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| Fire risk assessment details | | | | | | |
| Name of department: | [NHS Trust required info] | | | | | |
| Name of building: | [NHS Trust required info] | | | | | |
| Date of fire risk assessment: |  | | | | | |
| Latest date of next fire risk assessment review: |  | | | | | |
| Date of previous fire risk assessment: |  | | | | | |
| Responsible Person: |  | | | | | |
| Nominated person/s to assist with fire safety: |  | | | | | |
| Name and role of Assessor: |  | | | | | |
| Assessed level of fire risk: | | Trivial | Tolerable | Moderate | Substantial | Intolerable |

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| Contents |
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| Building details | | |
| Building address: |  | |
| Building number: |  | |
| Building occupier / Department: | University of Oxford - | |
| Building owner: |  | |
| Construction: |  | |
| Adjoining buildings: |  | |
| Maximum number of occupants: |  | |
|  | Overall building: | University-occupied space: |
| Building use: |  | [NHS Trust required info] |
| Maximum number of occupants: |  | [NHS Trust required info] |
| Hours the building is occupied: |  | [NHS Trust required info] |
| Dimensions: |  |  |
| Number of storeys: |  |  |

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| Executive Summary |
| [Name of building] is owned and largely occupied by Oxford University Hospitals NHS Foundation Trust. [Department name] occupies space on the [list which storey/s] and consists of [select from list **A**]. The building is constructed mainly from [select from list **B**] and was built in or around [year of construction].  The University-managed area is occupied by approximately [number of people] on a day-to-day basis. This number could increase to [number of people] [enter details of any particular event if relevant. Otherwise delete this line]. Occupants consist of [select from list **C**].  The building as a whole has [enter number of floors] storeys, which includes [enter number] basement level[s] [delete if not applicable], and has [enter number of staircases] sets of stairs serving the upper [and basement] levels. The University-managed area is served by [enter the number] of these staircases. [Delete this is last line if the space is located on the ground floor only].  The ‘Responsible Person’ for the overall building is [enter name of NHS Trust RP here]. The ‘Responsible Person’ for the University-occupied space is [enter Head if Department here], with the day-to-day management of fire safety being overseen by [enter name and job title here], who is considered to be the ‘Competent Person’.  [Name of the building] predominantly provides [select from list **A**] and can accommodate approximately [number of people] who consist of [select from list **C**.]  Known higher risk areas and processes within the building as a whole include [select two or three from lists **D1** and **D2**. Of these, [list applicable items from list **D1** and **D2**] are located within the University-occupied area, and are the responsibility of the Department to manage.  General fire precautions provided in the overall building include [select a maximum of five, beginning from the top of list **E**], which extend where necessary, into the University-occupied area. These are subject to in-house testing, as well as regular servicing by competent engineers, with a record kept. [If this isn’t the case in all instances, include a note here to say ‘with the exception of… which will require remedial action’]. The Department is responsible for the in-house testing of [list any systems from list E that are applicable, otherwise delete this line and write The testing and maintenance of these systems is the responsibility of Oxford University Hospitals NHS Foundation Trust.]  There is adequate means of escape from the University-occupied area, and from the [Name of building] beyond which has a suitable provision of fire exits in terms of number and location to safely accommodate the number of occupants expected to be using the building at any given time. Where necessary, escape routes are protected by fire resisting construction and fire doors, with escape routes maintained at all material times. [If this isn’t the case in all instances, within the Unoversity-occupied space, include a note here to say ‘with the exception of… which will require remedial action’] |

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| Executive Summary continued… |
| Staff have been provided with general fire safety training both as part of their induction training, and subsequently as a refresher. A number of staff members have also been nominated as Fire Wardens and have received additional training in this role by the NHS Trust which includes the practical use of fire extinguishers [Reword this if this isn’t the case, including a note to say that ‘a requirement for training has been identified, and will need to be provided’] Full evacuation drills are carried out on a termly basis, with a record kept. [If this isn’t the case, include a note here to say ‘this will need to be increased to a termly basis’, or detail the requirements of the NHS Trust.]  [Other] Significant findings identified by this fire risk assessment include [enter top three hazards in need of remedial action].  It is considered that the current level of risk to occupants by fire sits at a [enter risk level here] level, however this can be reduced to a Tolerable, if not Trivial level of risk by undertaking the remedial works detailed in the following Action Plan. [Delete this last part if your findings are Trivial]. |

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| No. | Hazard | Existing control measures | Action required | Risk / Time frame |
|  |  |  |  | **Intolerable** |
|  |
| Remedial action undertaken | | | | Signed / Date |
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| No. | Hazard | Existing control measures | Action required | Risk / Time frame |
|  |  |  |  | **Substantial** |
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| Remedial action undertaken | | | | Signed / Date |
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| No. | Hazard | Existing control measures | Action required | Risk / Time frame |
|  |  |  |  | **Moderate** |
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| Remedial action undertaken | | | | Signed / Date |
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| No. | Hazard | Existing control measures | Action required | Risk / Time frame |
|  |  |  |  | **Tolerable** |
|  |
| Remedial action undertaken | | | | Signed / Date |
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|  | | | | |
| No. | Hazard | Existing control measures | Action required | Risk / Time frame |
|  |  |  |  | **Trivial** |
|  |
| Remedial action undertaken | | | | Signed / Date |
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| Fire risk assessment review log: | Significant findings: | Reviewed by: |
| Date of **first** fire risk assessment review: |  |  |
| Do the findings of this review indicate a full re-assessment of fire risk be undertaken? |  | |

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| Fire risk assessment review log: | Significant findings: | Reviewed by: |
| Date of **second** fire risk assessment review: |  |  |
| **It is recommended that the next review be a full re-assessment of the fire risks on the premises.** | | |

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| History of fires previously affecting the building: | | | | |
| Details: | | | | |
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| Identified sources of ignition: | | | | Notes: |
| Are hot work processes carried out only when absolutely necessary and with safe systems of work in place? | Yes | No | n/a |  |
| Are suitable measures in place to protect against arson? | Yes | No | n/a |  |
| Is there a clear smoking policy in place? | Yes | No | n/a |  |
| Any breach of smoking policy observed? | Yes | No | n/a |  |
| Are there kitchen / cooking facilities within the embedded space? | Yes | No | n/a |  |
| Are cooking appliances maintained? | Yes | No | n/a |  |
| If candles / naked flames are in use can these be replaced with a safer alternative? | Yes | No | n/a |  |

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| 2. Identified sources of ignition (continued): | | | | Notes: |
| If no, are they used in a safe manner with suitable accessories? | Yes | No | n/a | . |
| Are electric vehicles (cars, vans, bikes, scooters, mobility scooters) charged in or near the embedded space? | Yes | No | n/a |  |
| Is there evidence of unsafe use of extension leads, and/or use of cube plug adaptors? | Yes | No | n/a |  |
| Is there evidence of portable heaters in use? | Yes | No | n/a |  |
| Are high-powered Class 4 lasers in use? | Yes | No | n/a |  |
| If Class 4 lasers are in use, has a laser system risk assessment been undertaken with the necessary control measures in place and emergency protocols implemented? | Yes | No | n/a |  |
| Are there MRI scanning units within the embedded space? | Yes | No | n/a |  |
| Are there other types of scanning unit within the embedded space? | Yes | No | n/a |  |
| Is there radiography equipment within the embedded space? | Yes | No | n/a |  |
| Have any other potential sources of ignition identified? | Yes | No | n/a |  |

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| Identified work processes: | | | | | | | | | | | |
| Commercial cooking |  | Welding / hot plumbing work |  | Use of Lithium-ion batteries | | | |  | Other (please add details) | |  |
| Details: | | | | | | | | | | | |
|  | | | | | | | | | | Notes: | |
| Where possible, do procedures and processes avoid the use of combustible materials or processes that use heat? | | | | | Yes | No | n/a | | |  | |
| Are personnel fully trained and competent to carry out the potentially hazardous work process required and aware of the associated fire risk? | | | | | Yes | No | n/a | | |  | |
| Are all personnel aware of their own fire safety responsibilities towards maintaining a safe working environment for themselves and their colleagues? | | | | | Yes | No | n/a | | |  | |
| Is there a hot work permit system in place? | | | | | Yes | No | n/a | | |  | |
| Are there any further relevant control measures in place with regards work carried out by outside contractors? | | | | | Yes | No | n/a | | |  | |
| Are there any other known specific fire hazards arising from work processes, stored materials etc. from neighbouring buildings or other departments operating from the same building as the embedded space? | | | | | Yes | No | n/a | | |  | |
| If work involves the use of use of lithium-ion batteries, or these are used in large quantities, are additional control measures in place? | | | | | Yes | No | n/a | | |  | |

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| Identified sources of fuel: | | | | Notes: |
| Are wall / ceiling linings flame retardant or of a non-combustible material? | Yes | No | n/a |  |
| If deemed necessary, are controls in place regarding the amount of combustible material stored in the embedded space? | Yes | No | n/a |  |
| If yes, is the system for control of quantities operating effectively? | Yes | No | n/a |  |
| Is the furniture upholstery flame retardant / non-combustible and in good condition? | Yes | No | n/a |  |
| Is the standard of housekeeping adequate? | Yes | No | n/a |  |
| Is the embedded space free of rubbish and combustible waste? | Yes | No | n/a |  |
| Are combustible materials, flammable liquids and gases separated from potential sources of ignition? | Yes | No | n/a |  |
| Are combustible materials stored in an appropriate manner? | Yes | No | n/a | [NHS Trust required info] |
| Are adequate processes in place for dealing with waste disposal | Yes | No | n/a | [NHS Trust required info] |
| Are adequate processes in place for dealing with stores deliveries and returns | Yes | No | n/a | [NHS Trust required info] |
| Are adequate processes in place for dealing with linen deliveries and returns | Yes | No | n/a | [NHS Trust required info] |

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| 4. Identified sources of fuel (continued): | | | | Notes: |
| Are adequate processes in place for dealing with pharmacy deliveries and returns | Yes | No | n/a | [NHS Trust required info] |
| Are large (commercial) quantities of alcohol and/or crisps stored and used within the embedded space? | Yes | No | n/a |  |
| Are emollient cream and oils stored and used within the embedded space? | Yes | No | n/a |  |
| Are combustible display materials present throughout the premises? | Yes | No | n/a |  |
| Are packaging materials stored on the premises in large quantities? | Yes | No | n/a |  |
| Are fridges and freezers kept clear of combustibles? | Yes | No | n/a |  |
| Are combustible toners and ink cartridges stored on the premises? | Yes | No | n/a |  |
| Is gas equipment fitted with emergency cut-off devices? | Yes | No | n/a |  |
| Are kitchen extraction systems and ductwork subject to routine cleaning? | Yes | No | n/a |  |
| Have any other potential sources of fuel identified? | Yes | No | n/a |  |

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| Hazardous substances present: | | | | | | | Notes: | |
| Are there any hazardous flammable substances stored or used on the premises? | | | Yes | No | | n/a | | [NHS Trust required info] |
| Name of chemical | Approximate quantity | Location | | | Comments | | | |
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| 5. Hazardous substances present (continued): | | | |
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| Name of chemical | Approximate quantity | Location | Comments |
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| Hazardous substances present (continued): | | | | Notes: |
| Are the necessary data sheets held for each substance, with supplier’s guidelines for safe storage and fire safety adhered to? | Yes | No | n/a |  |
| Does the use of flammable substances pose any significant fire risk? | Yes | No | n/a |  |
| Can highly flammable substances be substituted with less flammable ones? | Yes | No | n/a |  |
| If deemed necessary, are controls in place regarding the amount of flammable substances stored on the premises? | Yes | No | n/a |  |
| If yes, is the system for control of quantities operating effectively? | Yes | No | n/a |  |
| Are the arrangements for the safe storage of all flammable solids and liquids satisfactory? | Yes | No | n/a |  |
| Are the storage and supply arrangements for flammable gases satisfactory? | Yes | No | n/a |  |
| Are arrangements for the safe decanting of flammable substances satisfactory? | Yes | No | n/a |  |
| Are fume cupboards provided? | Yes | No | n/a |  |
| If yes, are those provided for use with flammable substances fitted with Firetrace or a similar fire suppression system? | Yes | No | n/a |  |

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| Additional sources of oxygen present: | | | | | | Notes: |
| Is bottled or piped oxygen used on the premises? | | | Yes | No | n/a |  |
| Is the building considered to be a high-rise? | | | Yes | No | n/a |  |
| Are there high-pressure airlines in the building? | | | Yes | No | n/a |  |
| Are there any oxidising substances stored or used on the premises? | | | Yes | No | n/a |  |
| Are oxygen cylinders used in the embedded space? | | | Yes | No | n/a |  |
| Are medical gas cylinders used in the embedded space? | | | Yes | No | n/a |  |
| Are there medical gas pipeline systems within the embedded space (MGPS)? | | | Yes | No | n/a |  |
| Name of chemical | Approximate quantity | Location | | | Comments | |
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| 6. Additional sources of oxygen present (continued): | | | | Notes: |
| Are the necessary data sheets held for each oxidising substance, with supplier’s guidelines for safe storage and fire safety adhered to? | Yes | No | n/a |  |
| Does the use of oxidising substances pose any significant fire risk? | Yes | No | n/a |  |
| Can oxidising substances be substituted with less flammable ones? | Yes | No | n/a |  |
| If deemed necessary, are controls in place regarding the amount of oxidising substances stored on the premises? | Yes | No | n/a |  |
| If yes, is the system for control of quantities operating effectively? | Yes | No | n/a |  |
| Are the arrangements for the safe storage of all oxidising solids and liquids satisfactory? | Yes | No | n/a |  |

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| Structural fire hazards: | | | | Notes: |
| Are there suspected (or confirmed) hidden voids throughout the embedded space through which fire can spread? | Yes | No | n/a |  |
| Are there inner rooms within the embedded space? | Yes | No | n/a |  |
| Is the building of an historic nature subject to advice and consent by building control / English Heritage etc.? | Yes | No | n/a |  |
| If the embedded space is within an historic building, are combustible under-floor insulation, and underground ducts and voids likely to be present? | Yes | No | n/a |  |
| Are the fire doors in good condition and close fully into their frame? | Yes | No | n/a |  |
| Is the location of the building worthy of consideration? | Yes | No | n/a |  |
| Have any other potential fire hazards associated with the building identified? | Yes | No | n/a |  |

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| Details of those at risk from fire: | | | | | | | |
| Employees / occupants familiar with premises |  | Intoxicated occupants |  | Mobility-impaired |  | Young persons (under 18) |  |
| Visitors  (unfamiliar with premises) |  | Sleeping occupants |  | Language barrier |  | Children (Under 16) |  |
| Elderly / infirm occupants |  | Lone working |  | Hearing-impaired |  | Contractors |  |
| PTSD / mental health considerations |  | Buggies and pushchairs |  | Sight-impaired |  | Temporary staff |  |
| Students (undergraduate) |  | Students (post-graduate) |  | Heavily pregnant occupants |  | Other |  |
| Details: | | | | | | | |

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| Means of escape: | | | | Notes: |
| Are all escape routes and exits from the embedded space unobstructed, clear of combustibles, clearly identifiable, fitted with suitable fastenings and readily available for use? | Yes | No | n/a | [NHS Trust required info] |
| Do all emergency routes and exits lead, directly as possible, outside the building to a place of ultimate safety? | Yes | No | n/a |  |
| Are the escape routes and exits adequate given the size of the embedded space, its use, and the equipment and occupancy within the University-occupied space at any one time? | Yes | No | n/a |  |
| Are the travel distances of escape routes considered acceptable? | Yes | No | n/a |  |
| Are emergency escape routes adequately protected from the effects of fire? | Yes | No | n/a |  |
| Are necessary measures in place to provide safe escape from inner rooms? | Yes | No | n/a |  |
| Is there adequate means of escape for occupants with limited mobility? | Yes | No | n/a |  |
| Are levels of visibility in the escape routes adequate given the hours in which the premises are occupied? | Yes | No | n/a |  |

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| 9. Means of escape (continued): | | | | Notes: |
| Are escape routes both inside the premises and externally free from slip and trip hazards? | Yes | No | n/a |  |
| Is the direction of escape immediately apparent and clearly identifiable, with sufficient provision of emergency exit signage where required? | Yes | No | n/a |  |
| Is there satisfactory means of securing exits where means of escape are shared? | Yes | No | n/a |  |
| Have any other issues with the means of escape been identified? | Yes | No | n/a |  |

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| Means of detecting and giving warning of fire: | | | | | Notes: |
| Is there an adequate method of warning people in the event of fire? | | Yes | No | n/a |  |
| Details of system: |  | | | | |
| Can it be seen or heard by everyone on the premises? | | Yes | No | n/a |  |
| Does everyone on the premises know what it means? | | Yes | No | n/a |  |
| If operating a manual break glass call point system, is an adequate number of call points located appropriately throughout the premises? | | Yes | No | n/a |  |
| Are fire alarm call points clearly visible and unobstructed with the appropriate signage? | | Yes | No | n/a |  |
| If the alarm is raised by sounding a gong or horn for example, can it be raised without placing anyone at risk? | | Yes | No | n/a |  |

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| 10. Means of detecting and giving warning of fire (continued): | | | | | | Notes: |
| If a fire were to start in an un-occupied room within the embedded space, would it be detected prior to escape routes becoming untenable? | | | Yes | No | n/a |  |
| Method of detection: |  | | | | | |
| Upon activation, is the alarm signal transmitted to a reception and monitoring centre? | | | Yes | No | n/a |  |
| Is the fire alarm interfaced with the air handling system for the embedded space? | | | Yes | No | n/a |  |
| If so, can you confirm that air handling plant supplying essential make up air to fume cupboards within the embedded space DOES NOT automatically shut down up activation of the fire alarm system? | | | Yes | No | n/a |  |
| Note any other systems within the embedded space that are actuated upon activation of the fire alarm system: | |  | | | | |

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| Means of separating areas of higher fire risk and restricting fire spread: | | | | Notes: |
| If hidden voids have been identified within the embedded space, have measures been taken to limit or counteract the potential spread (or effects) of fire? | Yes | No | n/a |  |
| Has the need for fire stopping around services been identified within the embedded space, and measures taken to limit or counteract the potential spread (or effects) of fire? | Yes | No | n/a |  |
| Is adequate compartmentation in place between areas of the building that the University occupies – in particular, between storeys and protecting escape routes? | Yes | No | n/a |  |
| Are fire doors installed within the embedded space in order to provide the necessary fire resistance where required? | Yes | No | n/a |  |
| Are fire doors fitted with the correct door furniture, signage, functioning self-closing device, and either intumescent strips and cold smoke seals, or 1-inch stops where required? | Yes | No | n/a |  |
| If a fire door does not close fully into its frame, is air current responsible for the lack of seal? | Yes | No | n/a |  |
| Is there evidence of fire doors being forcibly held open within the embedded space? | Yes | No | n/a |  |

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| 11. Means of separating areas of higher fire risk and restricting fire spread (continued): | | | | Notes: |
| Is there the potential for fire spread through the premises via an external route? | Yes | No | n/a |  |
| Is an automatic fixed fire-fighting system in place that extends into the embedded space? | Yes | No | n/a |  |
| Is there a smoke ventilation system in place within the embedded space and/or the escape route from this area to the final exit? | Yes | No | n/a |  |
| Are areas in which processes involving hazardous substance are undertaken within the embedded space adequately segregated from other parts of the premises? | Yes | No | n/a |  |
| Are areas in which hot work processes are undertaken within the embedded space adequately segregated from other parts of the premises? | Yes | No | n/a |  |
| If within the demise of the embedded space, are boiler rooms and other areas containing the main electrical and gas inlets provided with sufficient segregation from other parts of the premises? | Yes | No | n/a |  |
| Are smoke and fire dampers provided within the embedded space as necessary to protect the means of escape in the early stages of fire? | Yes | No | n/a |  |
| Have any other issues with the means of separating areas of higher fire risk and restricting fire spread been identified within the embedded space? | Yes | No | n/a |  |

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| Means of fighting fire: | | | | Notes: |
| Is there an adequate provision of portable firefighting equipment with regards to quantity, location and extinguishing media? | Yes | No | n/a |  |
| Are personnel expected to use fire extinguishers in an emergency? | Yes | No | n/a |  |
| Are portable extinguishers clearly visible with the necessary signage? | Yes | No | n/a |  |
| Are portable extinguishers suitably located and ready for immediate use? | Yes | No | n/a |  |
| Are portable extinguishers regularly serviced by a competent person? | Yes | No | n/a |  |
| Are hose reels provided? | Yes | No | n/a |  |
| Are fixed fire-fighting installations such as a sprinkler system regularly serviced by a competent person? | Yes | No | n/a |  |
| Are rising mains installed? | Yes | No | n/a |  |
| Are fume cupboards used for handling flammable substances fitted with Firetrace or a similar suppression system? | Yes | No | n/a |  |
| Have any other issues with the means of fighting fire been identified? | Yes | No | n/a |  |

|  |  |  |  |  |
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|  | | | | |
| Emergency plan: | | | | Notes: |
| Is there a pre-determined emergency plan in place? | Yes | No | n/a |  |
| What is the fire evacuation strategy for the embedded space? | Yes | No | n/a |  |
| Are all occupants aware of the procedure / is it clearly communicated to visitors? | Yes | No | n/a |  |
| Have plans been prepared and rehearsed to assist visitors and those with limited mobility to evacuate the premises? | Yes | No | n/a |  |
| Is there an adequate number of trained fire marshals to assist with evacuation | Yes | No | n/a |  |
| Are personnel aware of any responsibilities they may have in the event of an emergency, i.e. calling 999, taking a roll call, assisting those with limited mobility, liaising with the fire service? | Yes | No | n/a |  |
| Are ‘Fire Action’ notices displayed adjacent to each emergency call point and / or exit? | Yes | No | n/a |  |
| Do all ‘Fire Action’ notices provide coherent, non-conflicting advice and in additional languages if required? | Yes | No | n/a |  |
| Are assembly points a safe distance from the premises, signed where necessary and clearly communicated on the ‘Fire Action’ notices? | Yes | No | n/a |  |
| Is there a suitable method of ensuring all occupants have been evacuated, such as a visitors’ book from which to perform a roll call, or a system of sweeping the building? | Yes | No | n/a |  |
| Are there any other ways the emergency plan could be improved? | Yes | No | n/a |  |

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| Fire safety policy: | | | | Notes: |
| Is there a fire policy for the premises? | Yes | No | n/a |  |
| Is this successfully communicated to all occupants where necessary? | Yes | No | n/a |  |
| Is it regularly reviewed, updated and reissued? | Yes | No | n/a |  |
| Is it included in new employee induction packs? | Yes | No | n/a |  |
| Does the policy outline the basics of fire prevention and highlight the responsibilities of the employees (where applicable) with regards to fire safety? | Yes | No | n/a |  |
| Does the document cover the steps to be taken upon discovering a fire? | Yes | No | n/a |  |
| Are means of escape and location of exits discussed, as well as highlighting the importance of keeping emergency routes and exits unobstructed at all times? | Yes | No | n/a |  |
| Does the policy contain information and requirements with regards to staff training? | Yes | No | n/a |  |
| Is the policy issued to employees with the facility to provide proof of receipt, understanding and compliance? | Yes | No | n/a |  |
| Does (a version of) the policy contain information for outside contractors or visitors working on the premises? | Yes | No | n/a |  |
| Are there suitable arrangements in place for the management of unwanted fire signals? | Yes | No | n/a |  |
| Are there any other ways the fire safety policy could be improved? | Yes | No | n/a |  |

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| Oxford University Hospitals NHS Foundation Trust fire safety management: | | | | Notes: |
| Is there an OUH Trust Fire Safety Folder held and used within the embedded space? | Yes | No | n/a | [NHS Trust required info] |
| If so, is it regularly reviewed and updated? | Yes | No | n/a | [NHS Trust required info] |
| Is the Departmental Annual Fire Safety Self-Assessment being completed and submitted to the OUH Fire Safety Team? | Yes | No | n/a | [NHS Trust required info] |
| Is there a plan drawing of the embedded space that details the relevant fire safety precautions? | Yes | No | n/a | [NHS Trust required info] |
| Are the required Departmental Monthly Fire Safety Checks being undertaken and recorded in the Fire Safety Folder? | Yes | No | n/a | [NHS Trust required info] |
| If defects are identified are these reported via the helpdesk and remedied in a timely manner? | Yes | No | n/a | [NHS Trust required info] |
| Is fire safety training being delivered to staff within embedded spaces that aligns with the requirements of the NHS Trust? | Yes | No | n/a | [NHS Trust required info] |
| Has a Fire Incident Co-ordinator been identified for the embedded space, and provided with the necessary training? | Yes | No | n/a | [NHS Trust required info] |

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| Fire safety training: | | | | | | | | | | | |
| Induction training |  | Basic fire safety |  | Use of extinguishers | | | |  | Training for the competent / key person | |  |
| Fire Warden training |  | Evacuation drills |  | Specific training | | | |  | Other | |  |
| Details: | | | | | | | | | | | |
|  | | | | | | | | | | Notes: | |
| Are new employees given an induction containing vital fire safety information? | | | | | Yes | No | n/a | | |  | |
| Do all employees receive basic fire safety training periodically? | | | | | Yes | No | n/a | | |  | |
| Are those members of staff with specific duties with regards to fire safety given the adequate training, i.e. fire marshals? | | | | | Yes | No | n/a | | |  | |
| Are those persons nominated as competent to assist in with fire safety adequately trained to do so? | | | | | Yes | No | n/a | | |  | |
| Are those personnel involved in hot work processes and/or work with hazardous substances adequately trained to do so safely? | | | | | Yes | No | n/a | | |  | |
| Are evacuation drills carried out termly? | | | | | Yes | No | n/a | | |  | |
| When did the last drill take place and was the outcome satisfactory? | | | | |  | | | | | | |
| Is training provided for staff expected to use any evacuation equipment such as Evac-chairs or ski mats? | | | | | Yes | No | n/a | | | [NHS Trust required info] | |

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| Maintenance programme and record keeping for preventative and protective measures: | | | | | | | | | | | |
| Daily checks |  | Alarm / AFD |  | Emergency lighting | | | |  | Portable extinguishers | |  |
| Sprinkler system |  | PAT testing |  | Heating system | | | |  | Fixed electrical installation | |  |
| Wet / dry risers |  | Smoke ventilation system |  | Fire doors | | | |  | Other | |  |
| Details: | | | | | | | | | | | |
|  | | | | | | | | | | Notes: | |
| General daily checks | | | | | Yes | No | n/a | | |  | |
| In-house fire alarm tests | | | | | Yes | No | n/a | | |  | |
| In-house emergency lighting tests | | | | | Yes | No | n/a | | |  | |
| Annual servicing of extinguishers | | | | | Yes | No | n/a | | |  | |
| Six-monthly servicing of automatic fire detection and alarm system | | | | | Yes | No | n/a | | |  | |
| In-house monthly check of fire doors | | | | | Yes | No | n/a | | | [NHS Trust required info] | |

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| 16. Maintenance programme and record keeping for preventative and protective measures (continued): | | | | Notes: |
| Six-monthly servicing of emergency lighting | Yes | No | n/a |  |
| Maintenance of other fire safety equipment (suppression systems, rising mains etc.) | Yes | No | n/a |  |
| PAT testing | Yes | No | n/a |  |
| Weekly and monthly testing, 6-monthly inspection and annual testing of fire-fighting / evacuation lifts | Yes | No | n/a |  |
| Annual inspection and testing of lightening protection system | Yes | No | n/a |  |
| Periodical deep-clean of kitchen extraction and ducting | Yes | No | n/a |  |
| Inspection and testing of fixed electrical installation | Yes | No | n/a |  |
| Annual testing and servicing of gas and emergency devices | Yes | No | n/a |  |
| Evacuation drills | Yes | No | n/a |  |
| Staff training | Yes | No | n/a |  |

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OUH Trust Fire Safety Folder

Statutory Record Keeping

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SECTION 3

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SECTION 12

[Departmental Fire Safety Folder Review **Error! Bookmark not defined.**](#_Toc452584603)

SECTION 1

Introduction

The purpose of this Fire safety Folder is to assist the Local Fire Safety Manager and departmental staff to understand the fire safety provisions within their area.

The folder can be kept electronically or in hard-copy format, as long as it is easily accessible to all members of staff in the department.

The folder provides a record of;

* The departmental evacuation plan and supporting plan drawings.
* Locally delivered training
* Annual fire safety self-assessments
* Fire safety defects and Fire Safety Events
* Departmental fire alarm actuations
* Periodic fire safety maintenance checks

It is also intended to ensure that regular checks are carried out, with accurate records being maintained. While it is the responsibility of the Local Fire Safety Manager should carry out all the checks, delegation of such tasks will ensure that as many staff as possible become familiar with the fire precautions.

Local Fire Safety Managers and Fire Marshals will have a key role in the administration of the Fire safety Folder. This Folder must be kept in a conspicuous position, with all staff being informed of its location Staff should be encouraged to familiarise themselves with the contents of this folder.

Records are to be kept for 3 years.

SECTION 2

How to use the Departmental Fire Safety Folder

The Fire Safety Advice Team is here to assist Matrons, managers and heads of department in monitoring and managing fire safety locally in their workplaces.

Keep a record of any useful numbers in section 3. This section should also include a list of your fire marshals. You should try to encourage as many people to volunteer for the role of fire marshal as possible. The more people that have better understanding of fire safety will only benefit fire safety in your workplace. A list of the Fire Incident Coordinators will also be kept here. Being able to identify these people will assist in scheduling refresher training that is mandatory for the role.

In Section 4, there should be outline drawings of your department annotated with any fire safety precautions that are present. These plan-drawings will provide the basis for the monthly fire safety checks; any new fire marshal will have a reference point to begin with.

A copy of the departmental evacuation plan will also be kept in this section.

The annual fire safety Self-Assessment is carried out by the departmental manager or Matron. This is not a task that can be delegated to Fire Marshals. Keep a copy of this Self-Assessment in Section 5 within this folder.

Section 6 holds the record of the monthly checks. Keep a copy in this folder. Any defects should be raised through the HelpDesk and a record of the nature of the defect, including the close-out action, recorded in Section 7.

Fire safety training is delivered in two ways; firstly, there is the centrally organised training which is arranged and recorded via the e-LMS. Any other training would be organised locally. This could include discussions, practical evacuation training and other bespoke training relevant to the department/ward. Section 8 provides an ad-hoc training plan for you to use in the department. This training would be recorded in this section of the folder. The Fire Safety Advice Team is there to assist in this training whenever they are required.

Any actuation of the fire alarm system should be recorded in Section 9 of this folder. The cause of the alarm should be noted and this may form the basis of some ward fire prevention training.

Likewise, any safety events of a fire safety nature should be recorded in Section 10 this folder; these may also inform future training.

In Section 11, record the reason for any fire safety professionals visiting your department. This could be a members of the fire safety advice team, representatives from Oxfordshire Fire and rescue Service or senior management following up on a particular fire safety issue.

It is important that your evacuation plan and the information kept in this folder are kept up-to-date. Section 12 provides a record of the times when the folder and evacuation plan are reviewed to ensure that they are fit for current purpose.

The evacuation plan should be reviewed when anything changes that may impact on its effectiveness.

For instance, reviews should happen when there is;

* A change of layout or building works in the department
* A change of use or new equipment in the department
* A change in staffing arrangements
* A change of patient demographic.

SECTION 3

Useful Fire Safety Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email Address** | | **Phone number** |
| Fire Safety Manager |  | |  |
| Russell Adlam | [Russell.adlam@ouh.nhs.uk](mailto:Russell.adlam@ouh.nhs.uk) | | 01865 223242 |
| Fire Safety Advice Team |  | |  |
| Trevor Cox | [trevor.cox@ouh.nhs.uk](mailto:trevor.cox@ouh.nhs.uk) | | 01865 225423 |
| Steve Allen | [Steve.Allen@ouh.nhs.uk](mailto:Steve.Allen@ouh.nhs.uk) | | 01865 225483 |
| Carl Edwards | [Carl.Edwards@ouh.nhs.u](file:///F:\Work\Admin%20Resources\2019%20Forms\Fire%20Safety%20Workbook%20May%202017%20Final.docx)[k](mailto:Steve.Allen@ouh.nhs.uk) | | 01865 225431 |
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| **Fire Marshals** |  | |  |
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| **Fire Incident Coordinators** | |  |  |
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| **Other Contacts** | | |
| HelpDesk |  |  |
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SECTION 4

Departmental Emergency Fire Evacuation Plan and Fire Safety Plan Drawings

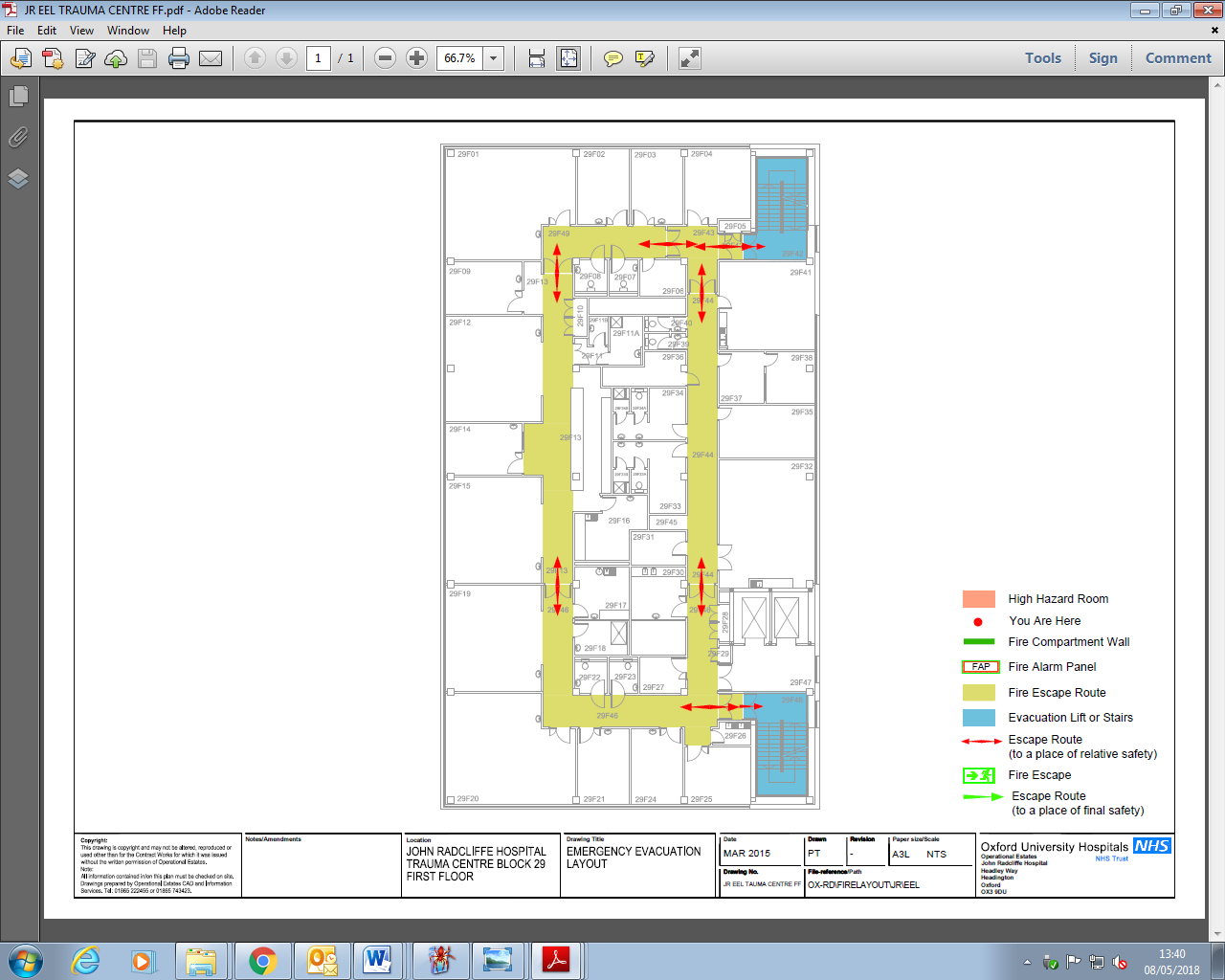
It is vital that the response to a fire in the OUH Trust is effective and well-practised.

Obtain the template document of the evacuation plan and the guidance document from the Fire Safety pages on the OUH Intranet;

A plan drawing of your department will allow you to note down all of the relevant fire safety precautions. It will provide a reliable reference point for all future monthly fire safety checks.

It will also assist with an underpinning knowledge of the compartment structure of the building which will be essential in the execution of stage 2 of progressive horizontal evacuation.

Examples of current drawings can be seen below.



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SECTION 5

Departmental Annual Fire Safety Self-Assessment Records

The annual fire safety Self-Assessment is designed to provide an annual health-check on the local management of fire safety in departments. It will also high-light any systemic faults within the Trust’s fire safety management.

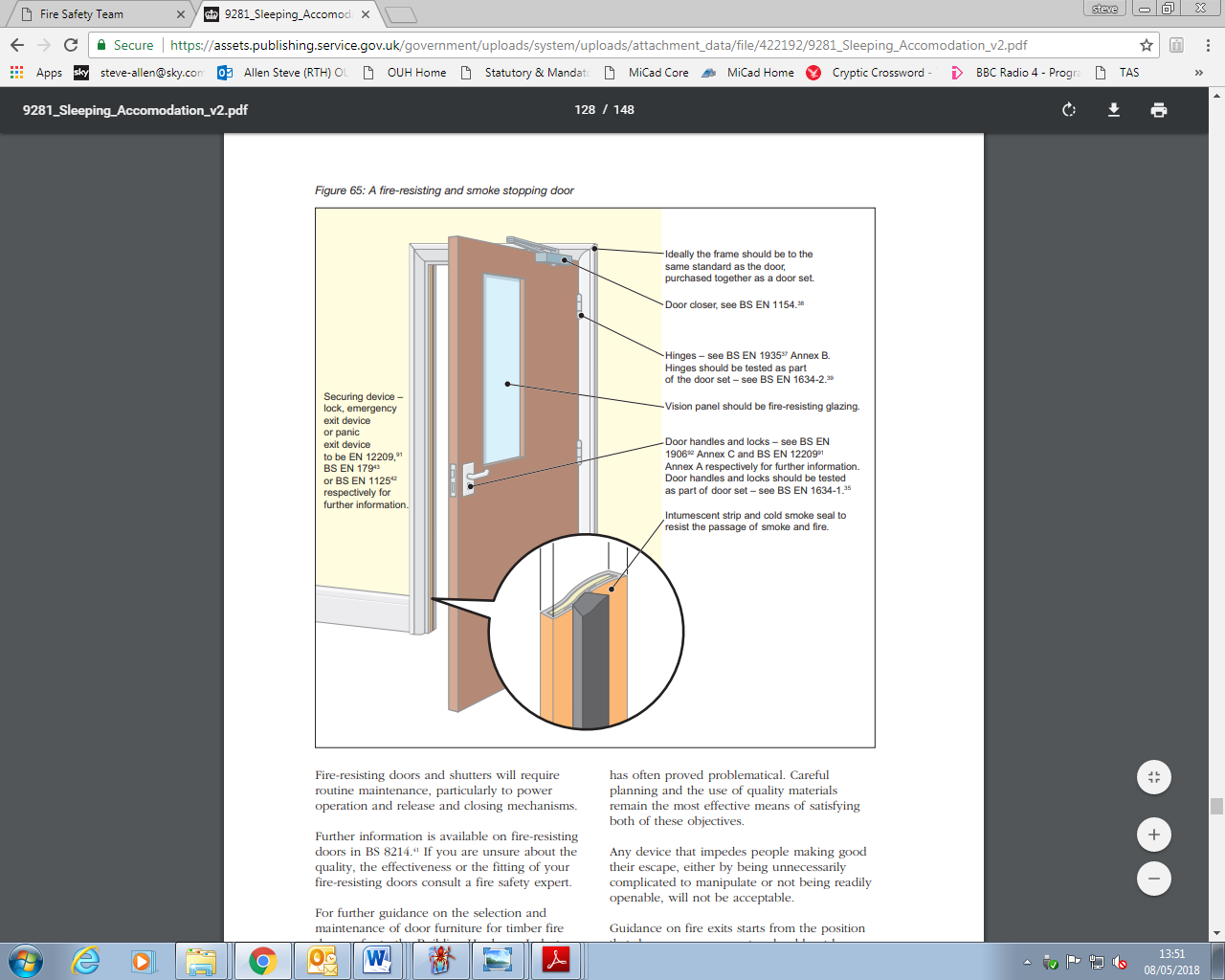
Obtain a template document of the annual fire safety Self-Assessment from the fire safety pages within the ‘Health & Safety’ section of the Intranet.

SECTION 6

Departmental Monthly Fire Safety Check Records

Monthly fire safety checks are the responsibility of the ward or departmental manger to carry out. They can be assisted by delegating the task to fire marshals but the responsibility remains with the manager.

These checks are an integral part of maintaining fire safety standards in the Trust. A template document for the monthly fire safety checks can be found at the fire safety pages within the ‘Health & Safety’ section of the Intranet.

Fire doors are an essential part of every evacuation strategy in the OUH Trust. It is important that managers and fire marshals know what an effective fire door looks like. Below is a diagram of the features of a fire door.

SECTION 7

Departmental Fire Safety Defects Records

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| --- | --- | --- | --- |
| **Date Reported** | **Nature of Defect/ID Number** | **Reported by** | **Completed** |
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| **Insert more sheets as necessary** | | | |

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SECTION 8

Departmental Fire Safety Training Records

Fire safety training is delivered in two ways; firstly, there is the centrally organised training which is arranged and recorded via the e-LMS.

Any other training would be organised locally. The Fire Safety Order 2005 states that training must be regular and appropriate. This could include discussions, practical evacuation training and other bespoke training relevant to the department/ward. Record any of this type of training in this Section.

Statutory training covers;

* Legislation
* Nature of fire and fire spread
* Fire prevention inc. oxygen
* Fire Protection
* Evacuation plans
* Firefighting Equipment
* Defect reporting
* **On-Ward Training**
* Identify sources of ignition
* Identify sources of fuel
* Identify sources of Oxygen;
* Cylinder Storage
* Use of cylinders on a daily basis
* Fixed medical gases and isolation points
* Understand the layout and compartmentation of the department and immediate surroundings

**What happens when the fire alarm sounds?**

* Other people involved; Fire response team, Switchboard
* Actions of fire marshals
* Actions of Fire Incident Coordinator
* Actions of the rest of the team

**Limitations that are a ‘fact of life;’**

* Poor fire door maintenance
* Fire Service attendance times
* Vertical evacuation solutions
* Specialist rescue equipment such as ski mats, evacuation chairs.

**Ad-Hoc Training Programme: Each of the following once per Year**

Session 1:- Review the evacuation plan with your team. Ensure it is up to date and walk round the department to identify the compartment walls. This will underpin the progressive horizontal evacuation strategy. End the session with the “Fire Evacuation Drill” PowerPoint presentation.

Session 2:- Exercise – Response to a fire alarm. This can take the form of an informal discussion or a walk through/table top exercise. Set some parameters for the exercise; put a note on the fire panel stating where the alarm has actuated and also a note on the door of this room telling the responders what the conditions are in and around the room. Discuss the actions and decision making processes of the fire marshals and the fire incident coordinator.

Session3:- Exercise – Prepare a patient bed for transit. Ensure that all of your team understand how to get a bed ready to transport a sick patient and all of the necessary equipment for continuing care for the patient concerned. This will give the foundation for a successful and efficient evacuation, if required.

Session 4:- Exercise - Fire hazard spotting. Have each of your team walk around the department/ward for five minutes and write down all of the fire hazards that they see. Compare notes together and discuss how to control and reduce the risk from these hazards. Fire hazards would be sources of ignition, fuel sources and any additional oxygen present. This exercise underpins and assists the fire prevention ethos of the Trust.

The Fire Safety Advice Team is there to assist in this training whenever they are required.

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| **Date of Training** | **Subject of Training Event/Trainer** | **Attended by** |
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| **Specialist evacuation Devices** | | |
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| **Insert more sheets as necessary** | | |

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SECTION 9

Departmental Fire Alarm Event Record

Any actuation of the fire alarm system should be recorded in this Section. The cause of the alarm should be noted and any action that needs to be taken as a result of the actuation.

This may form the basis of some ward fire prevention training

|  |  |  |
| --- | --- | --- |
| **Date of Activation** | **Cause of Alarm** | **Close out action** |
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| **Insert more sheets as necessary** | | |

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SECTION 10

Departmental Fire Safety Event Reports

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| --- | --- | --- | --- |
| **Date Reported** | **Nature of Event/ID Number** | **Reported by** | **Close Out** |
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| **Insert more sheets as necessary** | | | |

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SECTION 11

Record of Visits to Department by Fire Safety Professionals

In this Section, record the reason for any fire safety professionals visiting your department.

This could be a members of the fire safety advice team, representatives from Oxfordshire Fire and rescue Service or senior management following up on a particular fire safety issue.

|  |  |  |
| --- | --- | --- |
| **Date of Visit** | **Visitor’s Name** | **Reason for Visit** |
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| **Insert more sheets as necessary** | | |

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SECTION 12

Departmental Fire Safety Folder Review

It is important that your evacuation plan and the information kept in this folder are kept up-to-date.

This Section provides a record of the times when the folder and evacuation plan are reviewed to ensure that they are fit for current purpose.

The evacuation plan should be reviewed each year and when anything changes that may impact on its effectiveness.

For instance, reviews should happen when there is;

* A change of layout or building works in the department
* A change of use or new equipment in the department
* A change in staffing arrangements
* A change of patient demographic.

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| --- | --- | --- |
| **Date of Review** | **Reason for Review** | **Any Further Action** |
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| **Insert more sheets as necessary** | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Month** | |  | **Year** | |  | |
| **\*Refer to the guidance document when completing this form\*** | | | | | | |
| **Section 1: Where are you? In the event of fire,** **pass the information in this section to switchboard to ensure that the Fire Service attend the correct place** | | | | | | |
| **Hospital Site** |  | | | **Block Number** | |  |
| **Department Name (in full)** |  | | | **Vehicle Access** | |  |
| **Level** |  | | | **Fire-fighter Access** | |  |

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| --- | --- | --- | --- | --- |
| **Section 2: Who has responsibility for your department/ward?** | | | | |
| **Name** | **Role** | **Contact Details (tel. number)** | | |
|  | **Matron/Area Manager** |  | | |
|  | **Ward/Dept. Manager** |  | | |
| **Who Carried out the Checks?** |  | | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 3: Outcome of Monthly Fire Safety Checks (once complete)** | | | | |
| **SATISFACTORY**  **(No Further Action)** |  | **UNSATISFACTORY**  **(Further Action)** | See section 9 - Defects | |
| **Who to Tell – (tick where appropriate)** | | | | |
| **Department Manager/Ward Leader** | | | |  |
| **Fire safety folder** | | | |  |
| **Help Desk** | | | |  |
| **Fire Safety Team** | | | |  |
| **If defects continue to be unresolved and/or you are unable to rectify the issue, send to:**  [FireSafetyTeam@ouh.nhs.uk](mailto:FireSafetyTeam@ouh.nhs.uk) | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 4: Staff Training** | | Yes | No | N/A |
| **1** | Is the departmental emergency plan available and up to date? |  |  |  |
| **2** | Are all staff aware of the departmental emergency plan and their role within it? |  |  |  |
| **3** | Has any on-ward fire safety training been carried out in the last three months? (Clinical areas only) |  |  |  |
| **4** | Has a practical fire evacuation drill taken place in the last 12 months? (Non-clinical areas only) |  |  |  |
| **5** | Are all staff trained to use any specialist evacuation devices if they are present? (Such as evacuation chairs and ski sheets) |  |  |  |

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| **Section 5: Fire Protection Systems** | | **Yes** | **No** | **N/A** |
| **6** | Are all fire doors in good condition and free of defects? |  |  |  |
| **7** | Are fire extinguishers sited where they should be, are within test date and not been tampered with? |  |  |  |
| **8** | Are fire alarm call points free from obstruction and undamaged? |  |  |  |
| **9** | Is all fire safety related signage present and correctly positioned? |  |  |  |
| **10** | Are all escape routes kept free from obstruction? |  |  |  |
| **11** | Are any specialist evacuation devices such as ski-mats and evacuation chairs, in serviceable condition? |  |  |  |
| **12** | Are staff familiar with the location of medical gas valves and is access being kept unobstructed? |  |  |  |

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| **Section 6: Fire Prevention** | | **Yes** | **No** | **N/A** |
| **13** | Are oxygen/medical gas cylinders being stored correctly and numbers justified? |  |  |  |
| **14** | Are all portable electrical appliances in good condition and have they been electrically tested? (check test label) |  |  |  |
| **15** | Are hazardous substances safely stored according to COSHH regulations? |  |  |  |
| **16** | Is housekeeping (e.g. laundry and waste) being properly monitored so that it does not represent a fire risk? |  |  |  |

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| **Section 8: Fire Safety Defects** | | | | |
| Item | Nature of defect | helpdesk reference | Date Reported | Date Repaired |
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| **If the defect has not been repaired in a reasonable time period and is considered serious by the Department Manager/Ward Leader, contact the Fire Safety Team.** | | | | |
| **Section 9: Action by Fire Safety Team** | | | | |
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| **Section 7: Fire Safety Management** | | **Yes** | **No** | **N/A** |
| **17** | Are all Fire Marshals and Fire incident Coordinators up to date (i.e. within the last year) with their fire training? |  |  |  |
| **18** | As per your Emergency Plan, can an evacuation be carried out with the current staff/patient ratios? (Clinical areas only) |  |  |  |
| **19** | Have all fire incidents/False Alarms been investigated and recorded on ‘Ulysses?’ |  |  |  |
| **20** | If any defects have been noted, have these been raised with the relevant helpdesk? (if yes record the reference and date in Section 8) |  |  |  |

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| **Part A: Departmental Annual Fire Safety Self-Assessment – Management Audit** | | | | | | | | | | | | | | | |
| Refer to the guidance document when completing this form  (COMPLETE ELECTRONICALLY: DO NOT HAND WRITE OR SCAN) | | | | | | | | | | | | | | | |
| **Section 1: Where are you?** Refer to the site plan in your departmental fire emergency plan. | | | | | | | | | | | | | | | |
| Hospital Site | |  | | | | | | Block Number | | | | | | |  |
| Department Name (in full, no acronyms) | |  | | | | | | Level | | | | | | |  |
|  | | | | | |  | | | | | | | |
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| **Section 2: Who has responsibility for your department/ward?** | | | | | | | | | | | | | | | |
| **Name** | | | | | **Role** | | | | **Contact telephone number** | | | | | | |
|  | | | | | Matron/Area Manager | | | |  | | | | | | |
|  | | | | | Ward/Dept. Manager | | | |  | | | | | | |
| **Assessment Completed by:** | | | |  | | | | | | | | | | | |
| **Signature:** | | | |  | | | | | | **Date:** | | | |  | |
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| **Section 3: Outcome of the Annual Fire Safety Self-Assessment (once complete)** | | | | | | | | | | | | | | | |
| **No further Management Actions required** | | |  | | | | **Further Management Action required** | | | | See Action Plan | | | | |
| **Who to Tell – Circulation of this form** | | | | | | | | | | | | | | | |
| **Fire safety folder** | | | | | |  | **Date Entered:** | | | | | |  | | |
| [FireSafetyTeam@ouh.nhs.uk](mailto:FireSafetyTeam@ouh.nhs.uk) | | | | | |  | **Date Sent:** | | | | | |  | | |
|  | | | | | | | | | | | | | | | |
| **Reviewed by Fire Safety Team** | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | **Date:** | | | | |  | | | |

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| **Section 4: People in the Department** | | | | | | | | | | | | |
| Main Departmental Function (INDICATE ONE ONLY) | | | Admin | |  | Other  e.g. Laboratory | |  | Clinical | | |  |
| Based on the selection above complete only the ONE relevant table below | | | | | | | | | | | | |
| ‘Admin.’ and ‘Other’ Depts. (e.g. Laboratory) only: | | | | | | | | | | | | |
|  | hours of operation e.g.  (0800-1600) | Normal Staffing levels | | | | | Maximum Occupancy | | | | | |
| **Days** |  |  | | | | |  | | | | | |
| **Nights** |  |  | | | | |  | | | | | |
| **W/Ends** |  |  | | | | |  | | | | | |
| ‘Clinical’ Depts. only: | | | | | | | | | | | | |
|  | hours of operation e.g.  (0800-1600) | Min Staff | | Max Patients | | | Max Occupancy | | | Dependent Patients | | |
| **Days** |  |  | |  | | |  | | |  | | |
| **Nights** |  |  | |  | | |  | | |  | | |
| **W/Ends** |  |  | |  | | |  | | |  | | |
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| **Section 5: Departmental Fire Emergency Strategy: Indicate one only** | | | | | | | | | | | | |
| Progressive Horizontal Evacuation | | | | | | | | | | |  | |
| Full Simultaneous Evacuation | | | | | | | | | | |  | |
| Hybrid (combination of the above determined by differing patient profiles) | | | | | | | | | | |  | |

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| **Section 6: Departmental Fire Safety Hazards** | Yes | No |
| Oxygen Cylinders |  |  |
| Medical Gas Cylinders |  |  |
| Medical Gas Pipeline Systems (MGPS) |  |  |
| MRI Scanning Unit |  |  |
| Scanning Unit (Other) |  |  |
| Radiography equipment |  |  |
| Air Handling Units |  |  |
| Pneumatic delivery system (POD) |  |  |
| Flammable substances |  |  |
| Skin sanitizers/ hand gel |  |  |
| Emollient creams/oils |  |  |
| Other Specialist Facilities/Equipment - (please specify below) |  |  |
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Completing the following part of the form will mean that you have complied with the

Trust fire safety policy of carrying out an annual managerial self-assessment of the fire safety arrangements within your area of responsibility.

Where boxes have been shaded there is not an ability to answer N/A

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| **Section 7: Fire safety Management Duties within the Department/Ward** | | | | | |
| The time scale is measured from the date that you fill in this form. Refer to the guidance document  **\* Immediate =** immediate action required - full controls to be established within one month | | | | | |
| **7.1 Fire Safety Management** | | | | | |
| Management Measure | Performance indicator | N/A | Yes | No | Time Scale |
| 7.1.1  Fire Safety Folder | A Fire Safety Folder, (FSF), is to be kept in the relevant Ward/Department, reviewed on a regular basis, and available to all staff members |  |  |  | 1 month |
| 7.1.2  Departmental Fire Emergency Plan | A suitable and sufficient departmental fire emergency plan is to be in place setting out how an evacuation would be implemented in case of fire based on the relevant patient profile |  |  |  | 1 month |
| 7.1.3  Fire Safety Events | Have any fires and false alarms that have occurred in the last 12 months been reported via Ulysses, recorded in the FSF, and investigated to ascertain their cause and identify any remedial measures and learning outcomes |  |  |  | **Immediate** |

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| **7.2 Fire Protection Measures** | | | | | |
| Management Measure | Performance indicator | N/A | Yes | No | Time Scale |
| 7.2.1  Protecting Escape Routes | All escape routes and exits from the Ward/Department to a place of safety are to be kept free from obstructions or combustibles |  |  |  | **Immediate** |
| 7.2.2  Monthly Fire Safety Checks | Monthly Fire Safety Checks are to be carried out to identify any unreported fire safety issues that require attention |  |  |  | 1 month |
| Any fire safety defects are to be reported to the relevant Estates helpdesk promptly to remedy defects |  |  |  | **Immediate** |
| A record of all reported fire safety defects is to be kept in the Fire Safety Folder |  |  |  | **Immediate** |
| 7.2.3  Specialist Evacuation Equipment | If applicable has all specialist evacuation equipment such as ski sheets or evacuation chairs been subject to the appropriate maintenance regime? A record is to be kept in the fire safety folder |  |  |  | 1 month |

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| **7.3 Fire Prevention** | | | | | |
| Management Measure | Performance indicator | N/A | Yes | No | Time Scale |
| 7.3.1  Fire Prevention – House Keeping | Best practices are to be established to ensure fire is prevented.  **In particular;** | | | | |
| processes for dealing with waste disposal |  |  |  | **Immediate** |
| processes for dealing with stores deliveries and returns |  |  |  | **Immediate** |
| processes for dealing with linen deliveries and returns |  |  |  | **Immediate** |
| processes for dealing with pharmacy deliveries and returns |  |  |  | **Immediate** |
| 7.3.2  Fire Prevention – Electrical Equipment | Relevant portable electrical equipment is subject to a portable appliance test regime |  |  |  | 1 month |
| Portable electrical items not falling into the above regime is to be subject to visual inspection before use, including patients’ personal equipment |  |  |  | **Immediate** |
| 7.3.3  Fire Prevention – Dangerous substances | All dangerous substances are to be identified and be managed according to the appropriate COSHH & DSEAR regulations and data sheets.  **In particular.** | | | | |
| Oxygen cylinders: - Their presence has been justified by risk assessment and managed appropriately |  |  |  | 1 month |
| Medical Gas cylinders: - Their presence has been justified by risk assessment and managed appropriately |  |  |  | 1 month |
| The isolation points are to be recorded in the departmental fire emergency plan, and they should always be kept accessible |  |  |  | 1 month |
| 7.3.4  Fire Prevention – Cooking | All staff are to be aware of and adhere to the Trust policy regarding the use of cooking appliances | |  |  | **Immediate** |
| 7.3.5  Fire Prevention – Smoking & Vaping | All staff are to be aware of and adhere to the Trust policy regarding smoking and vaping on Trust Property | |  |  | **Immediate** |
| 7.3.6  Fire Prevention – Security | All staff are to be aware of any of the security requirements that operate in their ward or department | |  |  | **Immediate** |

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|  | **7.4 Fire Safety Training** | | | | | |
| Management Measure | Performance indicator | | N/A | Yes | No | Time Scale |
| 7.4.1  Induction Training | All staff new to the Trust or Ward/Department have undertaken the local area orientation induction fire safety training on their first day at work. They are also to successfully complete the online induction fire safety assessment, (this is to include temporary workers) | |  |  |  | **Immediate** |
| 7.4.2  Basic Fire Safety Training | All Trust employees must attend a classroom fire safety training session within 3 months of their start date | |  |  |  | 3 months |
| All staff must repeat fire safety training every two years to support them to carry out their roles effectively | |  |  |  | 1 month |
| 7.4.3  Fire Marshal Training | Staff are to be identified to undertake fire marshal training to support the area fire evacuation plan. The qualification needs to be refreshed annually | |  |  |  | 1 month |
| 7.4.4  Fire Incident Coordinator Training | All persons likely to oversee the ward or department at any time will be in charge of the response to a fire. These members of staff need to be identified and they need to attend a fire incident co-ordinators course. This qualification needs to be refreshed annually | |  |  |  | 1 month |
| 7.4.5  Local Evacuation Exercises | **Your Departmental Fire Emergency Plan needs to be tested**  7.4.5.1 - where staff training can occur without impacting on clinical care.  7.4.5.2 - where a fire drill would impact on clinical care.  **(Complete either 7.4.5.1 or 7.4.5.2)** | | | | | |
| 7.4.5.1 | Have local Practical Evacuation Exercises/Drills taken place in the last 12 months ( In non-clinical areas or clinical areas that have designated training days) |  |  |  | 1 month |
| 7.4.5.2 | Has the local training template in section 8 of the fire safety folder been followed ( In clinical areas where a full practical fire drill would impact clinical care) |  |  |  | 1 month |
| Are all staff members fully aware of their role regarding the departmental fire emergency plan | |  |  |  | 1 month |
| 7.4.6  Specialist Evacuation Equipment | If applicable all staff are to be trained in specialist evacuation equipment, such as ski sheets or evacuation chairs. This needs to be recorded in the fire safety folder | |  |  |  | 1 month |

To generate the action plan in Part B, copy and paste the text from the relevant ‘Performance Indicator’ section into the table below. Insert the actual date for completion and who is responsible for the action.

There is an example inserted into the table as a guide

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| **Part B: Departmental Annual Fire Safety Self-Assessment - Management Action Plan** | | | | | |
| Ref Num | Performance Indicator | Required Specific Action | Action to be Completed by | Time Scale | Completed Date & Sign |
| *Example 7.2.2* | *Monthly fire safety checks have not been carried out* | *Ward Sister to ensure monthly fire safety checks are carried out by trained personnel (this can be carried out by a fire marshal)* | *A.N.Other* | *1-5-2020* |  |
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| **Section 1: Location? In the event of fire, read the information below to the Switchboard to ensure that the Fire Service attend the correct location.** | | | | | | |
| **Hospital Site** | | **John Radcliffe** | | | **Block Number** |  |
| **Level** | |  | | | **Vehicle Access** |  |
| **Department Name** | |  | | | **Fire-fighter Access** |  |
|  | | | | | | |
| **Section 2: Site Plan - Legend** | | | | | | |
|  | Fire Vehicle Site Access | |  | Limited HGV Vehicle Access | | |
|  | Assembly Areas | |  | Grassed (Light Vehicle) Access | | |
|  | Fire Fighter Access to Building | |  | No Vehicle Access | | |
|  | Emergency Information for FRS | | / | Hydrants / Dry Risers | | |
|  | HGV Access | |  | One-Way Routes | | |
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| **Section 3: Department Plan** - **Legend** | | | |
|  | Fire Alarm Panel |  | Medical Gas Isolator |
|  | Compartment lines |  | Hazard Rooms |
|  | Evacuation Lifts/Stairs |  | Meeting Point |
|  | Escape route to a place of final safety |  | Fire Hazards, e.g., Oxygen Cylinders |
|  | Fire alarm call points | Image result for fire extinguisher | Fire Extinguishers |
|  | Escape routes through **fire doors** leading to a place of relative safety | | |
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| **Section 4: Evacuation Plan** | | | | |
| **Evacuation Strategy** |  | | | |
| **Assembly Point for non- essential people** |  | | | |
| **Designated preferred location for evacuated patients** |  | | | |
| **Number of dependent patients** |  | | | |
| **Minimum number of Staff on Duty** | **Day** |  | **Night** |  |
| **Section 5: Actions on a Discovering Fire** | | | | |
| If the Fire Alarm has not already activated, operate the nearest fire alarm call point to raise the alarm.  Ensure the switchboard is informed as soon as possible to ensure our emergency procedures are implemented.  **Dial 4444** - give them all the information detailed in section one of this document and inform them of the nature, location and if any people are at immediate risk from the fire (i.e., microwave on fire in staff room everyone is out of the room, door closed to room).  If you cannot contact switchboard**, call (9)999** and ask for the Fire Service. | | | | |
| **Section 6: Actions on Hearing a Fire Alarm** | | | | |
| **\* Delete the fire information that is not applicable to your department\*** | | | | |
| **\*Intermittent fire alarm signal\***  The **Fire Incident Co-ordinator** will respond appropriately to the fire alarm panel and will make themselves available as necessary for liaison with the Fire Incident Co-ordinator from the area of the continuous fire alarm activation  Nominated **Fire Marshals** should be ready to assist as instructed by the **Fire Incident Coordinator**   * All staff should be ready to follow their local evacuation plan if the alarm changes to a continuous signal * Staff should remain readily available to assist with the emergency arrangements if requested to do so   In clinical areas, also   * + - be prepared to receive patients from a neighbouring ward where the alarm is sounding continuously     - Consider the need to instruct non-essential staff and visitors to leave   **Continuous Fire Alarm Signal**  **\*Evacuation Strategy - Progressive Horizontal Evacuation\***  The **Fire Incident Co-Ordinator** and nominated **Fire Marshals** will respond immediately to the designated departmental **Meeting Point,** usually, at the fire alarm panel, which will provide information of the location of the fire alarm activation along with the fire alarm zone plan drawing located at the fire alarm panel  the **Fire Incident Co-ordinator** assisted by the **Fire Marshals** is to instigate an immediate investigation of the fire alarm activation area to ascertain   * If there is a fire * Exactly where the fire is * What the extent of the fire is * What the threat from the fire is * If anybody remains in the area/room of the fire   **•** Anyone who is not part of the departmental emergency plan should be instructed to leave    • If safe to do so the Fire Incident Co-ordinator should remain at or near the Meeting Point to direct the appropriate response to the fire alarm activation.  • The Fire Marshal is to investigate the location of the fire (information to be taken from the fire alarm panel and fire alarm zone plan drawing)  • Once it has been ascertained if there is a fire or it is a confirmed false alarm the information needs to be re-laid to the Fire Incident -Co-ordinator who is to take the appropriate actions as indicated below  **In the event of a confirmed fire**  **•** Ensure that switchboard is called by **dialling 4444** giving them all the information detailed in section one of this document and inform them of the nature, location and if any people are at immediate risk from the fire and if an evacuation has been instigated  **•** Plan and instigate the evacuation of patients using the progressive evacuation methodology   * Stage 1 immediately remove patients at risk from the fire and isolate the fire by closing the door to the room and then removing all patients and staff beyond a further fire door (this location then becomes a place of relative safety)   Stage 2 if further evacuation becomes necessary remove all staff and patients from the fire compartment to an adjacent safe compartment considering the ongoing clinical needs of the patients   * + - First Aid Fire Fighting using the portable fire equipment should only be attempted by trained staff and only if it is considered safe to do so     - Any portable medical gas cylinders should be removed during the evacuation process. They should only be left in situ when it is not safe to attempt to remove them     - Where and when appropriate any fixed piped oxygen or medical gas supply to the area must be shut down. (Upon instruction from the Fire Incident Co-ordinator)     - If safe to do so a full sweep of the area is to be carried out ensuring everyone has vacated the fire zone     - All other members of staff are to remain ready to follow the instructions of the Fire Incident Co-ordinator and assist as required in the implementation of the departmental emergency plan (i.e. prepare patients to move, connect portable oxygen cylinders to patients that require uninterrupted oxygen supply)     - The Fire Incident Co-ordinator will oversee the implementation of the departmental emergency plan and as necessary the evacuation of their department/ward. They will in due course be supported by the Fire Response Team and the Fire and Rescue Service     - TheFire Incident Co-ordinator is to liaise with the Fire Response Team and the Fire and Rescue Service upon their arrival and pass on any relevant information regarding the incident   The continuing care of patients is of vital importance. Consideration should be given as to where to take the patients following any evacuation. This will be based on their medical needs and the activity of the Trust at the time of the fire.  **In the event of an obvious and confirmed false alarm**  Once it has been ascertained that is an obvious false alarm, the information needs to be relayed to the Fire Incident Co-ordinator who will then inform switchboard of this fact   * Reassure all present that it is a false alarm and await the arrival of the Trust Fire Response Team who will be able to re-set the fire alarm system * If the FIC has had instruction on the alarm system – they may silence the alarm. They must not attempt to reset it themselves * Relay the false alarm message to those people who have gone to the assembly point   **\*In clinical areas where there is a Hybrid evacuation strategy; \***  The procedures for either a confirmed fire or an obvious false alarm are the same as for other clinical areas using the progressive horizontal evacuation.  There is an extra ability to inform mobile patients to leave the affected area simultaneously to the alarm activating, under the control of a member of staff allowing a quicker and more effective evacuation of the area. (An example of where this type of evacuation will be affective is clinical out-patient areas etc).  **\*Evacuation Strategy – Full Simultaneous Evacuation\***  The **Fire Incident Co-Ordinator** and nominated **Fire Marshals** will respond immediately to the designated departmental **Meeting Point,** usually, at the fire alarm panel, which will provide information of the location of the fire alarm activation along with the fire alarm zone plan drawing located at the fire alarm panel  the **Fire Incident Co-ordinator** assisted by the **Fire Marshals** is to instigate an immediate investigation of the fire alarm activation area to ascertain   * If there is a fire * Exactly where the fire is * What the extent of the fire is * What the threat from the fire is * If anybody remains in the area/room of the fire   **•** Upon hearing the continuous fire alarm signal, everyone apart from the fire incident co-ordinator and nominated fire marshals is to immediately evacuate the department and proceed to their designated fire assembly point (as per p3)  • If safe to do so the Fire Incident Co-ordinator should remain at or near the Meeting Point to direct the appropriate response to the fire alarm activation  • The Fire Marshal is to investigate the location of the fire (information to be taken from the fire alarm panel and fire alarm zone plan drawing)  • Once it has been ascertained if there is a fire or it is a confirmed false alarm the information needs to be re-laid to the Fire Incident -Co-ordinator who is to take the appropriate actions as indicated below  **In the event of a confirmed fire**  • Ensure that the switchboard is called by dialling 4444 giving them all the information detailed in section one of this document and inform them of the nature, location and if any people are at immediate risk from the fire and if evacuation has been instigated  • First Aid Fire Fighting using portable fire equipment should only be attempted by trained staff and only if it is considered safe to do so  • If safe to do so a full sweep of the area is to be carried out ensuring everyone has vacated the  fire zone    • The Fire Incident Co-ordinator will oversee the implementation of the departmental emergency plan and as necessary the evacuation of their department/ward. They will in due course be supported by the Fire Response Team and the Fire and Rescue Service   * + - TheFire Incident Co-ordinator is to liaise with the Fire Response Team and the Fire and Rescue Service upon their arrival and pass on any relevant information regarding the incident   **In the event of an obvious and confirmed false alarm**  Once it has been ascertained that is an obvious false alarm, the information needs to be relayed to the Fire Incident Co-ordinator who will then inform switchboard of this fact   * The FIC is to await the arrival of the Trust Fire Response Team who will be able to re-set the fire the alarm system * If the FIC has had instruction on the alarm system – they may silence the alarm. They must not attempt to reset it themselves | | | | |

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| **Section 7: Additional Considerations and Control Measures** | | | | | | |
| **Additional Considerations** | | | | **Control Measures** | | |
| **Examples**  **Oxygen Cylinders**  Medical Isolation Switches | | | | Manager to carry out a risk assessment to ascertain the amount of cylinder they require  Ensure the location of the oxygen cylinders are highlighted on the departmental fire plan (p2)  All staff to be made aware of the importance of removing the oxygen cylinders away from the fire compartment (only if safe to do so  Ensure medical isolation switches are always kept accessible  Managers to ensure these are highlighted of the departmental fire plan (p2)  Ensure relevant staff are aware of how to operate the medical isolation switches  Ensure all staff are aware that the order to isolate the medical isolation switches can only be given by the Fire Incident Co-ordinator | | |
| **Section 8: Fire Emergency Plan Administration** | | | | | | |
| **Emergency Plan Completed by** | | | |  | | |
| **Signature:** | |  | | | **Date:** |  |
| **Section 9: Review** | | | | | | |
| Date of review | Reviewed by | | Reason for review | | | |
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| **Fire Emergency Switchboard Information: - Aide Memoire** |
| **In the event of fire, Ensure the switchboard is called by dialling 4444**  read the information below to the Switchboard to ensure that the Fire Service attend the correct location.   |  |  |  |  | | --- | --- | --- | --- | | Hospital Site |  | Block Number |  | | Level |  | Vehicle Access |  | | Department Name |  | Fire-Fighter Access |  |   To further assist the Fire & Rescue Service Inform them of the following   |  |  | | --- | --- | | Nature of Fire  e.g., microwave on fire |  | | Location of Fire  e.g., staff room or room number |  | | If people are at immediate risk of the fire  e.g., anyone trapped, or everyone is out of the room, door closed to room |  | | If you cannot contact switchboard, call (9)999 and ask for the Fire Service.  Ensure the switchboard is informed as soon as possible to ensure our emergency procedures are implemented. | | |

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| **Fire Emergency Card: - Aide Memoire** |
| **Additional Considerations within the department and staff actions in the event of a fire**   |  |  | | --- | --- | | **Additional Considerations**  *examples* | **Actions in the Event of Fire** | | *Oxygen Cylinders* | *Remove all the Oxygen Cylinders away from the fire and take them to a place of safety* | | *Medical Gases Cylinders* | *Remove all the Medical Gases Cylinders away from the fire and take them to a place of safety* | | *Medical Gas Isolation valves* | *When there are no patients that require internal medical gas supply ensure the medical isolation, valves are turned off* | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| **Department Plan** - **Legend** | | | |
|  | Fire Alarm Panel |  | Medical Gas Isolator |
|  | Compartment lines |  | Hazard Rooms |
|  | Evacuation Lifts/Stairs |  | Meeting Point |
|  | Escape route to a place of final safety |  | Fire Hazards, e.g., Oxygen Cylinders |
|  | Fire alarm call points | Image result for fire extinguisher | Fire Extinguishers |
|  | Escape routes through **fire doors** leading to a place of relative safety | | |
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| **Fire Emergency Aide Memoire: - Fire Incident Co-ordinator** |
| **The most senior person in charge of an area and present at the time that an incident occurs should assume the role of the Fire Incident Co-ordinator. (In most clinical areas this role would be carried out by the designated shift co-ordinator)**  **The Fire Incident Co-ordinator** is to:  take control of the incident and initiate the local departmental Fire Emergency Action Plan  respond immediately to the designated departmental Meeting Point  ascertain the location of the fire alarm activation (using fire alarm panel and the fire alarm zone plan drawing located at the fire alarm panel)  dispatch a fire marshal to investigate the fire alarm activation  if there is a confirmed fire ensure the switchboard is called by dialling 4444 and give details of the incident (as per Fire Emergency Switchboard Aide Memoire)  In a clinical area determine whether evacuation is necessary, the evacuation route and destination and to commence the evacuation (Liaise with adjacent departmental managers)  manage the removal of portable oxygen/medical gases cylinders away from the fire affected area  consider if piped oxygen/medical gases supplies require isolation and if so, isolate ONLY when safe to do so and when patient safety is not compromised  liaise with the Fire Response Team and ensure co-ordination with the Operational Manager regarding any evacuation  liaise with the Fire and Rescue service on their arrival  if there is a confirmed false alarm inform switchboard of this fact and await the arrival of the Trust Fire Response Team to re-set the fire the alarm system |

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| **Fire Emergency Aide Memoire: - Fire Marshal** |
| **Fire Marshals are to help and support the Ward and Departmental Manager in the event of a fire alarm activation**  **The Fire Marshal** is to:   * respond immediately to the designated departmental Meeting Point * support the Fire Incident Co-ordinator in implementing the local departmental Fire Emergency Action Plan      * ascertain the location of the fire alarm activation (using fire alarm panel and the fire alarm zone plan drawing located at the fire alarm panel) * investigate the fire alarm activation * confirmed to the Fire Incident Co-ordinator, the nature of the fire alarm activation i.e., a confirmed fire or an obvious false alarm * in the event of a confirmed fire and only if appropriately trained, attempt to fight the fire using portable fire equipment (if it is considered safe to do so) * support the Fire Incident Co-ordinator throughout the incident |