |  |  |
|  | | Are there any options such as raising the heating from the fixed systems to avoid the need for portable appliances? |  |  |
| Can the heater be replaced with an oil filled radiator type? |  |  |
| Is the heater plugged directly into the mains supply without the use of extension units? |  |  |
| **6** | **Electrical sockets/adaptors or extension leads.** | Are there overloaded electrical sockets/adaptors or extension leads? |  |  |
|  | | Are there signs of faulty or damaged wiring? |  |  |
| Scorch marks on plugs? |  |  |
| Are cables being led under carpets? |  |  |
| Are cables showing signs of damage or pinching? |  |  |
| Are sockets overloaded? |  |  |
| Are cube adapters being used? |  |  |
| **7** | **Electric Blankets** | Are Electric blankets used? |  |  |
|  | | Is there a notable damage to the blanket? |  |  |
| Does the resident know how long they have had the blanket? |  |  |
|  | | Are electric blankets flat, rolled up or loosely folded to prevent damaging the internal wiring? |  |  |
| Are electric blankets used with other items such as oxygen cylinders or air fed mattress and cushions? |  |  |
| Are there scorch marks or discolouration areas that are visible on the fabric of the blanket? |  |  |
| Is there is damage to the electrical cord between the plug and the blanket's control mechanism or between the control and the blanket? |  |  |
| **8** | **Cooking** | Does the resident Self-cater or are meals provided |  |  |
|  | | Does the resident cook after drinking alcohol? |  |  |
| Do you suspect the resident is leaving cooking unattended? |  |  |
| Is anything combustible stored close to the cooker (tea towels, kitchen roll, spirits)? |  |  |
| Is the toaster placed away from anything that can catch fire? | Air fryer, Halogen, |  |
| Is hot oil used for cooking? |  |  |
| Is there a thermostat control heater for cooking with cooking oils? |  |  |
| Is it still considered safe for the resident to cook independently? |  |  |
| **9** | **Candles, incense, and oil burners** | Does the resident use candle, incense, and oil burners? |  |  |
|  | | Are they in stable, heat resistant candle holders? |  |  |
| Is there evidence of burns from candles? |  |  |
| Are candles bunched together in large amounts? |  |  |
| Are candles kept clear of combustible items and laid on a flat secure surface? |  |  |
| **10** | **Alarm and Evacuation** | Is there smoke detection fitted to the property? | y |  |
|  | | What coverage of fire detection is covered? (Refer to section 4) |  |  |
| A kitchen | kitchen |  |
| B hall |  |  |
| C living room |  |  |
| D bedrooms |  |  |
| Is the system hard wired? |  |  |
| independent smoke detection? |  |  |
| Is the smoke detection device linked to a Warden System? |  |  |
| Do you think due to the issues identified, there is a case to provide linked devices? |  |  |
| Can the person hear the fire alarm? |  |  |
| Can they walk to the outside of the property? |  |  |
| Do they have cognitive ability to recognise and react to a fire alarm? |  |  |
| Does the resident have the visual ability to negotiate their way out of the property? | no |  |
| Are carbon monoxide alarms fitted in the home? |  |  |
| Is the C0 detector placed at least (3.7 m) distance from the furnace or boiler? |  |  |
| **11** | **Hoarding** | Has hoarding been identified in the property? |  |  |
|  | | Hoarding between clutter levels 1 and 4 |  |  |
| Hoarding between clutter levels 5 and 9 |  |  |
| Is the clutter confined to 1 room |  |  |
| Is safe means of escape directly affected? |  |  |
| Has the Fire and Rescue Service been informed? |  |  |
| Is there clutter in the kitchen? |  |  |
| Has the resident made an action plan or agreed to clear items? |  |  |
| Has an action plan been agreed with any other party? |  |  |
| **12** | **General Fire Safety** | Is there a mobility scooter in the resident’s property? | Yes, |  |
|  | | If so, has an alternative location been found to store the scooter? |  |  |
| Is there any damage to the front entrance door and does it have a self-closing device? |  |  |
| Are mirrors stored in direct sunlight? |  |  |
| Is the resident aware of the Hammersmith and Fulham Fire Safety Plus Program? |  |  |
| Is the resident aware of the home safety visits conducted by London Fire Brigade? |  |  |
| Are LED bulbs rather than Halogen bulbs being used which are less of a fire risk? |  |  |
| Are lamps kept away from combustible material? |  |  |

|  |  |
| --- | --- |
| Risk Rating | |
|  | Extreme |
|  | High |
|  | Medium |
|  | Low |

# Action Plan

What actions have been agreed with the resident?

**Hammersmith and Fulham:** PEEP Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Symbol** | **Section 1: Mobility** | | | **Agreed actions with resident** | **Possible solutions** |
|  | | | | | |
| Shape  Description automatically generated with medium confidence | Can the person escape the property unaided? | Yes | No |  | * Practice to process to be sure self-evacuation is possible |
| A picture containing text  Description automatically generated | If yes, estimated time to escape from the property? |  | | | Place the evacuation time in the text to the left. If this is over 2.5 minutes, see sections below. |
| Refer to Question 10 PCFRA | Will they need to use aids such as walking devices or wheelchairs? | Yes | No |  | * Keeping walking aids close to the bed in the evening. * Practice evacuation to see how long it will take. |
| Shape  Description automatically generated with low confidence | Can they open the front entrance door? | Yes | No |  | * Multiple actions on locks on the door can be reduced to a single action. * Practice unlocking if they have a wheelchair. * Having keys unlocking devices close by, where they can be reached quickly |
| Shape  Description automatically generated with low confidence | Are there restrictions in the corridor in the corridor to prevent safe escape? | Yes | No |  | * Keeping corridor widths clear of items * Any carers to be informed to keep means of escape clear |
| Shape  Description automatically generated with low confidence | Can carers that are in the premises help with the evacuation. | Yes | No |  | * Briefing document to help the carer with evacuation. |
| Shape  Description automatically generated with low confidence | If full evacuation is not possible can the person get to a safe area? | Yes | No |  | * This should be the last resort but areas like gardens, Behind the first set of fire doors in a communal area, or Towards the end of an open balcony area could be considered. |
| Shape  Description automatically generated with low confidence | Are there others who live in the property who can assist? | Yes | No |  | * This should be completed by those who live within the and dwelling and not those who need to come in from the outside. * Again, go through the evacuation plan and any assistance requires such as walking aids and where they can be placed so they are already in an emergency |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Symbol | Section 2: Cognitive-Hearing | | | Agreed actions with resident | Possible solutions |
| A picture containing text  Description automatically generated | Can the person understand the actions on hearing a fire alarm | Yes | No |  | * Test a smoke detector (check it’s not linked to an external service or warden system. This should not be completed for sheltered Housing) * How does the person react? Go through the procedures with them. * Does not understand but after talking to them they could repeat perfectly back to me * If these procedures do not work, refer to assistive technologies for a linked system |
| Shape  Description automatically generated with low confidence | Can the person hear the fire alarm? | Yes | No |  | * Again, test a smoke detector. * If they can’t hear refer to Sensory Team for pillow pads and flashing strobes |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Symbol | Section 3: Eyesight | | | Agreed actions with resident | Possible solutions |
| Shape  Description automatically generated with low confidence | Can the person negotiate their way out of the property? | Yes | No |  | * Practice the evacuation plan and see how difficult it would be to negotiate out of the home * Vision aids are present during night periods |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Symbol | Section 4: Final Considerations | | | Possible solutions |
| Shape  Description automatically generated with low confidence | Do you think after all avenues have been exhausted and the resident is still at high-risk other considerations such as a Personal Suppression System is required? |  |  | Considerations   * If the resident is a smoker and bedbound * If the resident has extreme poor mobility and cognitive issues * If the resident has cognitive issues and cannot react to a fire alarm * If the resident is engaged in high-risk activity (leaving cooking unattended, drug and alcohol abuse, medication * Refer to Fire Safety for advice and system |
| Shape  Description automatically generated with low confidence | Do you think a linked system to careline would be the best options? |  | No | * You are not confidant the resident would be able to react to a fire alarm or be to slow to leave the property |

**Points of contact – To fill as required**

|  |  |
| --- | --- |
| Name | Contact details |
|  |  |
|  |  |
|  |  |
|  |  |

**Hyde Housing:** PEEPs summary for Secure Information Box

**CONFIDENTIAL**

**UPRN and FULL SITE ADDRESS**

Personal Emergency Evacuation Plan (PEEP) summary – Completed by [name and job title]

|  |  |  |  |
| --- | --- | --- | --- |
| **FLAT NUMBER** | **FLOOR** | **ADULT/CHILD** | **ASSISTANCE REQUIRED?** |
|  |  |  |  |
|  |  |  |  |

Resident(s) to call the emergency services and evacuate to the communal hallway if a fire breaks out within their flat. If the fire is not within their flat, resident(s) to remain inside and contact emergency services.

Property Manager – NAME

Customer service number:

A copy of this PEEP summary will be placed within the Premises Information Box (PIB) on site and a further copy will be digitally retained by The Hyde Group.

**South Holland:** PCFRA

**Checklist for Person-Centred Fire Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Tenant’s name |  | | |
| Full address |  | | |
|  | | |
| Date |  | Form completed by |  |

**1**. **Does the individual have an increased fire risk?**

**Yes No**

If yes, tick all the fire risk factors they exhibit

Skip to next question

* Smoking – with signs of unsafe use of smoking or vaping materials (e.g. smoking in bed). Use of emollient creams that are petroleum or paraffin based.
* Air pressure mattress or oxygen cylinders are used.
* Unsafe use of portable heaters (e.g. placed too close to materials that could catch fire). Unsafe cooking practices (e.g. cooking left unattended).
* Overloaded electrical sockets/adaptors or extension leads. Faulty or damaged wiring.
* Electric blankets used.
* Previous fires or near misses, burns or scorch marks on carpets and furniture.
* Unsafe candle/tea light use (e.g. left too close to curtains or other items that could catch fire or within easy reach of children or pets).
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** **Would the individual be less able to react to an alarm or fire?**

**Yes No**

If yes, tick all the fire risk factors they exhibit

Skip to next question

* Mental health issues (e.g. dementia, anxiety or depression). Cognitive or decision making difficulties.
* Alcohol dependency or misuse of drugs.
* Sensory impairments (e.g. hard of hearing or sight loss).
* Other (please specify):

**3.** **Does the individual have a reduced ability to escape?**

**Yes No**

If yes, tick all the fire risk factors they exhibit

Skip to next question

* Have restricted mobility, are frail or have a history of falls. Are blind or have impaired vision.
* Lacks capacity to understand what to do in the event of a fire.
* Is a hoarder, or there are cluttered or blocked escape routes.
* Are bed or chairbound.
* Internal doors are left open at night.
* Would be unable to unlock front door to escape.
* Other (please specify):

**4. Are there any smoke or heat alarms fitted within the individual’s home?**

**Yes No**

If yes, please specify which rooms have them fitted:

**5. Has a carbon monoxide alarm been fitted anywhere that gas or solid fuels are used?**

**Yes No**

If yes, please specify which rooms have them fitted:

**What to do next**

If there are any questions in sections 1 – 3 that have been answered ‘Yes’, or you have identified that there are no smoke or heat alarms fitted, or they are broken or poorly sited, this suggests there is a risk from fire. Immediate actions are required to ensure agreed safety measures are in place:

* Refer to Lincs Fire and Rescue for a home fire safety visit - [https://www.lincolnshire.gov.uk/home-fire-safety/request-safe-well-check/2](https://protect-eu.mimecast.com/s/gsqAC9QvvuRzrN8foruJz?domain=lincolnshire.gov.uk)
* Inform the resident or other family members of the risks identified, if you are certain they will understand.
* Ensure any other appropriate partnership referrals are made as required.

Save form to IDOX and note on Northgate that a Person Centred Risk Assessment has been completed

**South Holland: SUPPORT SERVICES REFERRAL FORM**

**SECTION 1 – PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Full Name |  | |
| What do you like to be called? |  | Date of Birth: |
| Address: Line 1 |  | |
| Address: Line 2 |  | Town: |
| Address: County |  | Postcode: |
| Home phone number |  | Mobile No: |
| Email |  | |
| Nationality |  | Spoken Language: |
| How do you prefer to be contacted? | Post **□** Phone **□** email **□** face to face **□** text  **□**  Other **□ ………………………………………………………………………………….** | |
| Is there / or will there be internet at the property? | Yes □ No □ If yes – who is the provider? E.g., BT  …………………………………………………………. | |
| What is the property type you currently live in? | Owned Property **□** Council Property **□**  Privately Rented **□** Other………………………………………………… | |
| Does the property have a keysafe? | Yes □ No □ If yes – what is the keysafe code?  …………………………………………………… | |
| Have you completed a “This is Me” Form?  For those living with dementia – but helpful for anyone. | Yes □ No □ If yes – where is this kept?  …………………………………………………………..  \* This would have been given to you by a medical professional, dementia services – you can get one from your doctors. | |
| Do you have a Power of Attorney? | Yes □ No □ If yes – who is POA/ please supply  ………………………………………………………….. | |
| Would you like to give permission for someone to access you records or speak on your behalf? | Yes □ No □  If yes – (this could be a relative who helps you remain independent)  please supply the name and contact of the person you wish to help you and we will get in touch to put this in place …………………………………………………………………………………………………………  …………………………………………………………………………………………………………  ………………………………………………………………………………………………………… | |
| Do you have any pets?  Is the pet good with strangers? | Yes □ No □ If yes – Tell us about your Pet – i.e. is this a dog, cat etc ………………………………………………………………………….  ……………………………………………………………………………………………………….  Yes □ No □ If No – what needs to be done when an Officer needs to visit …………………………………………………………………  ………………………………………………………………………………………………………… | |

**SECTION 2 – EMERGENCY CONTACTS**

*These are the people who will respond when you need help.* ***We recommend that you supply at least one contact****.*

*If you do not have any contacts to respond to calls / or they have limited availability it is advisable for you to have a Response Service in place, to help eliminate unnecessary call outs for emergency services who already have limited stretched resources.*

*The 24/7 Response services are chargeable services ranging from £2****.****00 to £3.00 per week. The following provide 24/7 Response Services:*

* *Age UK Lincoln and South Lincolnshire – please contact LHP Telecare Services on [phone number]*
* *Wellbeing Service* ***–*** *Please contact Wellbeing Hub on [phone number]*

*Please inform your Housing Officer or LHP if you put one of these Response Services is put in place so our information is correct and LHP Monitoring Centre know who to call if you need help.*

**Contact 1**

**Relationship: Next of kin □ Family Contact □ Friend □ Other □ ……………**

|  |  |
| --- | --- |
| Name: | Relationship to Customer: |
| Address: | Keyholder: Yes □ No □ |
|  | Home Telephone: |
| Post Code: | Mobile Telephone: |
| Email: | Work Telephone: |
| At what times can the contact respond:  Anytime □ Mornings □ Afternoons □ Evenings □ Nights □  Any other relevant information:  ……………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………… | |

**Contact 2**

**Relationship: Next of kin □ Family Contact □ Friend □ Other □ ……………………….**

|  |  |
| --- | --- |
| Name: | Relationship to Customer: |
| Address: | Keyholder: Yes □ No □ |
|  | Home Telephone: |
| Post Code: | Mobile Telephone: |
| Email: | Work Telephone: |
| At what times can the contact respond:  Anytime □ Mornings □ Afternoons □ Evenings □ Nights □  Any other relevant information:  ………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………… | |

**Contact 3**

**Relationship: Next of kin □ Family Contact □ Friend □ Other □ ……………………….**

|  |  |
| --- | --- |
| Name: | Relationship to Customer: |
| Address: | Keyholder: Yes □ No □ |
|  | Home Telephone: |
| Post Code: | Mobile Telephone: |
| Email: | Work Telephone: |
| At what times can the contact respond:  Anytime □ Mornings □ Afternoons □ Evenings □ Nights □  Any other relevant information:  ………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………… | |

**SECTION 3 – MEDICAL INFORMATION**

*This information is important as it will ensure that the correct information is passed if required during an emergency. It is also important that you keep this information updated with the Monitoring Centre LHP. You can do this by pressing your pendant, pulling your cord, by informing; your Housing Officer if you are a South Holland District Council Tenant or informing the LHP Technician when they are testing your equipment.*

**Current Doctor Details –** *This is where you are currently registered*

|  |  |
| --- | --- |
| Name: | Day Telephone: |
| Surgery Address: | |
| Postcode: |  |

**Future Doctor Details –** *This is where you plan to register when you have moved into your new property – only complete this is you are changing doctors in the next 3 months*

|  |  |
| --- | --- |
| Name: | Day Telephone: |
| Surgery Address: | |
| Postcode: |  |

**Medical Details**

|  |
| --- |
| Please give us information on any known Medical Conditions you currently have and how this affects you: |
| Please tell us about any Allergies you have. |
| Please tell us about any Disabilities / mobility / hearing sight issues you may have? |

**SECTION 4 – SUPPORT AND CARE SERVICES** –

Do you currently have any carers or support services helping you?

Yes □ No □

*If yes - Please give us information on the Care and Support Services, you currently receive and give us a description of what your needs are*

**Current Support Services –** *who is providing you with any care or Support currently?*

Is this a:

Care Agency □ Support Provider □ Family Member □ Other □

Name of Support / Care Provider: …………………………………………………………………………………………..

……………………………………………………………………………………………

Address: …………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Telephone number: …………………………………………………………………………………………………

Mobile Number: …………………………………………………………………………………………………

Email: …………………………………………………………………………………………………

Days and Times of visits: ……………………………………………………………….…………..………

……………………………………………………………………………………

What are you being supported for:

Depression □ Addictions □ Dementia □ Medical needs □ Disability □ Autism □ Anxiety □ Bereavement □ Other: .….………………………………………………………………………………

……………………………………………………………………………………

**Support or care need** – *Please describe the support you receive:*

.….………………………………………………………………………………

……………………………………………………………………………………

**Disclaimer**

The information in this referral form details my correct details at the time reviewed. I also agree that South Holland District Council can exchange confidential information about me, on a need-to-know basis i.e. to social services, doctors.

South Holland District Council processes personal data in compliance with the General Data Protection Regulations and the Data Protection Act.

In order to provide you with the service you need, we have to collect, store and use your personal information. We will hold information about you such as your name, address and contact details. We may also hold financial, household and sensitive personal information relating to your health, special needs or alleged or actual criminal offences, if relevant. Information will be accurate, where necessary kept up to date and will be kept for no longer than necessary, in line with our retention policy.

Our data protection policy provides more information about how we handle your personal data. A copy of this policy is available at [www.sholland.gov.uk](http://www.sholland.gov.uk) I am signing this to say that I agree with its contents.

Signature of customer: ………………………………………………….

Date: …………………………………………

**End of form – please bring this form to your sign-up appointment**

***FOR OFFICE USE***

***(Allocations and LHP – complete parts relevant to your service)***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Date Referral completed*** |  | ***Date of sign up*** |  |
| ***Tenancy Reference No*** |  | ***Date Moving in*** |  |
| ***Lifeline ID*** |  | ***Lifeline Appt date*** |  |
| ***Equipment to be installed: Including serial No/s*** | *Lifeline* □ | *Smoke Detector* □ | *Heat Detector* □ |
|  | *Pendant* □ | *Fall Detector* □ | *DDA* □ |
|  | *Footprint* □ | *Key Safe* □ |  |
| ***Importance of contacts discussed*** | | Yes □ No □ | |
| ***Response service information supplied attach to form*** | | Yes □ No □ | |
| ***Reminded to inform LHP / SHDC if take up Response Service*** | | Yes □ No □ | |
| ***Customer has no contacts and refuses Response Service*** | | Yes □ No □ | |
| ***Does the customer have an increased fire risk?***   * Smoking – with signs of unsafe use of smoking or vaping materials (e.g. smoking in bed). * Use of emollient creams that are petroleum or paraffin based. * Air pressure mattress or oxygen cylinders are used. * Unsafe use of portable heaters (e.g. placed too close to materials that could catch fire) * Unsafe cooking practices (e.g. cooking left unattended). * Overloaded electrical sockets/adaptors or extension leads. Faulty or damaged wiring. * Electric blankets used. * Previous fires or near misses, burns or scorch marks on carpets and furniture. * Unsafe candle/tea light use (e.g. left too close to curtains or other items that could catch fire or within easy reach of children or pets). * Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Yes □ No □ |
| ***Would the customer be less likely to react to an alarm or fire?*** | | | Yes □ No □ |
| ***Does the customer have a reduced ability to escape?*** | | | Yes □ No □ |
| ***Are there sufficient smoke alarms / heat detectors in the property – situated in the correct place?*** | | | Yes □ No □ |
| ***For SHDC tenants – if you have answered yes to any of the above, please refer to the Housing Officer to undertake a Risk Assessment by emailing* (Insert email).** | | | |
| ***For Lifeline private customers LHP please* Refer to Lincs Fire and Rescue for a home fire safety visit –** [https://www.lincolnshire.gov.uk/home-fire-safety/request-safe-well-check/2](https://protect-eu.mimecast.com/s/gsqAC9QvvuRzrN8foruJz?domain=lincolnshire.gov.uk) | | | |
| ***Customer and/or family member informed of risks and referrals to be made*** Yes □ No □ | | | |
| ***Allocations – if you think the customer would benefit from additional telecare equipment Please state reason why, LHP please give details for need of any telecare equipment:***   * *Safety and Security* ………………………………………………………………………………   ………………………………………………………………………………………………………………………………..……   * *Mobility Issues* ………………………………………………………………………………   …………………………………………………………………………………………………………………………….………   * *Hearing / Sight*………………………………………………………………………………   ………………………………………………………………………………………………………………………..……………   * Aid in Independence ………………………………………………………………………………   ……………………………………………………………………………………………………………………………………   * Other …………………………………….…………………………………………   ……………………………………………………………………………… | | | |
| ***DECLARATION:***  ***Signed Officer: Name: Date:*** | | | |

**South Holland: Summary of Tenant Responsibilities**

* **Pay your rent on time**

Rent should be paid in advance, ensuring you are always 4 weeks in credit. Further information is available at www.sholland.gov.uk/rentpayments. If you fall behind with the rent, please contact us as soon as possible - we are here to help you.

* **Look after your home and garden**

As a tenant you must:

* look after your home – you can decorate it and make it your own, but you must ask for permission before doing any major work
* dispose of your rubbish properly
* maintain your garden including any trees/hedges/fencing within your boundary
* ensure you heat your property and ventilate it to avoid damp and mould.
* **Report repairs**

You must report repairs to us as soon as you find them by phoning **INSERT DETAILS HERE**. We will respond to emergency repairs the same day. Please do not contact your Housing Officer to report repairs.

* **Allow us access to your home**

If you are an Introductory tenant, your Housing Officer will visit you 3 times during the first year - you must allow access for these visits. You should allow us access to carry out repairs, annual gas safety checks and quarterly testing of alarm equipment (for Sheltered Housing tenants).

* **Ask for permission when needed**

You need permission to:

* have pets
* make improvements to the property & garden
* take in a lodger
* run a business from the property.

You can apply at **INSERT DETAILS HERE**

* **Be a good neighbour**

You can be held responsible for the behaviour of anyone who lives with you or visits your home. Please be considerate to your neighbours.

* **Consider fire safety if you live in a flat or a bed-sit**

Minimising the risk of fire in your home and any communal areas is everyone's responsibility.  You must not leave any items in corridors or stairwells, including prams and bikes – they will be removed and disposed of. It is important that you are aware of what to do if a fire occurs including whether to evacuate or stay in your property and wait for help. Please let us know if you have a disability that may impact on your ability to evacuate the building – we can put additional steps in place to keep you safe.

**These are a summary of your terms and conditions. It is your responsibility to ensure you understand the full terms and conditions of your tenancy. By signing the tenancy agreement, you are confirming that you understand them – your tenancy agreement is a legal contract.**

**South Holland: Sheltered Housing Fire Safety,**

**Stay Calm, Stay Put**

When you live in a flat, knowing what to do in an emergency is really important. You will need to consider steps to take in two kinds of fire:

* When there is a fire in your flat
* A fire somewhere else in the building.

It is important that you know what steps to take in the event of a fire.

**If you find a fire in your flat:**

* The alarm will sound and the Fire Service will be called automatically. If the alarm does not sound, ring 999 and ask for the Fire Service
* Alert any neighbours who might be at risk from the fire, without putting yourself in danger.
* Leave the building closing all doors behind you.
* Do not use the lift or stair lifts. Do not stop to collect any personal items. Do not attempt to put the fire out.
* Report to the designated assembly point until otherwise directed by council staff or the emergency services.
* Do not attempt to re-enter the building unless told to by a member of council staff or members of the emergency services.

**If you hear the fire alarm/smoke detectors:**

If you are in a flat:

* Stay inside the flat unless you are affected by the fire or smoke.
* Close all doors but do not lock them - if you have a security chain on your door, make sure this is un-latched.
* Do not open the door unless requested by a member of council staff or members of the emergency services.

If you are in a communal area (such as the stairwell or corridor):

* Evacuate the building by leaving at the nearest safe exit.
* Do not use the lift or stair lifts. Do not stop to collect any personal items. Do not attempt to put the fire out.
* Report to the designated assembly point until otherwise directed by council staff or the emergency services.
* Do not attempt to re-enter the building unless told to by a member of council staff or members of the emergency services.

*As you live in Sheltered Housing, the fire system is linked to a call centre. They will call 999 in an emergency and report the fire to the Fire Service.*

**If you would struggle to evacuate your flat in an emergency, please contact your Housing Officer to arrange for a Personal Emergency Evacuation Plan to be completed.**

**Example block of flats A:**

**Stay Calm, Stay Put**

When you live in a flat, knowing what to do in an emergency is really important. You will need to consider steps to take in two kinds of fire:

* When there is a fire in your flat
* A fire somewhere else in the building.

**If you find a fire in your flat:**

* Call 999 and ask for the Fire Service
* Break glass of the green emergency call points (located in the corridors)
* Alert any neighbours who might be at risk from the fire, without putting yourself in danger
* Leave immediately by the nearest safe exit route, closing doors behind you
* Report to the designated assembly point
* Do not stop to collect any personal items. Do not attempt to put the fire out.
* Do not re-enter the building until you are told it is safe to do so.

**If you hear the fire alarm/smoke detectors:**

If you are in a flat:

* Stay inside the flat unless you are affected by the fire or smoke.
* Call 999 and ask for the Fire Service
* Close all doors but do not lock them - if you have a security chain on your door, make sure this is un-latched.
* Do not open the door unless requested by a member of council staff or members of the emergency services.

If you are in a communal area (such as the stairwell or corridor):

* Call 999 and ask for the Fire Service
* Leave the building using the nearest available fire exit, closing doors behind you
* Proceed to the assembly point
* Do not stop to collect any personal items. Do not attempt to put the fire out.
* Do not re-enter the building until you are told it is safe to do so.

**If you would struggle to evacuate your flat in an emergency, please contact your Housing Officer to arrange for a Personal Emergency Evacuation Plan to be completed.**

Further information is available at **INSERT DETAILS HERE** or you can contact your Housing Officer.

**Example block of Flats B:**

**Fire Safety steps to take in an emergency**

When you live in a flat, knowing what to do in an emergency is really important.

It is important that you know what steps to take in the event of a fire. Make sure that all members of your household know these steps.

**If you find a fire in your flat or the communal area:**

* Alert any neighbours who might be at risk from the fire, without putting yourself in danger.
* Leave the building closing all doors behind you.
* Do not stop to collect any personal items. Do not attempt to put the fire out.
* Call 999 as soon as you are able to
* Assemble at a safe distance away from the building until otherwise directed by council staff or the emergency services.
* Do not attempt to re-enter the building unless told to by a member of council staff or members of the emergency services.

**If you would struggle to evacuate your flat in an emergency, please contact your Housing Officer to arrange for a Personal Emergency Evacuation Plan to be completed.**

Further information is available at **INSERT DETAILS HERE** or you can contact your Housing Officer.

**Warwick District Council: Fire alarm activation procedure**

# Introduction

**Useful information:**

* The Fire Service will attend all fire alarm activations, no matter what time it is activated, for blocks with 6 floors or more.
* For blocks less than 6 floors, the fire service will be guided by the information provided to them by the public or the Council Officer who responds to the activation.
* The ‘***Incident Officer’*** is the first WDC Officer to arrive on site.

**Responsible Officer:**

**Purpose:**

To provide clear instructions to staff in both Housing Services and Assets, regarding the activation of communal area fire alarms in high, medium and low-rise blocks.

This process is particularly important as Warwickshire Fire and Rescue Service have advised that they will only respond automatically to alarm activation at night from 20:00 to 07:00. For blocks 6 floors and above Fire will respond irrespective of the time / nature of the activation - outside of this the Fire Service will only respond on confirmation that there is a fire either from a resident, member of the public or ourselves.

Therefore, as the building owners, we are responsible for checking alarm activations and responding to them. In some cases, there may be an actual fire and the operation of this procedure could affect the lives of our residents.

**Contents of this report:**

* 1. – WDC Incident Officer – General Guidance
  2. – Activation Monday – Friday between 08:00 – 17:15 hours
  3. – Activation Monday – Friday between 17:15 – 08:00 hours including weekends
  4. – If there is a fire
  5. – If there is an activation with no fire

|  |
| --- |
| **to the Fire Alarm Activation Procedure, Warwick District Council.** |
|  |

# 1.1 WDC ‘*Incident Officer*’ - General Guidance

WDC Officer attendance on site:

* The first WDC Officer to attend the site becomes the ‘***Incident Officer*’:** they should carefully inspect the property externally, checking for any signs of fire. If there is a sign of fire, the Incident Officer should stay safe and not enter the building (*following guidance in section 1.4 of this procedure*). Instead, they should contact the Fire Service on 999 and advise them and update Acorn Control including a Manager from Housing Services. They should wait on site until WFRS attend and liaise with them.
* If there is no sign of fire externally, the Incident Officer should enter the building (*following guidance in section 1.5 of this procedure*) if there is no sign of fire, they should check the fire control panel in the communal entrance. The keys for the fire control panel are contained in a key safe by the panel, the number for this is: **(insert code).**
* If the control panel indicates there is a fault, the Incident Officer should call the Fire Service and the Alarm Contractor to attend to check the system and rectify fault and reset the alarm where appropriate. All actions should be recorded in the logbook. Details of the alarm activation and remedial action taken should be sent to **(insert email address)**
* If the control panel indicates an actual fire the Incident Officer should call the Fire Service immediately on 999 to update them. Officers are not expected to check the location of the activation. The Officer should leave the building and await the Fire Service and liaise with them directly. The Officer should keep Acorn Control and a Manager updated throughout.
* The activation may also relate to the Bin Store room alarm, which will have activated the alarm in the bin room and turned on sprinklers. If this has been activated there is no need to enter the bin area, the Fire Service should be called on 999 and asked to attend.
* If there is a confirmed fire, the Incident Officer has the responsibility of advising a Manager within Housing Services, who in turn will consider whether the Service Area Crisis Plan should be activated.
* Once the incident is dealt with, full details of the alarm activation (whether there was a fire or a fault) and any remedial action taken should be sent to **(insert email address)** If a fire is confirmed, a full debrief of the incident will take place within 24 hours of the incident, in a meeting with Acorn Control, the Incident Officer and any relevant Managers.

# 1.2 Activation Monday to Friday, between 08:00 – 17:15 hours.

1. **If a call is received, advising a fire alarm is sounding** or there is an actual fire, the caller must be advised to contact the Fire Service on 999.
2. **The staff member taking the call must obtain full details of the incident** from the caller, including their full contact details and then call WFRS to advise them that we have a fire alarm activation.
3. **The staff member taking the call** will then call Acorn Control, to advise them of the activation.
4. **At this point, Acorn Control Lifeline Officers will coordinate the response.** Within 3 minutes of receiving the original notification, a WDC Officer must be deployed to the site, this should first be an Estates Services Officer however, any Officer within Housing Services can be deployed where the Estates Services Officers aren’t available. The Lifeline Officer taking the call must log all details of the alarm activation.
5. **The first WDC Officer to arrive on site becomes the ‘Incident Officer’** responsible for liaison with WFRS and WDC Management. If there are obvious signs of a fire then the Incident Officer must call the Fire Services without delay on 999 to advise them of this and wait safely on site unit WFRS attend **(*and see 1.4 of this procedure***) – ensuring a Housing Services Manager is informed. If there are no visible signs of fire (***see 1.5 of this procedure*)** and it is safe to do so, the Incident Officer is to enter the building and inspect the fire control panel to establish where the alarm is sounding from. If it is safe to do so, the Officer should exercise caution, constantly dynamically risk assessing the situation and check to see if there is a fire by inspecting the communal areas of the premises set out in 1.5 of this procedure. The Fire Services should be updated regularly, and a Manager informed if a fire is confirmed.
6. **In the event WFRS attend, the Incident Officer in attendance will remain on site** until WFRS leave or say that they are no longer required. The Incident Officer is the point of contact for WFRS whilst on site, the Incident Officer should ensure regular communication is maintained with both Acorn Control and in the event a fire is confirmed a Manager should be informed without delay.
7. **If the Fire Service report a major incident to the Incident Officer on site,** they will notify Acorn Control and a Manager. Managers will consider if the Service Area Crisis Plan needs to be activated, and procedures followed.

# 1.3 Activation Procedure Monday to Friday, between 17:15 – 08:00 hours including weekends.

1. **If a call is received, advising a fire alarm is sounding** or there is an actual fire, the caller must be advised to contact the Fire Service on 999.
2. **The staff member taking the call must obtain full details of the incident** from the caller, including their full contact details and then call WFRS to advise them that we have a fire alarm activation.
3. **The staff member taking the call will then call Acorn Control**, to advise them of the activation.
4. **At this point, Acorn Control Lifeline Officers will coordinate the full response**. Within 3 minutes of receiving the original notification, a Lifeline Officer must be deployed to the site.
5. **The first WDC Lifeline Officer to arrive on site becomes the ‘Incident Officer’** responsible for liaison with WFRS and where applicable WDC Housing Services Management. If there are obvious signs of a fire then the Incident Officer must call the Fire Services without delay on 999 **(*and see 1.4 of this procedure***) to advise them of this and wait safely on-site unit WFRS attend – ensuring a Housing Services Manager is, at this point, informed. If there are no visible signs of Fire (***see 1.5 of this procedure***) and it is safe to do so, the Incident Officer is to enter the building and inspect the fire control panel to establish where the alarm is sounding from. If it is safe to do so, the Officer should exercise caution, constantly dynamically risk assess the situation and check to see if there is a fire by inspecting the communal areas of the premises, as set out in guidance under 1.5 of this procedure. Fire should be updated accordingly as and when the Incident Officer has an update and a Manager updated in the event of a confirmed fire.
6. **In the event WFRS attend, the Incident Officer in attendance will remain on site** until WFRS leave or say that they are no longer required. The Incident Officer is the point of contact for WFRS whilst on site, the Incident Officer should ensure regular communication is maintained with both Acorn Control and in the event of a confirmed fire, with a Manager.
7. **If the Fire Service report a major incident to the Incident Officer on site**, they will notify Acorn Control and a Manager. Managers will then consider if the Service Area Crisis Plan needs to be activated, and procedures followed.

# 1.4 If there is a fire

**If there is a fire:**

* **It is crucial** both Acorn Control and a Manager are fully informed throughout the entire incident and the Fire Service are closely engaged with.
* **The Incident Officer is the first WDC Officer to arrive at the incident**, they must remain on site until stood down by the Fire Service or a WDC Manager – to ensure they are available to offer tenant support or support to the Fire Service, should additional WDC Officers be required on site, this should be requested via a Manager. The Incident Officer must take pictures of the relevant areas ASAP.
* **Requirement to isolate services** in the event of a fire consideration around isolating services such as electricity, gas and water must be given. In the event of any fire, Housing Repairs must be informed to ensure this is properly assessed and actioned.
* **If the fire(s) are in a tenant’s property**, the Incident Officer must be available to provide support to the tenant, this should include discussions around whether or not they have family / friends they can temporarily stay with, whether a decant is required, in the event it becomes clear WDC need to provide alternative, emergency accommodation, we will follow the same procedure as if a person were presenting as emergency homeless. Details of where the customer is staying must be taken along with the address and their contact details. The last resort would be for Officers to look for hotel accommodation, however this should be authorised by the relevant Manager.
* **If the fire is in a communal area** and it has been contained the Incident Officer is required to wait on site until WFRS advise they are no longer needed. Once they return to the office, reports must be filed regarding repairs and inspections required.
* **The Incident Officer must report full details of fire** to the Landlord Services Manager. This must be done by email at their earliest opportunity and before leaving work on the day of the fire, this is to ensure full details of the incident have been properly reported. Any outstanding repair issues must also be reported on the same day by the Incident Officer.
* **A full debrief meeting** should be arranged within 24 hours of the incident occurring, to discuss the incident in detail and ensure there are no staff / tenant support needs outstanding. A representative from the Fire Service should be invited. The Insurance and Risk Officer must be notified and provided with images. **Any outstanding actions will be raised and dealt with following the meeting**.

# 1.5 If there is an activation with no fire

**End of incident (where no fire confirmed):**

* **When the WDC Incident Officer arrives on scene,** if there are no obvious signs of a fire, an inspection of the outside of the building must be conducted by conducting a physical walk around the building, this includes a visual inspection of all outside walls of the building, bin areas, including windows and doors. If any smoke / fire can be seen or smelt, the Incident Officer must inform the Fire Service immediately and await the Fire Services’ attendance from a safe distance outside, whilst constantly visually monitoring the building, if things worsen the Fire Service must be updated immediately.
* **If it is safe to do so, following the above dynamic risk assessment**, the Incident Officer should enter the building and inspect the control panel, however the panel should not be reset at this time. Following this, all floors of the building must be inspected – the lift **MUST NOT** be used until it is confirmed there is no fire present.
* **The basement, all communal floor areas, all stair areas, lift motor rooms and the roof spaces of the building must be carefully inspected**, if it is clear and there are no signs of a fire present, the control panel can be reset by a trained Officer or Contractor however, if there are any doubts the Fire Service MUST be informed without delay.
* **If no fire confirmed**, the Incident Officer (if trained to do so) is to reset the control panel and record this in the logbook - often located in the control panel cabinet or close by – this is mandatory. If the Incident Officer is unable to reset, this should be reported to the relevant Contractor to do so.
* **Acorn Control should then be informed** including the Fire Service.

**Westminster Council:** PEEP template

**Text

Description automatically generatedPersonal Emergency Evacuation Plan**

*(To be completed by housing management)*

|  |  |
| --- | --- |
| **Contact Details:** | |
| Name of Resident: |  |
| Full Address: (include flat and  floor number) |  |
| Contact emergency details: |  |
| Resident / Leaseholder? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal circumstances of the resident:** | | | | | |
| Have you received general fire safety information about your building? | |  | | | |
| Do you know what to do in case of a fire? | |  | | | |
| Do you have difficulty self-evacuating? | |  | | | |
| Reason for this (e.g., mobility  issues, cognitive impairment, etc.) | |  | | | |
| Do you use any equipment or devices (e.g., evacuation hair25, oxygen tank, etc.). If yes, what? | |  | | | |
| Photographs | |  | | | |
| **Section Sig Off** | | | | | |
| Housing Manager |  | Date |  | Signed |  |
| Resident | *(Display Name)* | Date | *(Date Here)* | Signed | *(Sign Here)* |

*(To be completed by Fire Safety responsible person)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal circumstances of the resident:** | | | | | |
| Description of the Personal Emergency Evacuation Plan | |  | | | |
| Plan has been tested on (if applicable) | |  | | | |
| Plan will be reviewed on: | |  | | | |
| Do you agree for this information to be shared with the London Fire Brigade | |  | | | |
| How will the PEEP be shared with the resident? | |  | | | |
| Has Annex B been updated? | |  | | | |
| **Section Sign Off** | | | | | |
| Responsible Person |  | Date |  | Signed |  |
| Other | *(Display Name)* | Date | *(Date Here)* | Signed | *(Sign Here)* |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property Sequence Number: | | | *(Display PSQ as displayed in Shine)* | | | | | | |
| Full Building Address: | | | *(Display Full Address as displayed in Shine)* | | | | | | |
| Number of floors in building: | | |  | | | Number of flats in building: | |  | |
| A single sheet building plan is included in the information box | | |  | | | Floor plans included in the information box | |  | |
| Maximum number of residents in the building (not including visitors and/or guests) | | |  | | | Residents who would have difficulty self-evacuating | |  | |
| Flat Number | Floor Number | How many people may require assistance | | Summary of why assistance is required | Any equipment  required to assist?  How many people? | | Is there someone else that can assist them? | | Any special equipment of the resident that may  compromise / affect  assistance |
|  |  |  | |  |  | |  | |  |
|  |  |  | |  |  | |  | |  |
|  |  |  | |  |  | |  | |  |
|  |  |  | |  |  | |  | |  |

**Westminster Council:** Building PEEP Schedule for Secure Information Box

**Building Text

Description automatically generatedPEEP Schedule**

**Camden Housing:** Visiting programme form

**Visiting Programme**



|  |  |
| --- | --- |
| **Visit details** |  |
| Officer name |  |
| Visit date and time |  |
| Tenant at home? | Yes ☐ No ☐ |
| 2nd visit date and time |  |
| Tenant at home? | Yes ☐ No ☐ |
| 3rd visit date and time |  |
| Tenant at home? | Yes ☐ No ☐ |

**ID and proof of address seen and checked**

Yes ☐ No ☐

**List document/s seen:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tenant** | | | |  |
| Name/s: |  | | |  |
| Joint tenants? | Yes ☐ No ☐ | | |  |
| Address |  | | |  |
| Phone no: |  | | |  |
| Email: |  | | |  |
| **Any communication preferences or needs?**  Phone ☐ Text ☐  Email ☐ Letters ☐ | Notes | | |  |
| **Current household details (including tenant/s)** | | | |  |
| Name | DOB | Relationship | Economic status  i.e.: Working/benefits (benefit type): | Ethnicity |
|  |  |  |  |  |
|  |  |  |  |  |
| Under-occupying?  Would consider down-sizing?  On the Housing register? Does the bedroom tax affect you (If under state pension age)? | | Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐ | | |
| Overcrowded?  Applied for housing/seeking housing options? | | Yes ☐ No ☐  Yes ☐ No ☐ | | |
| **Emergency Contact /NoK Name:** | |  | | |
| Address:  Email:  Phone number: | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost-of-living** | | | | |
| **Are you struggling financially**? Yes ☐ No ☐    Detail of what struggling with ie: buying food, utility bills, etc (and any details needed for a Cost of Living fund application): | | | | |
| **Health, wellbeing and support needs.** | | | | |
| Is there anything you need help with – advice or referrals? | | | | |
| **Property details** | | | | |
| Floor level | |  | | |
| No. of bedrooms | |  | | |
| **Repairs** | | | | |
| Do you know how to report repairs issues? Yes ☐ No ☐  Give attached advice for reporting repairs Yes ☐ No ☐  Do you need any assistance reporting repairs? Yes ☐ No ☐    **Reasons:** | | | | |
| **Adaptations** | | | | |
| Are there any adaptations for disability in your home? Yes ☐ No ☐ If yes note details / note if no longer needed: | | | | |
| **Resident safety** | | | | |
| **Fire or smoke alarm fitted?** Yes ☐ No ☐  Location: Kitchen Living Room Hallway | | | | |
| **If no, LFB visit needed?** Yes ☐ No ☐ | | | | |
| Advised to keep communal areas clear?Yes ☐ No ☐ | | | | |
| Advised to remove metal gate on flat door? Yes ☐ No ☐ | | | | |
| Hoarding Issues? Yes ☐ No ☐ | | | | |
| Do you use mobility scooter?Yes ☐ No ☐  If yes, where is it kept? | | | | |
| Personal balcony Yes ☐ No ☐  Used to store possessions/ combustible items? Yes ☐ No ☐ | | | | |
| **Emergency evacuation help**  **In an emergency, would you or your family need help from the fire service to**  **leave the property?** Yes ☐ No ☐  **Reason:**  Mobility impairment/ wheelchair user;  Blind or partially sighted;  Hearing impairment;  Cognitive impairment | | | | |
| **Medical equipment**  Does anyone in the h/h use oxygen or medical equipment?  Yes ☐ No ☐ | | | | |
| Consent to referrals | WISH Plus Yes  Welfare Rights/Debts/Cost of Living Yes  Children Services. Yes  Adult Social Care Yes  Other Yes | |  |  | |
|  |
|  |
|  |
|  |
|  |
| **Notes** |  | | | | |
|  |  | | | | |

**Camden Housing:** Fridge Magnet



**Kingsway Court RMC:** Resident letter

**Address: XXXX**

**TEL: XXXX**

**Email: XXXX**

Dear Resident

We are currently updating the information in our Premises Information Box (PIB) which contains floor plans and details to assist the fire brigade in case they are ever called out. This information is stored both electronically with East Sussex Fire and Rescue Service and in the new PIB in each entrance lobby.

One of the important pieces of information we are providing is a clear floor plan and we have a duty to update our enquires of all residents to establish if any of you, for whatever reason, might require additional assistance in the event you needed to evacuate.

Please rest assured that any information provided will be kept secure and indeed I am not asking or need to know any specific details other than the fact you would need assistance and your flat number in order that this can be marked on the plan.

No personal details will be recorded. This information will be updated every 4 months but if a need arises please let the writer know of any change at any time so that we can be sure to register that assistance will be needed.

Would any of you currently renting your properties please pass on this message to your tenants and let me know if this information changes in the future. We are required to regularly update our information so can I ask you to please let me know of any requirements prior to (xx/xx/xx)

Please do not respond if you consider yourself able bodied, I just need to know those requiring assistance.

Yours faithfully

XXXX

**Kingsway Court RMC:** Follow up questionnaire

Emergency Assistance Questionnaire

NAME: …………………………………………………………………………………

FLAT NO: …………………………………………………………………………………

FLOOR: …………………………………………………………………………………

1. Do you consider yourself to have a disability? YES/NO
2. IF YES, please give brief details (PLEASE PRINT CLEARLY):

1. Do you keep any medical gases (e.g. oxygen) in your flat YES/NO
2. If YES, please specify type of medical gas and location:

1. In the event of an emergency will you need assistance. YES/NO

IF YES, Kingsway Court Freeholders will be in touch to discuss your Personal Emergency Evacuation Plan (P.E.E.P).

I consent to this information being securely stored in the firebox on the premises at Kingsway Court, Queens Gardens, Hove, for use by Fire & Rescue services in the event of a fire or other emergency.

Signed…………………………………………………………………………………………

Date……………………………………………………………………………………………

**Kingsway Court RMC:** Record for SIB

10/06/2025

6 PEEPs received Emailed to XXXX FRA for PIB box. &ESFRS

XXX(name) - Flat xx

XXX(name) - Flat xx

XXX(name) - Flat xx

XXX(name) - Flat xx

XXX(name) - Flat xx

XXX(name) - Flat xx

**Tower Hamlets:** PEEPs form

**Personal Emergency Evacuation Plan (PEEP)**

**This document is a guide with examples of the type of questions you should be asking. Think about the needs of each resident and whether there are other questions you need to ask to build a tailored emergency evacuation plan.**

**Address:**

**Name of Resident:**

**Number of people in the property:** **Adults:** **Children:**

**Date of The Assessment**:

**Completed By:**

**Information About the residents**

|  |  |  |
| --- | --- | --- |
|  | Response | Actions to Be taken |
| Are all residents able to understand what action they need to take in the event of an emergency evacuation? |  |  |

**Physical Considerations**

|  |  |  |
| --- | --- | --- |
|  | Response | Actions to Be taken |
| In the event of evacuation, would any residents require a walking aid, wheelchair, mobility scooter or assistance to be able to leave their flat and evacuate to a place of safety outside of the building? |  |  |
| Does any resident suffer from strokes, heart conditions, muscular dystrophy, multiple sclerosis, bariatric or similar condition that could affect their ability to evacuate without assistance? |  |  |
| Is any resident’s sight significantly impaired? |  |  |
| Is any resident’s hearing significantly impaired? |  |  |

**Neurological considerations**

|  |  |  |
| --- | --- | --- |
|  | Response | Actions to Be taken |
| Do any residents suffer from Alzheimer’s, dementia, Parkinson’s disease, Huntington’s Disease, Dyspraxia or other condition that would affect their ability to self-evacuate? |  |  |
| Are all residents likely to attempt to leave the site in the event of a fire alarm? |  |  |
| If the fire alarm is activated, are any residents likely to resist being moved? |  |  |
| Do any residents suffer from conditions such as agoraphobia or similar condition that would hinder their movement? |  |  |

**General medical issues**

|  |  |  |
| --- | --- | --- |
|  | Response | Actions to Be taken |
| Are any residents receiving medication that could affect their ability to evacuate with or without assistance? |  |  |
| Are any residents attached to medical equipment that could delay or prevent their evacuation? |  |  |
| Are any residents known to have a heart condition? |  |  |
| Are any residents receiving oxygen therapy? |  |  |
| Do any residents have severe asthma or a breathing condition? |  |  |

**Anything Else** – Please add any general observation you may have relevant to fire safety and evacuation of the flat. i.e. hoarding, perceived capacity of resident to answer the questions etc.

|  |  |  |
| --- | --- | --- |
|  | Response | Actions to Be taken |
|  |  |  |
|  |  |  |
|  |  |  |

**Personal emergency evacuation plan**

|  |
| --- |
|  |

Based on the information given, the assessor or responsible person needs to make an evaluation of the level of risk of evacuation of each flat.

□ **Low risk:** The resident’s mobility is not impaired and they can physically leave the premises without assistance, or if they have some impairment but they can leave with no assistance.

□ **Medium risk:** The resident is neither low or high risk but they have mental health problems and/or limited mobility issues. They assess themselves as being able to effectively self-evacuate, assessor has seen nothing to contradict this view.

□ **High risk:** The resident’s care and/or condition is such they are unable to effectively self-evacuate from the block, or the immediate evacuation could prove life threatening.

**Tower Hamlets:** PEEPs information for Secure Information Box

**XXXXX House – Residents who may need help evacuating (in RED)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 2 | **3** | 4 | **5** | **6** | 7 | 8 | 9 | 10 |
| 11 | **12** | **13** | **14** | 15 | **16** | **17** | **18** | 19 | 20 |
| **21** | 22 | 23 | 24 | **25** | 26 | **27** | **28** | 29 | **30** |
| 31 | **32** | 33 | 34 | **35** | **36** | 37 | **38** | 39 | 40 |
| 41 | 42 | 43 | 44 | **45** | 46 | 47 | **48** | 49 | 50 |
| **51** | 52 | **53** | 54 | 55 | **56** | 57 | 58 | 59 | 60 |

**Properties with wheelchair users:**

**1 3 5 6 16 32**

**Lewes and Eastbourne Council:** PEEPs template

|  |
| --- |
| **PERSONAL EMERGENCY EVACUATION PLAN (PEEP)** |

**NAME:**

**PREMISES:**

**FLOOR & FLAT NUMBER:**

**CONTACT NUMBERS:**

* 1. **AWARENESS OF PROCEDURE**

I am informed of a fire or emergency requiring evacuation by:

**Existing alarm system**

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **DESIGNATED ASSEMBLY POINT**

We have confirmed that the designated assembly point is:

**Front Car Park** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **METHODS OF ASSISTANCE:**

(e.g.: transfer procedures, methods of guidance, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **EQUIPMENT PROVIDED:**

(including means of communication)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **EVACUATION PROCEDURE (or ready to evacuate procedure for stay put properties)**

(A step-by-step account beginning from the first alarm, please attach additional pages as necessary).

Gather medication, put on coat etc. be prepared to be evacuated by Fire Service

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **SAFE ROUTE(S): (unless a stay put policy)**

Please attach floor plans where possible

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **ANY OTHER RELEVANT INFORMATION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**A copy of the completed PEEP should be retained by the individual and Homes First and a copy retained on the individual’s tenancy record.**

This Personal Emergency Evacuation Plan is in place and a copy retained by:

Name:

Signed: Date:

Officer’s Name:

Signed: Date:

Date of next PEEP review:

**Uttlesford District Council:** Care management Sheet

Care Management - Month: XX/XX/XX

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FLAT** | **Needs assistance** | **On Oxygen** | **Comments: W/CHAIR USER, HARD OF HEARING,**  **LIMITED ENGLISH, PARTIALLY SIGHTED,** | **Out** | **Dates away?** |
| 1 | **YES** |  | **Mr Poor Mobility x 3 People** |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 | **YES** |  | **HARD OF HEARING P.E.E.P** |  |  |
| 5 | **YES** |  | **WHEELCHAIR USER P.E.E.P** |  |  |
| 6 | **YES** |  | **WHEELCHAIR USER P.E.E.P** |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 | **YES** |  | **2 x People Mr has Dementia** |  |  |
| 11 |  |  |  |  |  |
| 12 | **YES** |  | **POOR MOBILITY P.E.E.P** |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 | **YES** |  | **POOR MOBILITY P.E.E.P** |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 | **Yes** |  | **POOR MOBILITY P.E.E.P** |  |  |
| 20 |  |  |  |  |  |
| 21 | **YES** |  | **POOR MOBILITY / BLIND P.E.E.P** |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| Guest room |  |  |  |  |  |

**Uttlesford District Council: PEEPs template**



Personal Emergency Evacuation Plan

**Name:** >>>>>>>

**Address:** XXXX**,**

**Date: XX/XX/XXXX**

**LOCATION**

**Do you routinely use the communal areas of your schemes such as the communal laundry, lounge, kitchen etc?**

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

**AWARENESS OF EMERGENCY EVACUATION PROCEDURES**

**Are you aware of your own emergency fire procedures?**

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

**EMERGENCY ALARM**

**Can you hear the fire alarms?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | DON’T KNOW |  |

**Could you raise the alarm if you discovered a fire?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | DON’T KNOW |  |

**ASSISTANCE**

**Do you need assistance to get out of your scheme in an emergency?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | DON’T KNOW |  |

**In the event of fire do you know what to do?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | DON’T KNOW |  |

**GETTING OUT**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | DON’T KNOW |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | DON’T KNOW |  |

**Are you a wheelchair user?**

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

**Any action required as a result of this questionnaire:**

>>>> would need assistance to evacuate the building in the event of a fire due to >> dementia. >> may suffer with confusion and become disorientated.

**Measures Taken**

* Advised >> his wife >> would act as a Buddy for him if home and safe to do so.
* Highlighted on the Care Management Sheet that >> has a P.E.E.P in place.
* Advised Carecall >> has a P.E.E.P in place
* UMO updated to confirm P.E.E.P is in place.

**Declaration**

* I confirm that the information supplied during the course of this assessment is true and complete to the best of my knowledge.
* I agree that when necessary Uttlesford District Council can share my information with any other professional body for the purpose of meeting my support needs
* All information gathered and stored is done so within the provisions of The Data Protection Act.

**Date PEEP/ RA and Hazard spotting completed: XX/XX/XXXX**

**Resident Signature: >>>**

**Assessment completed by (S.H.O.) Name J>>>>**

**Uttlesford District Council: PEEPs guidance**

**Personal Evacuation Plan Problem Solving**

| **Difficulty/Disability** | **Ways to solve/address** |
| --- | --- |
| Wheelchair use, cannot use stairs | Inform Carecall that they have a P.E.E.P.  Highlight on Care Management sheet  Make sure they adhere to Fire Action Policy**.**  **The above guidance applies to all difficulties.** |
| Hearing difficulties | Buddy system to be with person at all times  Vibrating pager that reacts to alarm  Visual flashing alarm light |
| Visual difficulties | Large signage  Tour of site highlighting exit routes  Buddy system to assist in evacuation  Braille signage |
| Cannot evacuate quickly but can use stairs | Evacuate slowly, behind others to exit route  Slowly take stairs taking breaks as required  Buddy system to assist and alert location to fire warden |

For any complex issues which you feel we have not addressed, please refer to either the S.H.T.L. or our H+S Officer who can provide guidance on a specific issue.

All P.E.E.P’s completed will be reviewed by S.H.T.L.

**Uttlesford District Council: Fire escape review form**



FIRE ESCAPE REVIEW FORM

Name:

Address:

Have you been given a copy of the Fire Action Policy?

Y  N

Do you understand the Fire Action Policy? Do you know where your assembly point is? Y  N

Have you been given your Fire Escape Route Plan?

Y  N  N/A

Do you understand your Fire Escape Route Plan?

Y  N  N/A

In the event of an incident, would you be able to evacuate the building safely?

Y  N  N/A If no then completes P.E.E.P.

Signature (tenant): Date:

Signature (officer): Date:

**Uttlesford District Council: Sheltered tenants assessment form**



Uttlesford District Council

SHELTERED TENANTS ASSESSEMENT

**FORM**

***PLEASE PRINT INFORMATION ON THIS FORM USING BLACK INK ONLY***

**THIS IS A CONFIDENTIAL DOCUMENT**

This means that the only people who have access to this information are YOU and Sheltered Housing Officers on a ‘need to know’ basis.

### REFERRALS

Only with your permission can any information included in this Assessment be shared with other service providers, for example Adult Care Services, to ensure that you receive the most informed assessment possible. You have the option to refuse this permission. Please see declaration at the end of the assessment.

### WHY DO YOU NEED AN ASSESSMENT?

This plan is for you and your sheltered housing officer to agree together.

Reviews will take place annually, unless there has been a change in your personal circumstances or there is need for an earlier review. It will help identify issues that you need help with or are of concern to you. It will help us to help you stay independent by regularly monitoring your well-being.

### AGREEING TO AN ASSESSMENT

The purpose of the assessment has been explained to me and is intended, as part of my Sheltered Tenancy, to provide me with a service which identifies my needs and enables me to sustain an independent lifestyle.

I confirm that I agree to complete this assessment.

**Would like a copy for your own records YES ☐ NO ☐**

Signature (tenant):

I confirm that I fully understand the reasons for completing a assessment but I do not wish to complete one at this moment in time.

Signature (tenant):

**This assessment will be reviewed annually or earlier if the Sheltered Housing Officer thinks it may be appropriate.**

**RESIDENT INFORMATION**

1. **Resident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  **Known as?**  **DOB:**  **Address:** | | **For TV licence info –**  **N.I. No:**  **Retired? Y ☐ N ☐**  **If 60+ do they work 15+ hours a week? ☐**  **In Receipt of Pension Credit –**  **Y☐ N☐**  **If claiming Pension Credit advise Resident to send proof to TVL** [**enquiries@tvlicensing.co.uk**](mailto:enquiries@tvlicensing.co.uk) **☐**  **Advised DM if on PC or not ☐** | **Scheme ID:**  SP ID:  **Tenancy Start Date:**  **Key safe**: |
| **Home Tel:**  **Mobile:** | |
|  |  | **Main Language:**  English 1st Language :Yes ☐ No ☐ | **Relationship Status:**  Married ☐  Single ☐  Widowed ☐  Other ☐ |
| **Religion**: |
| **Ethnicity**: | **Property**: Grd ☐1st ☐  2nd ☐ |

**1st Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  FAMILY ☐ FRD ☐  Family relationship: | Address: | Home:  Work:  Mobile:  Mobile:  e-mail: | Are They?  ☐ Emer Cont  ☐ K/H  ☐ Responder |

**2nd Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  FAMILY ☐ FRD ☐  Family relationship: | Address: | Home:  Work:  Mobile:  Mobile:  e-mail: | Are They?  ☐Emer Cont  ☐ K/H  ☐ Responder |

**3rd Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  FAMILY ☐ FRD ☐  Family relationship: | Address: | Home:  Work:  Mobile:  Mobile:  e-mail: | Are They?  ☐ Emer Cont  ☐ K/H  ☐ Responder |

**4th Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  FAMILY ☐ FRD☐  Family relationship: | Address | Home:  Work:  Mobile:  Mobile:  e-mail: | Are They?  ☐ Emer Cont  ☐ K/H  ☐ Responder |

1. **Doctor’s Information**

|  |  |  |
| --- | --- | --- |
| G.P: | Surgery: | Tel No:  o.o.h’s no:111 |

1. **Medical details**

|  |
| --- |
| **Do you have a DNR order in place?** Yes☐ No ☐Policy followed? Red envelope on the back of front door? ☐  **Do you use needles regularly?** Yes☐ No ☐ If Yes, how do you dispose of them?  **Do you use or store oxygen?** Yes☐ No ☐ If Yes has SHTL been informed ☐ |

|  |  |  |
| --- | --- | --- |
| SUPPORT |  | **Details: Name, tel no, e-mail, How often?** |
| H/C | Yes☐ No☐ |  |
| Assisted meals | Yes☐ No☐ |  |
| Social worker | Yes☐ No☐ |  |
| Care manager, C.P.N, D/N, O/T | Yes☐ No☐ |  |

**SHELTERED SERVICE**

The sheltered service we provided includes a daily weekday visit from your Sheltered Housing Officer. This is to check on your welfare and to assess if there are any Health and Safety issues in your property. If you do not wish to receive a daily visit, you can opt for either no visit or a weekly visit. To do this you would need to sign a disclaimer with your Sheltered Housing Officer. You will still have to pay for the full sheltered service. At any time you can opt back in and have a daily visit, or the Sheltered Housing Officer may suggest this if they feel there has been a change in your circumstances and you would benefit from more regular contact.

What level of service do you require? Daily☐ Weekly ☐ No visit ☐

**You also have full access to the Carecall emergency response system which includes a weekend and evening out of hours response service.**

All other services are detailed in your tenancy agreement and Tenants Handbook, as well as detailing your responsibilities as a tenant.

Information is also provided on scheme notice boards where these are available.

**MANAGING YOUR TENANCY**

Would you like your financial situation reviewed by the Pensions Service

to see if you are entitled to any benefits? **YES☐ NO☐**

Would you like us to explain the different methods available for paying

your rent **YES☐ NO☐**

**Do you understand what you are paying for in your rent, support charges and that you are responsible for your own electricity bills?**

**YES☐ NO☐**

Are you able to manage your finances? **YES☐ NO ☐**

**AROUND THE SCHEME**

Do you understand all the procedures that are in place around the scheme?

Action Required Date Comp

|  |  |  |  |
| --- | --- | --- | --- |
| Warden call system  (Pullcords/smoke alarms tested quarterly ) | Y☐N☐ |  |  |
| Out of Hours Cover | Y☐N☐ |  |  |
| Door Entry system | Y☐N☐ |  |  |
| Are you aware of the Sheltered Housing Service Standards | Y☐N☐ |  |  |
| Are you aware of the Fire Evacuation Procedure | Y☐N☐ |  |  |
| Have you been given a copy of the Fire Action Policy | Y☐N☐ |  |  |
| Have you completed the Fire Review form | Y☐N☐ |  |  |
| Pet policy- Permission required from Sheltered Team Leader. | Y☐N☐ |  |  |
| Mobility scooter policy | Y☐N☐ |  |  |
| Scheme Security – CCTV and its purpose? | Y☐N☐ |  |  |
| Reporting Repairs | Y☐N☐ |  |  |
| Health & Safety (incl Abuse Awareness) | Y☐N☐ |  |  |
| Complaints procedure | Y☐N☐ |  |  |
| **FACILITIES**  **Lift operation**  **Laundry equipment**  **Communal Lounge/Kitchen (furniture, equipment)**  **Refuse room**  **Guest room** | YN  YN  YN  YN  YN |  |  |
| Lift operation  Laundry equipment  Communal Lounge/Kitchen (furniture, equipment)  Refuse room  Guest room | Y☐N☐ |  |  |
| Laundry equipment | Y☐N☐ |  |  |
| Communal Lounge/Kitchen | Y☐N☐ |  |  |
| Refuse room | Y☐N☐ |  |  |
| Guest room | Y☐N☐ |  |  |

**RISK ASSESSMENT**

|  |  |  |
| --- | --- | --- |
| Risks | Client Risk Identification | Action/referrals |
| *Forgetfulness* |  |  |
| Prone to cooking accidents | No☐Low☐ Med☐High☐ |  |
| Liable to wander | No☐Low☐Med☐High☐ |  |
| Forgetting to take medication | No☐Low☐Med☐High☐ |  |
| Leaving taps running | No☐Low☐ Med☐High☐ |  |
| *Poor Mobility* |  |  |
| Frame, stick, w/chair user.  Mobility scooter? | No☐Low☐ Med☐High☐  Y☐N☐ |  |

|  |  |  |
| --- | --- | --- |
| Prone to falls | No☐Low☐Med☐High☐ |  |
| Sensory Impairment |  |  |
| Poor sight or blind | No☐Low☐ Med☐High☐ |  |
| Deafness | No☐Low☐Med☐High☐ |  |
| Learning disability | No☐Low☐ Med☐High☐ |  |
| Difficulty in communicating | No☐Low☐Med☐High☐ |  |
| *Risks within the home* |  |  |
| Smoking | No☐Low☐Med☐High☐ |  |
| Hazards Trips? Loose wiring? | No☐Low☐Med☐High☐ |  |
| Risks from others? Bogus callers | No☐Low☐ Med☐High☐ |  |
| Risks to others? Pets? | No☐Low☐ Med☐High☐ |  |
| Do you require a pendant?  Do you require add sensors? | YES ☐ NO **☐**  YES ☐ NO **☐** |  |
| Summary: | | |

**SOCIAL INVOLVMENT**

Are you aware when events take place at your scheme? **YES ☐ NO** ☐

Do you take part in any scheme activities? **YES ☐ NO** ☐

Would you like to? **YES ☐ NO ☐**

Are there any activities that you would like to see run in this scheme? **YES ☐ NO☐**

|  |
| --- |
| Comments: |

* **Does resident have a DNR order in place? If yes follow procedure.**
* **Copy is held on file**
* **Meter reading taken YES ☐ Reading**      Date:
* **Resident informed they cannot have a prepayment meter** **YES ☐**

Signature (Sheltered Housing Officer)

Date:

**YOUR SHELTERED ASSESSMENT AGREEMENT**

**PRIVACY NOTICE - SHELTERED HOUSING**

The Council will use the information you submit, or have submitted, in all correspondence to the Council to enable the council to provide you with a sheltered housing service in addition to the services you are provided with as a council tenant.

Further information about your Data Protection rights in line with the provisions of the General Data Protection Regulations and Data Protection Act 2018, for example how to contact the Data Protection Officer, how long your information is held or how we process your personal information can be found on the Uttlesford District Council website. Printed copies of the Council’s Privacy Notices can be provided on request.

The Council will:

* use the information you provide for the purpose of performing any of its statutory duties.
* make any disclosures required by law and may also share this information, both across council departments and with other local authorities and government organisations.
* check information you have provided, or information about you that someone else has provided, with other information it holds.

The Council will not give information about you to anyone else, or use information about you for other purposes, unless the law allows this

|  |
| --- |
| I CONSENT TO SHARE PERSONAL INFORMATION  This Assessment covers what I consider to be my main support needs at the present time. In signing this document I confirm that I agree with its content. I also agree that staff can exchange confidential information about me, on a need to know basis only, with external agencies, i.e. Adult Care Services, District Nurses and Hospitals.  To confirm my NOK is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (tenant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |

|  |
| --- |
| I DO NOT CONSENT TO SHARE PERSONAL INFORMATION  I understand that essential personal information, already held on record, will be transferred to this Assessment. However, I do not consent to this information being shared with any external agencies without prior consent from myself except under the following circumstances (please delete any which you do not agree to);  • A medical emergency situation which requires immediate action to be taken.  • An emergency situation within my property which puts other tenants at risk, eg fire, flood.  To confirm my NOK is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (tenant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |

**Newcastle Council: Resident evacuation information form for Secure Information Box**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and address of Premises XXXX XXXX XXXX , Newcastle upon Tyne XXXX | | | | | | | | | | | | |
|  |
| Last updated date: |  | 22/01/2025 | | | Name of person updating information: |  |  |  |  | | | |  |
|  | |  | | |  | | | | | | | |  |
| Floor No | Flat No |  | Flat No |  | Flat No |  | Flat No |  | Flat No |  | Flat No |  |  |
| 15 | Lift motor room, water tank rooms and open roof. | | | | | | | | | | | |  |
| 14 | 265 |  | 266 |  | 267 |  | 268 |  | 269 |  | 270 |  |  |
| 13 | 259 |  | 260 |  | 261 |  | 262 |  | 263 |  | 264 |  |  |
| 12 | 253 |  | 254 |  | 255 |  | 256 |  | 257 |  | 258 |  |  |
| 11 | 247 |  | 248 |  | 249 |  | 250 |  | 251 |  | 252 |  |  |
| 10 | 241 |  | 242 |  | 243 |  | 244 |  | 245 |  | 246 |  |  |
| 9 | 235 |  | 236 |  | 237 |  | 238 |  | 239 |  | 240 |  |  |
| 8 | 229 |  | 230 |  | 231 |  | 232 |  | 233 |  | 234 |  |  |
| 7 | 223 |  | 224 |  | 225 |  | 226 |  | 227 |  | 228 |  |  |
| 6 | 217 |  | 218 |  | 219 |  | 220 |  | 221 |  | 222 |  |  |
| 5 | 211 |  | 212 |  | 213 |  | 214 |  | 215 |  | 216 |  |  |
| 4 | 205 |  | 206 |  | 207 |  | 208 |  | 209 |  | 210 |  |  |
| 3 | 199 |  | 200 |  | 201 |  | 202 |  | 203 |  | 204 |  |  |
| 2 | 193 |  | 194 |  | 195 |  | 196 |  | 197 |  | 198 |  |  |
| 1 | 187 |  | 188 |  | 189 |  | 190 |  | 191 |  | 192 |  |  |
| Ground | 181 |  | 182 |  | 183 |  | 184 |  | 185 |  | 186 |  |  |

|  |  |
| --- | --- |
| Category 1  Resources, Equipment, Telecare Company | Person requiring rescue or evacuation by 3 or more fire-fighters and/or additional equipment. e.g. bariatric person or wheelchair user or requires stretcher or medical assistance. The additional equipment and number of fire-fighters required should be recorded under the category along with details of the name and contact telephone number of the Telecare Company if monitored. |
| Category 2 Impairment / Issue, Telecare company | Person requiring rescue or evacuation by 2 or less fire-fighters with no additional equipment required e.g. visual impairment, hearing impairment or cognitive impairment but mobile. Details of the name and contact telephone number of the Telecare Company if monitored. |
| Category 3 No assistance required | Person can self evacuate from flat and vertically using stairs. |
|  | Void property or unknown details of the occupant(s). |