

Report overview			
a.	<p>Select the most appropriate from the list below or enter your own description:</p> <ul style="list-style-type: none"> <li>- Offices and teaching space</li> <li>- Clinical space</li> <li>- Clinical space with in-patient care</li> <li>- Sleeping accommodation</li> <li>- Laboratories</li> <li>- Access to view books and/or artefacts, and is open to members of the public.</li> <li>- A small to medium-sized place of assembly, and is open to members of the public.</li> </ul>		
b.	<p>Select the most appropriate from the list below or enter your own description:</p> <ul style="list-style-type: none"> <li>- Stone</li> <li>- Brick</li> <li>- Timber</li> <li>- Steel</li> <li>- Concrete</li> </ul>		
c.	<p>Select any that apply from the list below, or enter your own description:</p> <ul style="list-style-type: none"> <li>- Employees familiar with the premises</li> <li>- Visitors that may be unfamiliar with the premises</li> <li>- Students</li> <li>- Researchers</li> <li>- Members of the public</li> <li>- Patients</li> <li>- Children</li> <li>- Those with limited mobility</li> <li>- Those with a hearing or sight impairment</li> <li>- Contractors working on site</li> <li>- Occupants for whom English is not their first language</li> <li>- Sleeping occupants</li> </ul>		
d.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1)</p> <ul style="list-style-type: none"> <li>- Plant rooms</li> <li>- Laboratories</li> <li>- Kitchens</li> <li>- Workshops</li> <li>- Server rooms</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p>2)</p> <ul style="list-style-type: none"> <li>- Hot works</li> <li>- Cooking</li> <li>- Welding and soldering</li> <li>- Use of flammable gases and/or liquids</li> <li>- Use of lasers</li> <li>- Grinding</li> <li>- Firing</li> <li>- Incineration / use of autoclaves</li> </ul> </td> </tr> </table>	<p>1)</p> <ul style="list-style-type: none"> <li>- Plant rooms</li> <li>- Laboratories</li> <li>- Kitchens</li> <li>- Workshops</li> <li>- Server rooms</li> </ul>	<p>2)</p> <ul style="list-style-type: none"> <li>- Hot works</li> <li>- Cooking</li> <li>- Welding and soldering</li> <li>- Use of flammable gases and/or liquids</li> <li>- Use of lasers</li> <li>- Grinding</li> <li>- Firing</li> <li>- Incineration / use of autoclaves</li> </ul>
<p>1)</p> <ul style="list-style-type: none"> <li>- Plant rooms</li> <li>- Laboratories</li> <li>- Kitchens</li> <li>- Workshops</li> <li>- Server rooms</li> </ul>	<p>2)</p> <ul style="list-style-type: none"> <li>- Hot works</li> <li>- Cooking</li> <li>- Welding and soldering</li> <li>- Use of flammable gases and/or liquids</li> <li>- Use of lasers</li> <li>- Grinding</li> <li>- Firing</li> <li>- Incineration / use of autoclaves</li> </ul>		
e.	<p>Select a maximum of five, beginning from the top of the list:</p> <ul style="list-style-type: none"> <li>- A sprinkler system</li> <li>- A water mist suppression system</li> <li>- A gaseous suppression system</li> <li>- Automatic fire detection</li> <li>- Automatic smoke extraction</li> <li>- An evacuation lift</li> <li>- Emergency lighting</li> <li>- Fire extinguishers</li> <li>- Evac-chairs</li> <li>- [other – add your own description]</li> </ul>		

## Action plan – risk assessment tools

### Tool 1 – Risk matrix

Likelihood / Severity	Negligible	Slight harm	Moderate harm	Extreme harm	Fatal
Highly unlikely	Trivial	Trivial	Tolerable	Moderate	Moderate
Unlikely	Trivial	Tolerable	Moderate	Moderate	Substantial
Likely	Tolerable	Moderate	Moderate	Substantial	Intolerable
Very Likely	Moderate	Moderate	Substantial	Intolerable	Intolerable
Almost certain	Moderate	Substantial	Intolerable	Intolerable	Intolerable

### Tool 2 – Examples

Risk level	Action and timescale	Examples (not exhaustive)
Trivial	Limited action is required and no detailed records need be kept.	<ul style="list-style-type: none"> <li>- Corridor is temporarily blocked by a delivery</li> <li>- Chair is placed across a fire exit route</li> </ul>
Tolerable	No major additional fire precautions required. However, there might be a need for reasonably practicable improvements that involve minor or limited cost.	<ul style="list-style-type: none"> <li>- A single fire action notice is missing or not filled in</li> <li>- A directional exit sign is missing</li> <li>- A single fire door is being wedged open</li> <li>- The staircase has non-combustible storage at the base</li> <li>- Poor housekeeping</li> </ul>
Moderate	<p>It is essential that efforts are made to reduce the risk.</p> <p>Risk reduction measures, which should take cost into account, should be implemented within a defined time period.</p> <p>Where moderate risk is associated with consequences that constitute extreme harm, further assessment might be required to establish more precisely the likelihood of harm as a basis for determining the priority for improved control measures.</p>	<ul style="list-style-type: none"> <li>- Multiple fire doors are wedged open</li> <li>- Fire alarm panel has a fault light showing</li> <li>- Electrical sockets are commonly overloaded</li> <li>- Exit routes not clearly signed</li> <li>- Exit routes not kept free from obstruction</li> <li>- Exit capacity being exceeded (too many people in building)</li> <li>- Exit doors stiff to open or fire doors not fitting squarely in frame</li> <li>- Stair has storage of combustibles at the base</li> <li>- No provision for evacuating those with limited mobility</li> <li>- Very poor housekeeping</li> </ul>
Substantial	<p>Considerable resources might have to be allocated to reduce the risk.</p> <p>If the premises are unoccupied, it should not be occupied until the risk has been reduced.</p> <p>If the premises are occupied, urgent action should be taken.</p>	<ul style="list-style-type: none"> <li>- The fire alarm system does not work (non-sleeping accommodation)</li> <li>- A single fire exit door is jammed shut</li> <li>- Combustible storage in stair of single staircase building</li> <li>- Hazardous operations at the escape end of a dead-end condition</li> </ul>
Intolerable	Premises (or relevant area) should not be occupied until the risk is reduced.	<ul style="list-style-type: none"> <li>- None of the fire exit doors will open in an emergency</li> <li>- Suspected gas or flammables leak</li> <li>- The fire alarm system does not work (sleeping accommodation)</li> </ul>

Although the purpose of this section is to place the fire risk in context, the two approaches to fire risk assessment detailed above are subjective and for guidance only, and a mixture of both can and should be used.

All hazards and deficiencies identified in this report should be addressed by implementing all recommendations contained in the following summary of findings and action plan.

## 2. Identified sources of ignition:

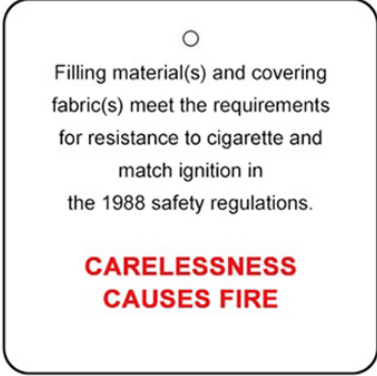
a.	Safe systems could include a fire watch / additional fire extinguishers / permits to work
b.	Lockable bins / bins and combustibles >6m away from buildings / CCTV / security
c.	Smoking indoors is prohibited / The site is a non-smoking site / There designated areas outside the building
d.	Smell of cigarette smoke inside the building / ashtrays inside / cigarette butts / smoking materials
e.	Commercial kitchens? Domestic kitchens? Tea points with microwave/fridge/kettle etc.?
f.	PAT for domestic units / commercial equipment subject to regular servicing
g.	Consider use in accommodation / kitchens / labs. Note if there is a policy prohibiting the use of candles, for example. Alternatives could include battery operated candles / electric hot plates...
h.	Lanterns, heatproof surface, not used unattended.
i.	What control measures are in place? Guidance to occupants regarding safe charging? Prohibition of charging EVs in basement car parks? See further guidance <a href="#">here</a> .
j.	Extension leads being 'daisy-chained' (plugged-into each other), long extension leads that are being used whilst still wound on their drum, overloading of the socket – 1x wall mounted plug socket can safely power a max of 13amps.
k.	Check under desks, and if there are heaters stored away in the warmer months. Note if they are oil-filled radiators or fan / convection heaters etc.
l.	High powered Class 4 laser beams are a potential ignition source. When Class 4 lasers are operated outside of an enclosure there is a risk that stray beams might cause a fire if the beam came into contact with flammable materials.
m.	Laser system risk assessments are expected to assess this risk and identify suitable control measures e.g. fixed components to limit a stray beam occurring or ensuring materials (e.g. enclosures, curtains) that might be exposed are able to withstand the beam power without creating a fire risk. Emergency protocols should be developed so operators know how to isolate a laser in an emergency and respond to a potential fire occurring.
n.	Record details of any fire risks associated with the scanning equipment and the controls measures in place to mitigate these.
o.	
p.	Record the date of their last service/inspection.
q.	Use this box to note anything not previously listed or considered.

### 3. Identified work processes:

This section is concerned with contractor and maintenance work taking place on the premises...

a.	Is there a safer alternative to any identified higher risk processes taking place?
b.	List any relevant additional qualifications / courses attended / additional training provided.
c.	Is there a specific risk assessment in place for the higher risk activity and have those working in the area / involved with the process have an understanding of its contents? Is there signage displayed offering further guidance / warnings etc.?
d.	This should fall under the responsibility of the NHS Trust to coordinate and issue.
e.	Controlled access to plant rooms / contractors signing-in and/or being accompanied / preferred suppliers & contractors / method statements.
f.	Are there other tenants in the building (over which the University has no control) that may have higher risk activities taking place? A restaurant with a commercial kitchen, or a laboratory etc.?
g.	This doesn't apply to batteries present in laptops, mobile phones etc. More for areas where are large bank of batteries may be present (UPS systems, emergency lighting inverters and central battery systems etc.). Is there a pre-determined procedure for their safe containment if they should become involved in fire? Adequate ventilation to prevent overheating and thermal runaway?

#### 4. Identified sources of fuel:

a.	Consider wooden panelling / artificial foliage / polystyrene tiles / flock wall paper etc.
b.	Restricted access to plant rooms / store rooms etc.? Regular inspections?
c.	Record signs of continued build-up of combustibles / storage of combustibles in inappropriate areas.
d.	<p>Compliant furnishing should display a label confirming compliance with the Furniture and Furnishings (Fire) (Safety) Regulations 1988</p> 
e.	Consider haphazard accumulation of combustibles / storage of combustibles in inappropriate areas / obstructions to escape routes. Consider external areas (if <6m from the building or in escape routes) as well as internal.
f.	Overflowing bins / baled cardboard / waste packaging, especially in IT rooms and plant rooms. Consider internal and external areas. Junk mail in accommodation.
g.	Combustibles stored in plant rooms / risers / electrical cupboards should also be considered.
h.	Stacked safely / avoiding high-level and/or in corners wherever possible. In dedicated areas / shelving? Note instances of combustibles in plant rooms / electrical cupboards etc.
i.	Part of our duties in taking general fire precautions, is to manage materials that come into and out of the department.
j.	There should be no build-up of any old equipment and/or waste in the department. If this is happening regularly, then staff training and /or systems may need to be reviewed and updated. Ignition sources and flammable materials should be kept apart and managed appropriately to make your area as safe as possible.
k.	
l.	Avoiding build-up of any materials in your workspace will reduce the risk of casual arson and set a baseline on which staff can build a healthy fire safety culture.
m.	These items can help fuel a fire. Crisps in particular must not be stored close to sources of ignition such as electrical equipment / plant rooms / boiler rooms etc.
n.	Consider the storage and use of skin sanitizers/ hand gel. Consider the use and application of emollient creams and oils in close proximity to sources of ignition.
o.	Promotional materials / artwork / seasonal decorations. If they are a permanent feature, are they fire retardant? If they are temporary, ensure they are away from sources of ignition.
p.	Cardboard / foam / polystyrene / plastic wrap.
q.	Electrical equipment such as fridges and freezers but be well ventilated in order to run safely without the risk of overheating. Keep an eye out for cardboard and polystyrene boxes etc. stacked in and around the appliances which could restrict airflow to the vents, and provide an additional source of fuel.
r.	These are highly combustible if involved in fire and produce copious amounts of toxic smoke. They should be stored appropriately, out of escape routes, and away from sources of ignition. Consider ways to reduce the quantity if possible. If a large quantity has accumulated awaiting recycling, this should be arranged as a priority and a more frequent arrangement for collection put in place.

#### 4. Identified sources of fuel (continued):

s.	Are there gas detectors in plant rooms? Is the gas shut off automatically or manually in an emergency? The buildings gas supply should only shut down upon fire alarm activation by way of a device within the room in which the supply enters the building.
t.	All kitchen extraction systems must be cleaned professionally at least annually.
u.	Use this box to note anything not previously listed or considered.

#### 5. Hazardous (flammable) substances present:

a.	Provide details of any flammables stored in significant quantities: name of substance / quantity / storage arrangements / location of specific COSHH risk assessment if available.
b.	Note if the recommended controls appear to be ineffective / are being ignored.
c.	Specific risk assessments in place? Authorised, competent personnel only?
d.	Solvent-free paints, for example?
e.	Only the smallest amount necessary should be stored.
f.	Any evidence of stock-piling?
g.	Bunded COSHH cabinets? Correctly labelled? More advice can be found here: <a href="https://www.hse.gov.uk/cosHHEssentials/">COSHH Essentials - COSHH e-tool (hse.gov.uk)</a>
h.	Further guidance on the safe storage of LPG can be found here: <a href="https://www.hse.gov.uk/lpg/">Liquefied Petroleum Gas health and safety guidance (hse.gov.uk)</a>
i.	If flammables are purchased in bulk in large containers, appropriate means for decanting the substance into smaller bottles must be in place, for example in a fume cupboard or well-ventilated, designated flammables store.
j.	Fume cupboards are a significant means of controlling exposure to hazardous substances, and the main type of local exhaust ventilation (LEV) used under the COSHH Regulations. By providing partial containment, they may provide protection for both users and co-workers from the hazardous effects of gases, vapours, aerosols, and particulates. Please note if the fume cupboards are ducted or recirculating. Further information can be found here: <a href="https://www.safetyofficerequirement.pdf">safetyofficerequirement.pdf (ox.ac.uk)</a>
k.	Fume cupboards should be fitted with Firetrace or similar suppression systems wherever fume cupboard use could produce a fire risk within the enclosed cabinet and within the associated ductwork.

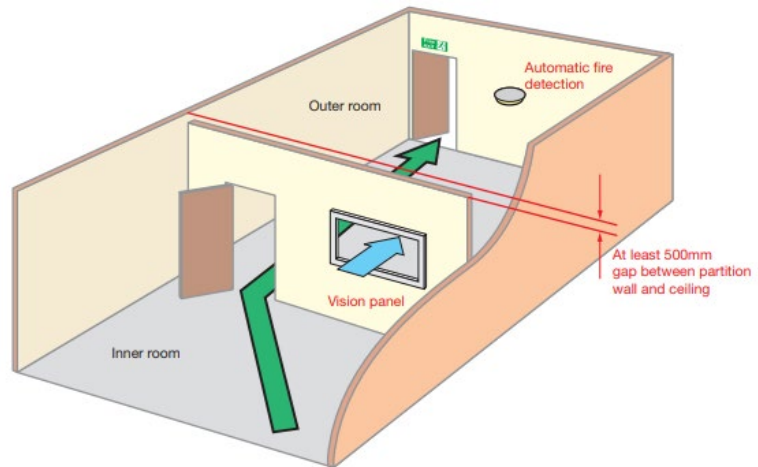
## 6. Additional sources of oxygen present:

a.	Note quantity of cylinders and storage arrangements. Their presence must be justified by risk assessment and managed appropriately.
b.	Medical gas pipeline systems should have emergency isolation points. Provide any relevant details including quantity, location, storage arrangements, and note any concerns. More information can be found here: <a href="#">Oxygen use in the workplace Fire and explosion hazards: Fire and explosion hazards (hse.gov.uk)</a>
c.	Isolation points should be recorded in the NHS Trust departmental fire emergency plan, and they should always be kept accessible.
d.	Piping conveying gas or flammable liquid should be, as far as practicable, of rigid metal. Any necessary flexible piping should consist of material suitable for the gas or liquid being conveyed; it should be adequately reinforced to resist crushing and withstand the maximum internal pressure to which it may be subjected. If possible, each laboratory should be fitted with an isolating valve.
e.	Air handling plant supplying essential make-up air to fume cupboards, biological laboratories or any other facility where an interruption to the air supply could be dangerous or damaging, must not automatically shut down upon fire alarm activation.
f.	The higher the building, the higher the potential for a wind-driven fire. A wind-driven fire is any fire at which the effect of the wind is causing an abnormal acceleration or spread. This cannot be changed but is worth noting if labs are several storeys up.
g.	Provide details of any oxidising substances stored in significant quantities: name of substance / quantity / storage arrangements / location of specific COSHH risk assessment if available.
h.	Note if the recommended controls appear to be ineffective / are being ignored.
i.	Specific risk assessments in place? Authorised, competent personnel only?
j.	Consider if a safer alternative is available.
k.	Only the smallest amount necessary should be stored.
l.	Any evidence of stock-piling?
m.	Banded COSHH cabinets? Correctly labelled? More advice can be found here: <a href="#">COSHH Essentials - COSHH e-tool (hse.gov.uk)</a>

## 7. Structural fire hazards:

a. Suspended ceilings / floor voids / roof voids etc.

b. This is the scenario where a room is within a room, and not accessed directly off a corridor.  
 In such an arrangement, any **one** of the control measure detailed in red should be in place to mitigate the risk. This should be noted in the FRA.  
 The outer room should not be a high-risk room (such as a lab).  
 Please record any instances of inner rooms within laboratories.



c. Note if the building is listed. If known, note any additional requirements of Building Control, such as suppression system due to inaccessibility by the fire and rescue service.

d. Raised/timber floors, voids behind panelling, roof voids etc.

e. Just a yes / no / n/a is sufficient here – tick the applicable box once you have completed 11e

f. Note if the building is in a remote location that would take the fire and rescue service an extended period of time to attend. Is the access to the premises such that a fire engine cannot get closer than 45m from the building?

g. Use this box to note anything not previously listed or considered.

## 8. Details of those at risk from fire:

This list is not exhaustive so include details of any other occupants you feel may be at greater risk if faced with a fire situation, and why.

Tick all that apply, and detail below the number of occupants likely to be on the premises. This could be on a day-to-day basis but also add if there is the potential for special events that could see the numbers of occupants rise significantly.

If applicable, you may wish to record how the number and type of occupants may change throughout the day, and on different days of the week; for example:

- Days: 0800-1700 – 20 staff members, 15 clinical patients
- Nights: 1700-0800 – 5 staff and 10 clinical patients
- Weekends: 0000-1159 – 5 staff and 10 clinical patients




Note if there is 24/7 access by way of access-controlled doors.

There are sections further on to record what control measures are in place, such as PEEPs and adjustments to the fire alarm system that are in place, for example.

This section is simply to consider and record all types and scenarios of occupants that could be at risk of fire.



## 9. Means of escape:

a.	<p>Fire Exit checks:</p> <ul style="list-style-type: none"> <li>- Fire Exits should be clear of obstructions – remember to check outside as well for parked cars, skips, scaffold, rough sleepers etc.</li> <li>- They must not require a key to open them. Keys in boxes are not acceptable.</li> <li>- Thumb-turn locks are acceptable in staff-only areas, and must be signed.</li> <li>- Note if there is a ceramic / 'Redlam' bolt in place.</li> <li>- Access-controlled doors must have a green emergency break-glass button next to them to enable escape should the day-to-day push-button fail.</li> <li>- Are the Fire Exits signed as such?</li> </ul>   
----	--

b.	<p>An enclosed balcony, protected stair core, or light well would be considered a place of relative safety. A place of ultimate safety is one where occupants can get away from the building to a distance at least the height of the building. For example, if the building is 12m high, occupants should be able to escape to an area at least 12m away.</p> <p>Consider gates if fire exits disperse occupants into gardens or secure yards. Are these easily and immediately openable without the use of a key or code?</p>
----	---

c.	<p>Basic rules to consider:</p> <ul style="list-style-type: none"> <li>- Any room with <b>only one</b> door can accommodate a maximum of 60 people.</li> <li>- Any floor with <b>only one</b> staircase (storey exit) or final exit can accommodate a maximum of 60 people.</li> <li>- Any door that is <b>inward-opening</b> can accommodate a maximum of 60 people.</li> </ul> <p>If the building you are assessing has rooms or storeys that accommodate more than 60 people, but have one or more of the features listed above, this must be noted and further advice sought from the University Fire Officer.</p> <p>Capacities must be calculated for lecture theatres – contact the Safety Office for assistance if required.</p>
----	--

d.	<p>Basic rules to consider:</p> <ul style="list-style-type: none"> <li>- A route in a single direction of escape should be no greater than 18m in a normal risk area. This is reduced to 12m in an area of higher fire risk (plant rooms, labs, kitchens etc.)</li> <li>- Where more than one direction of escape is available, a route can be extended to 45m in a normal risk area. This is reduced to 25m in an area of higher fire risk.</li> </ul> <p>Escape routes should be measured from the furthest point of a room to the nearest final exit (or storey exit in the case of an upper or basement level) and should be the actual route taken; not 'as the crow flies'</p>
----	--

## 9. Means of escape (continued):

e.	<p>Basic rules to consider:</p> <ul style="list-style-type: none"> <li>- Stretches of corridor that lead from a dead-end should be protected by fire doors.</li> <li>- Unless it is an open 'accommodation stair', stairwells should be protected routes with fire doors at each level and are free from combustibles and sources of ignition – 'fire sterile'.</li> <li>- Escape routes should not lead occupants through high-risk areas such as plant room, labs, or kitchens.</li> <li>- If external escape routes pass in close proximity to windows and doors (&lt;1.8m), i.e. down an external fire escape stair, or along a narrow alleyway along the side of the building in one direction, then these windows and doors should be fire resisting. (See point 7g)</li> </ul>
f.	Use your answer from 7b.
g.	Evacuation lift? / Evac-Chair (Ibex-Chair for basements)? / Trained Fire Wardens to act as 'Buddies' / PEEPs? / Disabled refuge areas?
h.	<p>Emergency lighting provision? / Basements / un-fenestrated areas? / External areas / assembly point?</p> <p>Hours of occupation – consider shorter periods of daylight over the winter, special events happening in the evenings.</p> <p>What 'borrowed' lighting is available (street lights etc.?)</p>
i.	Junk mail / deliveries / stock / rubbish awaiting collection / trailing cables / leaves / moss / algae etc.
j.	<p>Would an occupant who is unfamiliar with the layout of the building be able to find their way out using the signage displayed? Is there enough? Can it be clearly seen?</p> <p>Check the signage is pointing in the right direction!</p> <p>Signage should direct occupants to the nearest fire escape route out of the building.</p>
k.	In instances where a neighbouring occupancy needs to pass through the embedded space (or vice versa) or a stretch of escape route is shared, is this being managed and if kept secure on a day-to-day basis, will it be easily and immediately available for use in the event of a fire? Give details.
l.	Use this box to note anything not previously listed or considered.

## 10. Means of detecting and giving warning of fire:


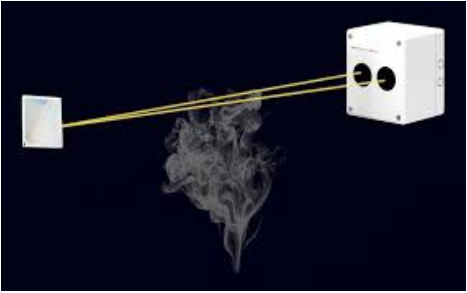



a.	If a fire is discovered, an alarm must be raised in such a way that everyone occupying all parts of the building can hear it or can be made aware the alarm has been raised?
b.	A simple shout of 'FIRE FIRE FIRE' / an air horn, gong, or manually operated bell / an electronic fire alarm system with manual break-glass call points linked to bells or sounders located throughout the building.
c.	Consider sleeping occupants / areas with loud noise levels / remote areas of the building / occupants with hearing impairment / occupants wearing ear protection or headphones / acoustically insulated pods or rooms.
d.	Consider different occupants – visitors / children / new staff members / contractors etc.
e.	As a rule, manual break-glass call points should be located on each floor of a building / no more than 30m from any point in the building / next to each final exit leading to fresh air, and in areas identified as high-risk (i.e. a plant room or kitchen)
f.	Manual break-glass call points are red and should be no higher than 1.4 metres above the floor and in a visible and accessible location. Check they are not hidden from view by blinds or curtains. If this is the case, additional signage may be required.
g.	Consider where such equipment is located? Is it away from the likely risk area?

10. Means of detecting and giving warning of fire (continued):

Estates Services Mechanical and Electrical Design Philosophy 9 states:  
 The fire alarm system shall be designed, installed, tested and commissioned to all requirements as detailed in BS5839 and BS7671.  
 The Fire Alarm Systems shall be designed for buildings as follows:

- Buildings with no sleeping risk – L2 as defined by BS5839-1 [this is along all escape routes, rooms immediately off of escape routes, and areas of higher fire risk such as plant rooms ,labs and kitchens]
- Buildings with sleeping risk – L1 ad defined by BS5839-1 [this is all rooms and voids including cupboards greater than 1m<sup>2</sup> in area]

There are a number of ways in which a fire can be detected:

- By a person seeing / smelling / hearing the fire occurring
- Smoke detection – no circle:
  - Aspirating system:
 
  - Beam detection system:
 
- Heat detection – one circle:
 
- Multi-sensors – 2 circles:
 
- Bedrooms and flats may be fitted with a 'domestic' fire alarm and detection system. Smoke detectors are flat, heat detectors will have a protruding element.
 

Please record an overview of what method of detection is in place; i.e. 'Smoke detection in all rooms and corridors with heat detectors in the kitchen and plant room.' Or 'Smoke detection in the office areas, heat detection in the plant room and kitchen, and an aspirating system in the book stack', for example.

All Oxford University Hospital NHS Trust buildings are monitored by the OUH switchboard. They contact the OUH fire response team who then attend the source of the alarm activation. **The level of their response will depend on the nature of the building and the time of day – more information can be found TBC**

## 10. Means of detecting and giving warning of fire (continued):

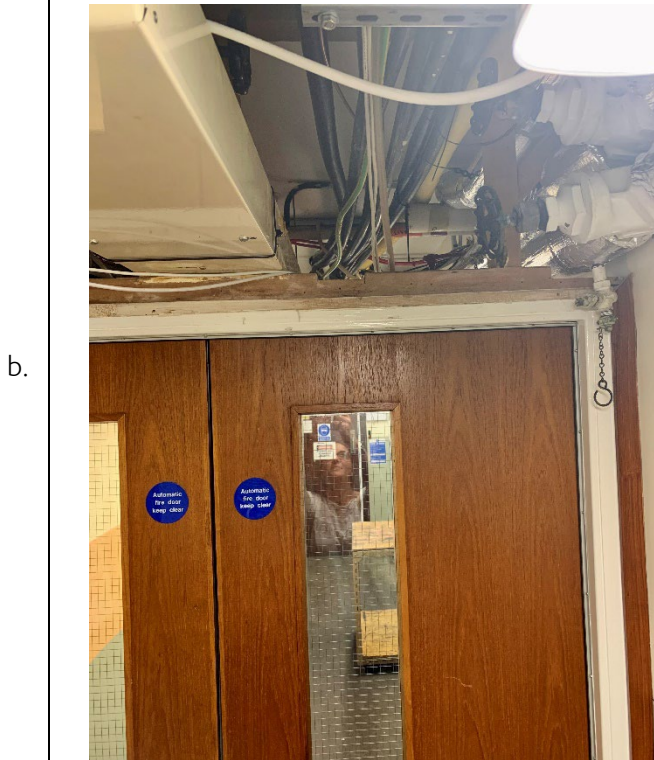
k.	This could be by way of a direct link between the fire alarm system and the air handling plant, or via the BMS for the building. Advice should be sought from the M&E team within Estates Services if this is not known. Further information can also be found in the University Estates Services M&E Philosophy document <a href="#">here</a> .
l.	Air handling plant supplying essential make-up air to fume cupboards, biological laboratories or any other facility where an interruption to the air supply could be dangerous or damaging, must not automatically shut down upon fire alarm activation.
m.	This could include automatic opening vents (AOVs) in stairwells and atriums, fire curtains, internal access-controlled doors that fail-safe to an unlocked condition.

## 11. Means of separating areas of higher fire risk and restricting fire spread:

- a. Automatic fire detection should be installed in voids in the following scenarios:
- In hospitals and buildings with sleeping accommodation
  - In historic / listed buildings / museums
  - In any voids above escape routes that are over 800mm deep.

Large voids such as roof spaces should be divided by fire curtains

Check for holes and gaps around cables and services passing through walls, in particular walls protecting escape routes. Pink foam **is not acceptable** as a means of filling holes.



Also be mindful of un-stopped gaps above suspended ceilings

- c. Think about where the risk from fire is highest:
- On an upper (or basement) level of a building.
  - If people are asleep.
  - Areas with higher-risk activities or equipment.
  - Areas from which the means of escape is limited.

- d. Fire doors are required wherever a doorway passes through a compartment wall, usually in the scenarios listed in c. above.
- As a rule, the door should offer the same minimum level of fire resistance as the wall in which it is fitted.
  - Fire doors are categorised by their level of fire resistance in minutes – FD30, FD60.
  - An FD30s provides 30mins fire resistance and is also fitted with cold smoke seals (a requirement in most instances).
  - If a wall or ceiling is of masonry construction, or a plastered stud wall, it is considered to be fire resisting.
  - Lath and plaster walls and ceilings will provide 30mins fire resistance, unless damaged.

## 11. Means of separating areas of higher fire risk and restricting fire spread (continued):

Items to check when assessing a fire door include:

### Gaps:

- The door should fit squarely within its frame.
- The gaps at the top and both sides should be less than 4mm. Use a £1 coin to give a feel for scale, this is about 3mm thick.
- The gap at the bottom of the door can be larger, up to 15mm to cope with sloping floors.

### Seals:

- Are there intumescent (plastic-looking) strips either along the edges of the door leafs or set into the door frame?
- If so, are they in good condition or are they missing in some places?
- Some doors may have cold smoke seals. These could be fuzzy brushes or rubber blades. Note if these have become damaged.
- Check the smoke seals fill the gaps.
- Also note if the intumescent strips and smoke seals have been excessively painted-over.
- If the doors appear to be fire doors but have no intumescent strips or seals, do they have a 1" stop? This is a chunky piece of door frame that the door will close onto.

### Hinges:

- All hinges should be firmly fixed with no missing or broken screws.
- The hinges should be undamaged and not showing signs of excessive wear.
- If the door is not square in the frame push the latch edge to see if the top hinge is loose.

### Self-closers:

- Does the door have a functioning self-closer?
- Does the door close fully, without assistance, into its frame? It may be warped, twisted, or the self-closer may not have enough pull to overcome the latch.
- Open the door about halfway and then let it go to make sure it self closes effectively.
- Check auto doors close on fire alarm activation (this should happen during the weekly fire alarm test).

### Hold-open devices:

- Check the device releases by pressing the button, and that the door closes fully into its frame

### General:

- Is there any damage to the face of the door? Holes from locks being removed, for example.
- Is there a blue 'Fire Door Keep Shut' (or similar) sign displayed?
- Are any glazed elements intact, and are either Pyro glass, or are Georgian wired glass?
- If they are pyro glass there will be a British Standard stamp in the corner of the glazing with the word PYRO mentioned somewhere.
- **The diagram on the following page shows each of these features. Don't worry about the door furniture or hinges needing to comply with the British Standard, or the presence of a drop-down seal at the foot of the door. These items are only relevant if the door is brand new. To expect existing doors to meet the BS in these areas is unrealistic.**

f. Where LEV and other extract systems are in use, a change in air pressure can be responsible for preventing fire doors from closing which could mean an adjustment to the extract is required.

g. Record instances of **fire doors** being wedged or propped open, disengaged/removed self-closers.

## 11. Means of separating areas of higher fire risk and restricting fire spread (continued):

**Door Hinges**  
All hinges should comply with BS EN 1935 and be Certifire approved. Intumescent hinge pads must be used for compliance.

**Intumescent Strips**  
Intumescent strips and cold smoke seals to resist the passage of smoke and fire should be tested to BS 476 Part 22 and Part 31.1 or EN 1634-3.

**Intumescent Fire Grilles**  
Complete with air transfer face plates should comply to: BS EN 1634-2 & BS 476 Pt 22.

**Door Closers**  
Fire resistant doors should be fitted with a door closer that is successfully tested to BS EN 1154 or BS EN 1155. Certifire is an additional reassurance of a quality product.

**Fire Door Signage**  
Should comply to BS EN 1634-1. 

**Door Handles**  
Should comply with BS EN 1906 and if tested as part of door set to BS EN 1634-1.

**Locks and Latches**  
Should comply to BS EN 12209 and be Certifire approved. Intumescent lock or latch kits must be used for compliance. 

**Automatic Drop Down Seals**  
These can help in the reduction of contaminants & passage of smoke. They should comply to BS 476 Pt 20 & 22. 

Operate hold-open devices to assess functionality. Also check they operate automatically and that this is recorded in a log book.



Check for gaps between and around door leaves



## 11. Means of separating areas of higher fire risk and restricting fire spread (continued):

h.	Consider combustible cladding, barbeques on balconies etc.
i.	Is the building sprinklered? Is there a water mist suppression system within the embedded space? Is there a gaseous suppression system within the embedded space? Provide details.
j.	If there is smoke ventilation, how is this actuated? Automatically if the fire alarm sounds, or manually by pressing a switch/turning a key? How many air changes per hour?
k.	Is there adequate fire separation (fire resisting walls, fire doors) between labs and the rest of the building?
l.	Is there adequate fire separation (fire resisting walls, fire doors) between kitchens, workshops etc. and the rest of the building?
m.	Is there adequate fire separation (fire resisting walls, fire doors) between plant rooms, service risers etc. and the rest of the building?
n.	Fire dampers can be difficult to see, but should be in place wherever ductwork passes through a compartment wall protecting a means of escape. Seek advice from the Safety Office or Estates Services if you identify or suspect ductwork passing through such walls, and would like further advice.  NOTE: No fire dampers should be installed in fume cupboard flues.
o.	Use this box to note anything not previously listed or considered.

## 12. Means of fighting fire:

a.	<p>Correct provision of fire extinguishers:</p> <ul style="list-style-type: none"> <li>- A minimum of 1x 6l water and 1x 2kg CO<sup>2</sup> must be provided on any floor up to 200m<sup>2</sup></li> <li>- Above 200m<sup>2</sup> a set of 1x6l water (or foam if that is what has been provided) and 1x 2kg CO<sup>2</sup> must be accessible within 30m of all areas of the floor</li> <li>- These would usually be found on escape routes (next to fire exits / storey exits)</li> </ul> <p>Specific additional extinguishers are required in higher risk areas:</p> <ul style="list-style-type: none"> <li>- CO<sup>2</sup> in plant rooms, server rooms</li> <li>- Wet chemical in kitchens with deep fat fryers</li> <li>- If a specific high-risk activity (with regards fire) is known to take place in labs, there should be appropriate firefighting media – check safety data sheets.</li> <li>- All kitchens and labs should have a fire blanket provided</li> <li>- All class 4 laser labs should be provided with a CO<sup>2</sup> extinguisher within the lab.</li> </ul>
b.	Departments are expected to have nominated fire wardens who will have received training in the use of fire extinguishers. Students / graduates / patients are not expected to use fire extinguishers.
c.	Fire extinguishers should be either wall-mounted or stood on a red plastic stand. They should be signed – this way, if one goes missing, it is easy to identify what needs to be found / replaced.
d.	<ul style="list-style-type: none"> <li>- Extinguishers should be conspicuous, in a well-lit area, and accessible.</li> <li>- Keep an eye out for extinguishers and fire blankets too close to the likely location of a fire (fire blankets on the wall behind the hob, for example.)</li> <li>- Check they're not hidden behind curtains or furniture etc.</li> <li>- A weekly check should be taking place to ensure they are in their designated location, and the tamper tags are in place, and the needle is in the green on the gauge (if applicable)</li> </ul>
e.	Fire extinguishers should be serviced on an annual basis. <b>Is this managed by the NHS Trust?</b>
f.	If hose reels are provided, these will have been condemned and are not to be used. Cabinets containing them must be locked shut and signage removed.



## 12. Means of fighting fire (continued):

g.	Sprinkler and suppression systems should be inspected and serviced at least annually.
h.	<ul style="list-style-type: none"> <li>- Your building may have dry risers – these are pipes with outlets on each level of the building for use by the fire and rescue service.</li> <li>- These should be inspected and serviced at least annually. <b>Is this managed by the NHS Trust?</b></li> <li>- An in-house weekly inspection should be taking place and recorded to ensure they haven't been tampered with.</li> </ul>
i.	Fume cupboards must be fitted with Firetrace or similar suppression systems wherever fume cupboard use could produce a fire risk within the enclosed cabinet and within the associated ductwork.
j.	Use this box to note anything not previously listed or considered.

## 13. Emergency plan:

a.	The University Fire Safety Management Policy states: 'Suitable evacuation procedures will be documented and in place for every building, including laboratory teaching space, residential accommodation, embedded space, office, store or any other building, or part of a building managed by the University.'
b.	<p>In in-patient clinical areas a progressive horizontal evacuation strategy is most appropriate. In non-clinical areas, everybody will evacuate simultaneously.</p> <p>In a minority of clinical areas a hybrid strategy will be appropriate; this will require staff who are not actively engaged in assisting the evacuation of dependent patients and ambulatory patients/visitors to evacuate as soon as the alarm has sounded. Then remaining staff members will manage the progressive horizontal evacuation of dependent patients to a place of safety.</p>
c.	The University Fire Safety Management Policy states: 'Everyone working in a building will be provided with a suitable induction to ensure they understand the evacuation procedures.' and 'Everyone working in a building will be expected to respond in accordance with the building's evacuation procedures. Those who have yet to receive induction training will be supervised by others to ensure they respond appropriately.'
d.	The University Fire Safety Management Policy states: 'Personal Emergency Evacuation Procedures (PEEPS) will be produced and documented for any mobility-impaired individual or person requiring assistance during an emergency evacuation.'
e.	The University Fire Safety Management Policy states: 'A suitable number of individuals will be appointed by each department to assist in the evacuation of a building, including departmental fire officers, fire wardens, and dedicated escorts.'
f.	The University Fire Safety Management Policy states: 'All those assisting in the evacuation of a building will have attended a suitable level of training, provided either by the University Safety Office, area or divisional safety officers or the departmental fire officer. Individuals will undertake refresher training every five years.'
g.	'Fire Action' notices should be displayed next to each fire alarm manual call point.
h.	Ensure the notices contain relevant information; i.e. do they mention lifts when buildings don't have lifts provided? Check the location of the assembly point is still correct. Check that anything written in pen hasn't faded.
i.	<p>Points to consider when assessing the location of assembly points:</p> <ul style="list-style-type: none"> <li>- Is it at least the height of the building away in terms of distance from the building? I.e., if the building is 9m high, the assembly point should be at least 9m away.</li> <li>- Is there room for people to gather safely? Narrow pathways in busy city-centre locations, next to the road may not be ideal.</li> <li>- Do people need to cross a busy road to reach the assembly point?</li> <li>- Is the route to the assembly point adequately lit? Borrowed light is acceptable.</li> </ul>

### 13. Emergency plan (continued):

j.	An adequate provision of fire wardens to sweep the building should be in place as a default. There should always be sufficient trained staff to carry out an evacuation of the department if it becomes necessary.
k.	Use this box to note anything not previously listed or considered.

### 14. Fire safety policy:

a.	Yes; the policy can be found here: <a href="#">UAS Mosaic Document Hub - 01 Fire safety management v1.0 - March 2021.pdf - All Documents (sharepoint.com)</a>
b.	It is available to view on the University Safety Office website.
c.	Yes, the current version was issued in 2021.
d.	New starters will be sign-posted to the Safety Office website.
e.	Yes; all of this is contained within the University Fire Safety Management policy.
f.	
g.	
h.	
i.	Sign-posting of the Fire Safety Management Policy forms part of the staff induction process.
j.	University Estates Services have an induction document for contractors to sign. This sets out the control measures required in order to undertake hot works.
k.	Yes; all fire alarm signals are received by the OUH switchboard and handled accordingly. A report is generated for each which is used to identify trends and to action any remedial works required.
l.	Use this box to note anything not previously listed or considered.

## 15. Oxford University Hospitals NHS Foundation Trust fire safety management:

This section is concerned with ensuring all information required by the Oxford University Hospitals NHS Foundation Trust Fire Safety Team is captured...

a.	<p>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.</p> <p>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.</p> <p>The folder provides a record of;</p> <ul style="list-style-type: none"><li>- The departmental evacuation plan and supporting plan drawings.</li><li>- Locally delivered training</li><li>- Annual fire safety self-assessments</li><li>- Fire safety defects and Fire Safety Events</li><li>- Departmental fire alarm actuations</li><li>- Periodic fire safety maintenance checks</li></ul> <p>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. See Appendix A - NHS Trust departmental fire safety folder template V1.1 <b>within the FRA template.</b></p> <p>Records are to be kept for 3 years.</p>
b.	<p>It is important that your evacuation plan and the information kept in this folder are kept up-to-date. For instance, reviews should happen when there is;</p> <ul style="list-style-type: none"><li>- A change of layout or building works in the department</li><li>- A change of use or new equipment in the department</li><li>- A change in staffing arrangements</li><li>- A change of patient demographic.</li></ul>
c.	<p>This document is to be completed electronically by the departmental manager and cannot be delegated to the fire marshal.</p> <p>It forms part of the formal Fire Safety Risk Assessment procedure for your building/area and deals with how we occupy it.</p> <p>It is also intended to allow managers to carry out an audit of local fire safety management and provisions that are currently in place within the department or ward. See Appendix C - NHS Trust departmental annual fire self-assessment V1.4 <b>within the FRA template.</b></p> <p>Record the date of the last submission.</p>
d.	<p>A plan drawing of your department will allow you to note down all of the relevant fire safety precautions and will provide a reliable reference point for all future monthly fire safety checks.</p> <p>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, if applicable.</p>
e.	<p>Monthly fire safety checks are the responsibility of the ward or departmental manager to carry out. They can be assisted by delegating the task to fire marshals but the responsibility remains with the manager.</p> <p>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 &amp; Safety' section of the Intranet and in Appendix B - NHS Trust monthly fire safety checks V1.3 <b>within the FRA template.</b></p> <p>Guidance notes on the completion of the form can be found in Appendix B of <b>this document.</b></p>
f.	<p>Any defect identified must be reported via the helpdesk and they should be remedied in a timely manner.</p> <p>Records of these checks need to be retained in the fire safety folder.</p> <p>If you are experiencing difficulties with getting any serious defect fixed, please escalate to the Fire Safety Team.</p>

## 15. Oxford University Hospitals NHS Foundation Trust fire safety management (continued):

	Fire safety training is delivered in two ways; firstly, there is the centrally organised training <b>which is arranged and recorded via the e-LMS.</b>
9.	Any other training would be organised locally. Within Section 8 of the Fire Safety Folder, a suggested annual ad-hoc training programme is provided and should be used where applicable. See section 8 of Appendix A - NHS Trust departmental fire safety folder template V1.1 <b>within the FRA template.</b>
h.	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

## 16. Fire safety training:

a.	Yes, the iHASCO Fire Awareness e-learning package is available online for completion by all new starters
b.	Yes, the iHASCO Fire Awareness e-learning package is available online for completion by all staff every five years
c.	Yes, the University Fire Safety Management Policy states: <ul style="list-style-type: none"> <li>- 'All those assisting in the evacuation of a building will have attended a suitable level of training, provided either by the University Safety Office, area or divisional safety officers or the departmental fire officer. Individuals will undertake refresher training every five years,' and</li> </ul>
d.	<ul style="list-style-type: none"> <li>- 'All responsible persons, departmental fire officers, and competent persons will attend a suitable training course provided by the University Safety Office. Individuals will undertake refresher training every five years.'</li> </ul>
e.	University Estates Services have an induction document for contractors to sign. This requires that any employees undertaking hot works must be competent to do so.
f.	Should be taking place on a termly basis, with a record kept. NHS Trust require that in non-clinical areas there is a requirement to conduct a full emergency evacuation drill as a minimum once a year - managers to ensure all staff (allowing for shift patterns) experience a drill at least once a year. In clinical areas in-department QUARTERLY fire training is to be carried out as recommended in Section 8 of the Fire Safety Folder, this training regime will ensure compliance with HTM 05-01 Fire Safety training requirements.
g.	Record the key details, or include the report following the last evacuation drill.
h.	If there is any special equipment that forms part of your evacuation procedures, staff should be competent to use it and the training recorded in the fire safety folder.

## 17. Maintenance programme and record keeping for preventative and protective measures:

a.	General daily inspections / opening-up / closing-down procedures that may include walking escape routes, checking final exit door are unlocked and unobstructed, making sure open fires, candles etc. are extinguished after use, checking fire doors are closed at night etc. These do not need to be recorded, but should be taking place where necessary.
b.	Should be taking place on a weekly basis, with a record kept.
c.	Should be taking place on a monthly basis, with a record kept.
d.	Should be taking place on an annual basis, with a record kept.
e.	Should be taking place on a six-monthly basis, with a record kept.
f.	Should be taking place on a monthly basis in line with NHS Trust requirements, with a record kept.
g.	Should be taking place on a six-monthly basis, with a record kept.
h.	Dry risers should have a visual inspection every six months, tested under pressure on an annual basis, and fully serviced every two years, all by a qualified engineer. Sprinkler and suppression systems should be inspected at least once a year by a qualified engineer.
i.	All portable electrical equipment should be subject to a periodic safety test. No set recommended frequency of testing, but for appliances used and moved around daily (such as a vacuum cleaner or power tools) you might consider at least annually. For appliances that are plugged in and then remain in place such as freezers or desktop PCs, a 3-yearly test may be adequate, but with an annual visual inspection carried out to check for scorch marks, frayed cables etc. Some diagnostic equipment may be subject to a risk assessment which removes the need for this test. Equipment that is brought in by patients should not be placing others at risk. The ward Leader should carry out a visual inspection on any portable devices to ensure that they appear fit for use.
j.	Evacuation lifts should be serviced on an annual basis by a qualified lift engineer.
k.	Should be taking place on an annual basis, with a record kept.
l.	Should be taking place on a six-monthly basis (more frequently if a commercial kitchen)
m.	Should be carried out on a five-yearly basis, with a record kept.
n.	A Gas-Safe certificate should be issued on an annual basis.
o.	See 16.f
p.	Should be carried out upon induction, and on a five-yearly basis thereafter, with a record kept.

# Departmental Annual Fire Self-Assessment Guidance Document

## Appendix A - Departmental Annual Fire Self-Assessment Guidance v1.4

### Completing the Form; Departmental Annual Fire Safety Self-Assessment

This Document is to be **completed by the departmental manager and cannot be delegated to the fire marshal**, it forms part of the formal Fire Safety Risk Assessment procedure for your building/area and deals with how we occupy it. It is also intended to allow managers to carry out an audit of local fire safety management and provisions that are currently in place within the department or ward.

This document will also, if necessary, generate a Management Action Plan. This will inform the local fire safety manager of any required steps to take in order to become compliant with fire safety legislation.

### General Fire Precautions

To assist you in understanding the purpose of the document, it will be helpful if our legal obligations are clarified. The Fire Safety Order 2005 states that each organisation has a duty to take 'General Fire Precautions.'

This means that we have to;

- Ensure that we reduce the risk of fire and the spread of fire in our place of work.
- Ensure that we provide a means of escape from the premises and that the means of escape can be safely and effectively used.
- Ensure that there are plans in place for appropriate 'actions to be taken in the event of fire.'
- Train our employees to ensure that the above points can happen.

### Structure of the Document

**Part A:** This is the audit of the department and is split up into six sections as follows;

- Section 1: Where are you?
- Section 2: Who has responsibility for the department/Ward?
- Section 3: Outcome of the Annual Fire Safety Self-Assessment
- Section 4: People in the Department.
- Section 5: Departmental Fire Emergency Strategy.
- Section 6: Departmental Fire Safety Hazards.
- Section 7: Fire Safety Management Duties within the Department/Ward

**Part B:** This is the management action plan that is generated by the audit

Once complete a copy should be placed in the departmental Fire Safety Folder and a copy should be sent to the fire safety team for review. This will allow the Compliance Manager to assess the systems we have in place and identify any potential Trust-wide fire safety issues.

## Part A: Department Fire Safety Audit

### Section 1: Where are you? **Departmental Annual Fire Self-Assessment Guidance Document**

We need to ensure that if we have to call for the fire service for assistance, they have enough information to be able to attend the correct address.

Fill in the name and address of your department, along with the block number and fire service access. Use the full name of your department. DO NOT use abbreviations; these can be confusing to non-hospital employees. Indicate the access routes for the Fire and Rescue Service that can be used under normal circumstances, bearing in mind any vehicle barriers that may be in place.

When you call the switchboard on 4444, (or dial (9)999), to confirm a fire, **these are the details** that you give to the operator.

### Section 2: Who has responsibility for the department/Ward?

Insert the name and role of the Management team that has responsibility for the department/ward.

### Section 3: Outcome of the Annual Fire Safety Self-Assessment

This section records the findings of the annual self-assessment and the administrative process of holding a copy of the self-assessment within the fire safety folder and the date the copy was sent to the fire safety team for review.

### Section 4: People in the Department.

Indicate (**ONE ONLY**) the **MAIN FUNCTION** of your department. If you need to clarify further, put any additional comments about what you do in the box below.

Based on your main departmental function (as above) complete just the **ONE RELEVANT TABLE** providing details on the number of people in occupation.

Please indicate the normal hours of operation e.g. 09.00-17.00.

Enter the numbers of staff and patients that are normally there when you fill the form out. This section reflects the current staff/patient ratios. It also serves as a reminder for the ward management to review the fire emergency plan if the dependency of patients changes or the number of staff falls for any reason.

In admin./ other areas, enter the number of staff that you would normally expect to be there if no-one was away for any reason. Also add on the number of visitors or contractors that are there at the time you filled the form out. This would be the maximum occupancy.

In clinical areas;

<b>Min No of staff</b>	What is the minimum number of staff on duty at any one time during the time period stated?
<b>Max No of Patients</b>	What is the largest number of patients that you will have in your ward at any one time during the time period stated?
<b>Maximum Occupancy</b>	How many people in total can be in your ward at any one time during the time period stated? This includes patients, staff and any visitors are you likely to have. (This is needed for the Fire Safety Risk Assessment)

**There should always be sufficient trained staff to carry out an evacuation of the department if it becomes necessary.**

# Departmental Annual Fire Self-Assessment Guidance Document

## Section 5: Fire Evacuation Strategy.

Indicate how you intend to evacuate all of the people in your department in the event of an emergency. **Choose the method that is appropriate to the most vulnerable occupants in your area.**

In in-patient clinical areas a progressive horizontal evacuation strategy is most appropriate.

In non-clinical areas, everybody will evacuate simultaneously.

In a minority of clinical areas a hybrid strategy will be appropriate; this will require staff who are not actively engaged in assisting the evacuation of dependent patients and ambulatory patients/visitors to evacuate as soon as the alarm has sounded. Then remaining staff members will manage the progressive horizontal evacuation of dependent patients to a place of safety.

This section serves as a reminder for the Managers and Ward Leaders to ensure the emergency evacuation plan is appropriate, fit for use and all staff members are aware of their role within it.

## Section 6: Fire safety Hazards.

Indicate which of the fire safety hazards that are normally located within your department/ward. The list is not comprehensive and if there is a fire safety hazard that has not been listed there is a space to include it, as necessary.

This section serves as a reference for the fire risk assessment and a reminder for the managers and Ward Leaders to understand the potential hazards within their departments and to control them adequately.

## Section 7: Fire Safety Management Duties within the Department/Ward

This forms part of the risk assessment process and is designed to inform managers of their responsibility to monitor and maintain fire safety in their area. It also provides a 'health – check' of fire safety systems currently in place.

The target date for the majority of actions is either immediate or within a month from the date of the form being completed and is annotated against each performance indicator. You may already be achieving some or all of the points in this section. If you are, just fill in the box accordingly, (tick yes, No or N/A).

If, however you find there is a shortfall in the current procedures, there is a reasonable time frame to have the shortfall addressed. For example, on point 7.4.4 you may not be able to have all relevant people attend Fire Incident Co-ordinator (FIC) training, but you can book them onto a course to attend within this timescale.



# Departmental Annual Fire Self-Assessment Guidance Document

## Section 7.1: Fire Safety Management

### 7.1.1 Departmental Fire Safety Folder (FSF)

This folder is where all the records regarding fire safety issues are kept. It also provides guidance about training of the team; it is where the copy of the departmental fire emergency plan is kept. It should be reviewed regularly. The folder can be kept electronically or as a hard copy. Whichever way you decide to keep it, ensure that it is available to view by all members of your teams and the Trust's Fire Safety Team.

### 7.1.2 Annual Self-Assessment

All departments and wards are required to carry out this annual fire safety self-assessment. Keep a copy in the fire safety folder and email a copy to the Fire Safety Department.

### 7.1.2 Departmental Fire Emergency Plan (FEP)

There should be an up-to-date copy of the emergency plan in the department. This document can be found on the Trust's intranet. Usually this would be kept in the fire safety folder. Part of the emergency plan identifies the meeting point for the Fire Incident Coordinator and essential team members when an incident occurs. This point should be clearly marked and a plan drawing of the department should be displayed at the same place for ease of reference.

Further to an annual review the following changes would necessitate an immediate review of the emergency plan;

1. Changes to the building structure or layout of the department.
2. Changes to equipment, furniture or furnishings.
3. Changes in the use of the department
4. Change of staff competence levels
5. Change in the patient dependency demographic

### 7.1.3 Fires and False Alarms Incidents in the Last 12 Months

If a fire incident occurs, the Fire Service will investigate. This will be done on the basis that for a fire to occur there has been a failure in the Trust's fire safety arrangements. It is very important that any learning outcomes identified from these incidents are fed back into our training regimes.

In the case of false alarms, the cause and reaction of OUH personnel should also be analysed to identify any learning outcomes and teams briefed appropriately.

# Departmental Annual Fire Self-Assessment Guidance Document

## Section 7.2: Fire Protection Measures

The building is designed to offer protection if a fire should start. It is vitally important that the buildings perform as they are supposed to so that emergency plans can be put into effect.

### 7.2.1 Protecting Escape Routes

The escape routes will be identified in the drawing on page 2 of your departmental emergency plan. These should be kept clear and 'sterile' at all times. This means that there should be no build-up of equipment, linen, or waste. Fuel and ignition sources should not be allowed to accumulate. This section will allow you to identify any fire safety culture problems that may have developed in your team

### 7.2.2 Monthly fire safety checks

An essential part of maintaining fire safety standards is carrying out the monthly checks and analysing how effective they are. Any defect identified must be reported via the helpdesk and they should be remedied in a timely manner. Records of these checks need to be retained in the fire safety folder.

If you are experiencing difficulties with getting any serious defect fixed, please escalate to the Fire Safety Team.

### 7.2.3 Specialist Evacuation Equipment

Any equipment that you require to assist in the evacuation of dependent patients or members of staff should be identified in the emergency plan and be subject to an appropriate maintenance regime. This is usually stipulated by the manufacturer. Records of this are kept in the fire safety folder.

## Section 7.3: Fire Prevention

### 7.3.1 Fire Prevention – House Keeping

Part of our duties in taking general fire precautions, is to manage materials that come into and out of the department.

There should be no build-up of any old equipment and/or waste in the department. If this is happening regularly, then staff training and /or systems may need to be reviewed and updated. Ignition sources and flammable materials should be kept apart and managed appropriately to make your area as safe as possible.

Avoiding build-up of any materials in your workspace will reduce the risk of casual arson and set a baseline on which staff can build a healthy fire safety culture.

### 7.3.2 Fire Prevention – Electrical equipment

All portable electrical equipment should be subject to a periodic safety test. Some diagnostic equipment may be subject to a risk assessment which removes the need for this test.

Equipment that is brought in by patients should not be placing others at risk. The ward Leader should carry out a visual inspection on any portable devices to ensure that they appear fit for use.

# Departmental Annual Fire Self-Assessment Guidance Document

## 7.3.3 Fire Prevention - Dangerous Substances

If hazardous materials are a necessary part of your work, you must reduce the risk from them by managing them correctly. The legislation for this is Care of Substances Hazardous to Health and the Dangerous Substances and Explosive Atmospheres Regulations.

Oxygen must be considered as one of the highest risks in a fire situation. It is extremely important that regular checks are made to ensure that they are used and stored correctly. Oxygen cylinders represent a huge risk in a fire; you must know how many cylinders are in your area and the use of them is medically justified.

## 7.3.4 Fire Prevention - Cooking

A large number of false alarms are generated in staff rest rooms. Ensure that appliances are used correctly and looked after by staff member. Everyone should know that they do not leave cooking unattended.

## 7.3.5 Fire Prevention – Smoking and Vaping

All staff members should know that smoking or vaping is not allowed on site.

## 7.3.6 Fire Prevention - Security

Part of keeping everyone safe is knowing who is in your area and making sure that they are there legitimately. It is a major part of preventing casual arson. All members of staff should feel confident in challenging visitors to the ward to ensure a safe environment.

## **Section 7.4: Staff Training**

This section will allow you to review the competencies of your staff to ensure that your emergency evacuation plan works.

### 7.4.1 – 7.4.4 Statutory and Essential to Role Training

All staff should be competent in Basic Fire Safety. This is a foundation stone of achieving a safe workplace. New starters to the Trust should have followed the induction training process of local fire safety orientation and then a face-to-face (subject to covid restrictions) basic fire safety training session within three months of their start date.

You should have sufficient fire marshals to assist with local fire safety management and also to ensure that the response to a fire is correct. Once fire marshals have volunteered for the role, we have an obligation to train them to the required standard.

All personnel who could be in charge of the department at any time should be competent as a Fire Incident Coordinator. Having this skill set will ensure that the initial response to an alarm or emergency is appropriate and effective. This is a crucial part of an orderly and safe evacuation process.

### 7.4.5 Local Fire Emergency Exercise

In non-clinical areas there is a requirement to conduct a full emergency evacuation drill as a minimum once a year - managers to ensure all staff (allowing for shift patterns) experience a drill at least once a year.

# Departmental Annual Fire Self-Assessment Guidance Document

In clinical areas in-department QUARTERLY fire training is to be carried out as recommended in Section 8 of the Fire Safety Folder, this training regime will ensure compliance with HTM 05-01 Fire Safety training requirements.

## 7.4.6 Specialist Evacuation Equipment

If there is any special equipment that forms part of your evacuation procedures, staff should be competent to use it and the training recorded in the fire safety folder.

## **Part B: Fire Safety Management Action Plan**

When part A of this document is completed the department manager will then be able to compile part B of the document the fire safety management action plan.

If there is any element that has the response 'No,' The Performance Indicator should be copied and pasted into the Management Action Plan. The specific action to rectify the shortfall is entered in the next column. The person that the action is allocated to is entered into the third column and the target date for completion in the fourth. When the task has been completed satisfactorily, the final column is signed and dated by the departmental manager. There is an example of how the form is to be filled in.

This plan serves as a reference and reminder for the ward manager of the issues that they will need to resolve to fully comply with the Trust Fire safety policy.

# Appendix B – Monthly Fire Safety Checks Guidance V1.3 April 2022

## Completing the Departmental Monthly Fire Safety Checks

This document is designed to assist you in the task of completing the monthly fire safety checks for your department. All of the documentation will be available on-line via the fire safety pages on the Trust Intranet

Keep this completed document in your fire safety folder in chronological order; the month and year will allow you to locate the document with ease.

### Section 1

We need to ensure that if we have to call for the fire service for assistance, they have enough information to be able to attend the correct address.

Fill in the name and address of your department, along with the block number. DO NOT use abbreviations - these can be confusing to non-hospital employees.

Indicate the road access and entry door to your building for the Fire and Rescue Service; bear in mind any vehicle barriers that may be in place. **This will be the normal access route/entry point that you would direct a patient to.** This is so we can meet the Fire and Rescue Service at a designated point; refer to section 1 of the departmental emergency plan. Use the full name of your department.

When you call the switchboard on 4444, (or dial (9)999), to confirm a fire, pass the information in this section to switchboard to ensure that the Fire and Rescue Service attend the correct place.

### Section 2

Insert the name of the Manager and/or ward leader and contact details. Also enter the name of the person who carried out the checks.

### Section 3

What do you do with the form after you have carried out the fire safety checks?

If the outcome of the monthly checks identifies issues that you **cannot** solve yourself or you are continually experiencing difficulties with getting fire safety defects fixed, the fire safety team should be informed by forwarding the form to them.

You must keep a copy of the document, (either electronic or hard copy), in the fire safety folder for a minimum of one year. This will be used as evidence when the manager of the area completes the Departmental Annual Fire Self-Assessment.

Outcome: – Satisfactory.

**Inform the Department Manager/Ward Leader & Place a copy in the fire safety folder**

Outcome: – Unsatisfactory.

**Inform the Department Manager/Ward Leader & place a copy in the fire safety folder. Any defects that are discovered must be reported immediately using the Helpdesk system.**

These should be discussed with the Department Manager/Ward Leader to ensure that they do not adversely impact on the departmental emergency plan. If they do, adjustments will have to be made to the plan whilst the defect is still current and unfixed. Major defects should be followed up to ensure that they are rectified quickly.

The following are examples of what can be classed as minor or a major defect.

Minor	Major:
Extinguisher out of date	Extinguisher missing or discharged
Electro-magnetic release Device not working	Fire door self-closer not working
Small gap around fire door	Fire door missing

Last month's fire safety check will allow you to review whether defects previously reported have been remedied. Follow up any issues that have not been fixed satisfactorily.

### **Section 4: Fire safety Training**

This section deals with the readiness of your team to be able to react to a fire emergency.

1. The Departmental Emergency Plan must be available to all staff at any time. It must be reviewed regularly and kept up to date. It is reviewed when there is a change in material circumstances in your area such as, change of staffing, change of patient demography, and change in layout due to building works etc and a change of use of the area.
2. Make sure all your staff know where the emergency plan is kept and that they are fully briefed on how the plan works and aware of their role. Records of staff training on this subject can be found in Section 8 of the Fire Safety Folder.
3. Each department should be carrying out local training to support an emergency response including evacuation. **In clinical areas**, the training is broken down into smaller parts. If you refer to your departmental Fire Safety Folder, section 8 gives you guidance about the frequency and content of the local training; it is also where the records are kept for this topic.
4. Each department should be carrying out local training to support an emergency response including evacuation. **If you are in a non-clinical environment**, it is expected that you carry out an annual fire evacuation drill. Guidance to assist you in this training can be found on the intranet fire safety pages. Records of staff training on this subject can be found in Section 8 of the Fire Safety Folder.
5. In certain circumstances, your area may require extra equipment to ensure an effective evacuation. These could include evacuation chairs, ski-sheets and refuge areas in stairs and lift shafts. If you have any specialist evacuation devices, these should be identified on your departmental emergency plan. All staff should be trained in the use of these devices, and this should be recorded in Section 8 of the Fire Safety Folder.

## **Section 5: Fire Protection Systems**

Have a copy of the departmental emergency plan available. Use the department floor plan on page 2 of this document as a reference point for checking the fire protection in your area. Are all fire safety provisions as per the plan drawing?

6. The doors are in good overall condition and that they close full onto the rebate. The cold smoke seals should be touching the frame and in the case of double doors, the leaf of the other door. Refer to Section 6 of the Fire Safety Folder for more detailed information about what to look for with fire doors. Fire doors are located in walls of fire resisting construction such as compartment, sub-compartment lines and hazard rooms.
7. The positioning of fire extinguishers can be found on the fire alarm zone plan. They will also be noted on your departmental emergency plan. Are extinguishers positioned where they should be? They should be easy to get to, within their test date. The tamper-proof seal should not have been removed or damaged and the pressure gauge needle of water and foam extinguishers should be in the green zone.
8. The location of call points can be found on the fire alarm zone plan, which is displayed in your department. They will also be noted on your departmental emergency plan. Are call points in usable condition and not being obstructed by anything such as linen cages or deliveries?
9. Fire signs are in place to remind us in simple ways, information that we may need in the event of an emergency. The important signs that you should be able to see easily are,
  - Fire action notices at call points,
  - Fire door signage,
  - Fire exit signage,
  - Fire meeting point and
  - Assembly point for independently mobile personnel.Are all fire signs in the right place and in good condition? Do they display the correct information?
10. Your 'means of escape' will be identified on your departmental emergency plan. They are the corridors and areas that are shown in yellow. These routes should be kept free from obstruction such as waste materials, linen, computer equipment and medical supplies. In the event of an emergency, you may need to use these routes at a moment's notice; if they are obstructed, it will slow down any evacuation and put people at risk.
11. All specialist evacuation devices should be identified on the emergency plan. They should not be relocated. Are they in good condition and readily usable? Are they being tested and maintained as per manufacturer's instructions?
12. All staff should be aware of the location of the ward's medical gas isolation valves. The Fire incident Coordinator may ask any of their team to operate one of these valves. Are they annotated to show which areas of the ward that they serve? It is important that the right valve is isolated when it becomes necessary.

## Section 6

This section focusses on preventing fire from starting in the first place.

13. Oxygen is viewed as one of the biggest hazards in a fire. It is essential that we manage them effectively – especially in the event of a fire. You should only have enough cylinders in your area for contingency purposes. This means one cylinder for each patient that requires oxygen to survive; in the event of an evacuation becoming necessary, the cylinders would then be moved to a place of safety with the patients, leaving none in the fire affected area.  
Do you know how many oxygen cylinders have in your area and where they are kept? Are all cylinders, (including medical gases), being stored correctly and numbers justified?
14. Ensure all portable electrical appliances in good condition and have been electrically tested, (Check the test label). A visual inspection can give you a lot of information as to whether the device is fit to use or not. You would look at the condition of the casing, wiring and plug.
15. Anything that is rated as a hazardous substance comes with its own data sheet as required by 'The Care of Substances Hazardous to Health Regulations? They should be used and stored safely in accordance with the legislation.
16. Keeping your environment clean and tidy is a fundamental building block of fire safety. Housekeeping is a fire safety term for this aspect of fire safety management. The many items that come into and go out of a ward or department during the day and night should be monitored to ensure it does not present a risk for the occupants. Equipment, laundry, waste and contractors performing work should be properly dealt with, in a timely manner so that it does not obstruct escape routes or represent a fire risk.

## Section 7

17. If you are the fire marshal completing this form, you may have to ask the Ward Leader/Departmental Manager to check the electronic training records to determine that all of the fire marshals and fire incident coordinators' training is up to date.  
Every person who may be in charge of a ward or department should receive fire incident coordinator training on an annual basis. Every person who is acting as a fire marshal should also receive refresher training on an annual basis
18. An ad hoc review of the emergency plan should be carried out to ensure that it is still workable with the current staff/patient ratios and dependencies. It is vital that you understand how long it will take to evacuate the patients in your care. If the staff/patient number changes, how will this impact your emergency plan?
19. If you have had any fire incidents, are they being recorded as per Trust policy? An understanding of any incident that has occurred, including false alarms, will allow your teams to be educated as to the cause and also how to prevent future re-occurrences. Records of this should be kept in the Fire Safety Folder.
20. Reporting fire safety defects is an important part of maintaining fire safety standards in the Trust. If there is something wrong with the fire safety arrangements, it must be reported to the right helpdesk in the Trust so it can be remedied. Any defects should be noted in the fire safety folder for future reference.  
**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 8**

When there are defects, ensure that these are recorded here for future reference. Make sure that you have the unique reference number that the Helpdesk supplies for each defect. This will make it easier to follow up if there has been no action on the part of the Trust or PFI.

## **Section 9**

If you need the assistance to fix any fire safety issues, this section will detail any actions by the Fire Safety Team. This would include people contacted and outcomes of these conversations.

The form will be returned to the sender for their reference/audit trail.