



# Fire Safety Policy



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## 1. Introduction

- 1.1 Lindsey Lodge Hospice (LLH) recognises and accepts its responsibility to comply with legislation relating to fire safety and ensure that any leased buildings do likewise and will take the necessary steps within our power to ensure that all premises meet mandatory and statutory fire precaution standards.
- 1.2 LLH is committed to providing a fire safe environment for all patients, staff and visitors. This will be achieved through a framework of policies, procedures and training.
- 1.3 The management of fire safety is an on-going. Our aim is to promote safe working practices and to safeguard the health and safety of third parties and the public.
- 1.4 We encourage the active participation of all employees in promoting good fire safety practice and regular consultation with employees form part of our normal management operations.
- 1.5 Any employee having a concern on fire safety is encouraged to raise the issue with their line manager, the Facilities Officer or via the incident reporting system if there is thought to be risk.

## 2. Responsibilities

### Board of Trustees

- Will ensure they are aware of all fire safety issues of concern via the highlight reporting form the relevant sub-groups of Board.
- The organisation has a Risk Register that is reviewed by the Board at each meeting.
- The Quality Assurance subgroup of the Board will place Health & Safety on its agenda at every meeting in order to discuss issues of concern and be assured by the Facilities Officer or CEO on fire safety matters.
- Audits on fire safety related matters will be presented to the Quality Assurance subgroup.

### Chief Executive (CE)

- The CE is deemed the “responsible person” under Regulatory reform (Fire Safety) Order 2005 with overall responsibility for fire safety within the organisation of which includes Retail premises occupied by Hospice employees and volunteers.
- The CE will ensure there is operational focus on fire safety matters with engagement of members of the Hospice team. This is undertaken via the Health & Safety Group which is chaired by the Facilities Officer.

### Line Managers/Team Leaders

- Fire safety standards are maintained within their control or sphere of responsibility.
- Ensure employees are suitably trained for the tasks they perform.
- Ensure that employees within their departments/areas work safely.
- Should ensure their staff access fire training on induction and within mandatory training of which is reviewed within annual staff appraisal.
- Ensures there is a fire warden for their workplace within the hospice and that takes accountability for retail premises.

### Facilities Officer

- Provides advice on a day to day basis.
- Seeks required support and knowledge from the externally sourced safety advisor.
- Will keep up to date on current fire safety matters.
- Assures the content of induction and mandatory fire safety training sessions is up to date and relevant.
- Will ensure visiting contractors are aware of fire testing and evacuation points.
- Will escalate to the CE issues of risk, concern, resource for immediate consideration.
- Will escalate areas not forthcoming with the identification of fire wardens.

### Fire Wardens

- Take responsibility for ensuring staff within their own work areas adhere to fire safety regulations, that equipment is stored in the appropriate place and that good housekeeping is maintained.

- Will report any fire safety issues to their line manager, the Facilities Officer or the Chief Executive.
- Take responsibility for completing the Health & Safety checklist within their own area on a quarterly basis in preparation for the Health & Safety Committee meeting.

#### **Employees & Volunteers**

- Will take reasonable care of their own fire safety behaviours and care of any other person that may be affected by their actions.
- Should co-operate on fire safety matters and participate in staff training.
- Will report all fire safety concerns and issues in a timely manner.
- Should not interfere with anything that is provided to safeguard their fire safety.

#### **External Fire Safety Advisor**

- Provides advice and guidance on fire safety issues relating to the organisation.

### **3. Health & Safety Committee**

#### **3.1 Membership of the Health & Safety Committee comprises:**

- Facilities Officer (Chair)
- Area Fire Wardens
- Ad hoc members of staff invited where appropriate to the discussion.

#### **3.2 The Health & Safety Committee meets on a quarterly basis following completion of the quarterly Department Health & Safety audit undertaken by the Fire Wardens.**

#### **3.3 A highlight report from this meeting detailing fire safety issues is sent to the Quality Assurance Group.**

#### **3.4 The Health & Safety Committee must ensure that:**

- All staff are aware of the procedure when discovering a fire.
- Notices referring to fire safety are in the correct places and are in good condition.
- Fire doors on corridors are not wedged open and should always be closed at night.
- All staff in their departments are aware of any changes and are aware of any updated or amended policy.
- Fire equipment is in good working order.
- Risks raised are considered and escalated appropriately.

### **4. Risk Assessment**

#### **4.1 The organisation carries out fire risk assessments on its premises to include Retail premises occupied by Hospice employees and volunteers and record findings.**

#### **4.2 The assessments highlight the operational hazards and risks and enables relevant control measures to be put in place to ensure the fire safety of its employees, third parties and the general public.**

#### **4.3 Specific fire risk assessments (these are often known as Personal Evacuation Plans) are carried out if there are:**

- Disabled or infirm employees.
- Patients that require support to safely evacuate the building in a timely manner.

#### **4.4 Risk assessments are reviewed at planned intervals and on the following occasions:**

- Change in legal requirements
- Change in codes of practice & guidelines
- Change in work practice
- New technology
- Structural building work affecting the current fire exits.

## 5. Fire Equipment Maintenance

- 5.1 All fire systems are checked by a reputable contractor annually.
- 5.2 Fire alarms will be tested by the Facilities Officer or Deputy, must be recorded and any defects reported to the Responsible Person:
- Weekly - at least one call point using different ones each time
  - Quarterly - call points from different zones
- 5.3 Annually - all call points  
Emergency lighting to be tested by Facilities Officer and Handyman :
- Monthly - On/off test for long enough to ensure each light illuminated
  - monthly - as above but for duration of 1 hour
- Emergency lighting annual checks should be carried out by the contractor as above, but for 3 hours. Results must be recorded and defects reported to the Responsible person or Deputy.
- 5.4 Where maintenance work on fire alarm and detection systems is carried out the contractors must be issued with a permit to work to safeguard the integrity of the system and ensure that an adequate level of fire arrangements is maintained.

## 6. Textiles and Furnishings

- 6.1 All new purchases of textiles and furniture should meet the appropriate standards as outlined Below:
- All upholstered furniture should comply with the Furniture and Furnishings (Fire) Safety Regulations 1988 (Amended).
  - Upholstered furniture should conform to BS 7176.
  - Upholstered seating should conform to BS 5852.
  - Removable or stretch covers should meet BS 5852 ignition source 1
  - Blankets should be flame retardant to BS 5866 part 4 and at least one of the uppermost layers of a bed assembly should be 100% flame retardant fabric.
  - Quilts and duvets should be flame retardant to BS 7175 part 2. An infill of 100% flame retardant polyester is likely to meet this standard.
  - Curtains must meet BS 5867 part 2.
- 6.2 As patients are normally dressed in their own sleepwear little can be done to control the fire retardancy. However as patients only risk of nightwear catching fire is from smoking which is not allowed in patient's rooms, the risk is low.
- 6.3 Any Uncovered foam is not fire retardant and must be re-covered.

## 7. Hot Work Permits

- 7.1 Serious fires can occur during maintenance and construction operations. Most are the result of carelessness or ineffective supervision during operations requiring the use of open flames or the local application of heat.
- 7.2 LLH is committed to providing a fire safe environment and therefore hot techniques such as welding, use of blowlamps, bitumen tar boilers, grinding wheels and cutting discs are not permitted on LLH premises without the prior issue of a Hot Work Permit.

## 8. Staff Training

- 8.1 LLH attaches great importance to the training of its staff and recognize that a trained workforce has a positive effect on health and safety performance.
- 8.2 Fire safety training is essential for all staff and is a legal requirement under the Regulatory Reform (Fire Safety) Order 2005, Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations 1981.

- 8.3 All staff receive induction training in basic fire safety procedures as soon as practical.
- 8.4 Mandatory training is carried out annually for all staff and fire safety training is an important part of this.
- 8.5 Online Fire Safety training follows the guidance in HTM05 - 01 and HTM 05 - 03.
- 8.6 Team Leaders/Line Managers, Facilities Officer and the Fire wardens have an education role within their teams to ensure that all staff adhere to the policies and procedures.
- 8.7 Training will be verified by periodic fire drills conducted by the Facilities Officer or Deputy.
- 8.8 A review is carried out if there are changes in legislations, introduction of new plant & equipment, changes in work practices and job position.
- 8.9 A record of training undertaken by employees is kept and periodically reviewed to ensure training is up to date and to check if any appropriate refresher training is required.
- 8.10 Any disabled staff must have a personal evacuation escape plan which will be agreed by them and the Fire Warden responsible for their team. A copy of the personal plan is in the business continuity plan and can be accessed as (**Appendix F**).

## 9. Fire and False Alarms

- 9.1 The individual in charge of the unit will take responsibility for phoning the Fire Brigade and managing the incident until they arrive.
- 9.2 Where it is clearly evident that it is a false alarm (e.g. toast burning) and the Fire Brigade have not been called, the person in charge can instruct that the alarms be silenced but may not reset them until they have checked the building.
- 9.3 If the Fire Brigade have been called and it is an obvious false alarm then the sounders may be silenced but should not be reset until the Fire Brigade have checked the building. (**Appendix D** - How to deactivate the Fire Alarm in the event of a false alarm. Notice also located on the Fire Panel in Main Reception at LLH).
- 9.4 No one other than the person in charge of the unit or the Fire Brigade have the authority to order the silencing of alarms. If there is any doubt about whether it is a false alarm always err on the side of safety and call the Fire Brigade. There is a Senior Manager on Call out of hours who should also be notified if the alarms have been silenced.
- 9.5 All staff (except in-patient nursing staff) must evacuate the unit on hearing the fire alarms unless they have been told that it is a test of the sounders. They must not collect belongings and must leave the building by the nearest exit immediately.
- 9.6 Inpatient staff must put all beds on wheels in case evacuation is necessary in which case patients will be pushed to the outside of the building by the nearest door. All corridor and patient room doors are on automatic closures. All fire doors have at least 30 minutes protection so individuals and staff behind two doors have an hour before evacuation may become necessary.

## 10. Action in Case of Emergency Situations

- 10.1 LLH provides and maintains suitable fire-fighting equipment and displays appropriate fire notices and signs at Lindsey Lodge Hospice and Retail premises (**Appendix B**).
- 10.2 Fire risk assessments are carried out at Lindsey Lodge Hospice and Retail premises in order to put in place and maintain adequate fire controls, maintenance arrangements, records, tests and fire-fighting training.
- 10.3 Weekly fire alarm testing is in place every Monday at 1.30 pm (excluding Bank Holidays).
- 10.4 The Fire Procedure in case of Emergency for Lindsey Lodge Hospice main site is set out in (**Appendix A**) to this policy and may also be found on the **LLH Data L:\Policies and Guidelines**.
- 10.5 The Fire Procedure for Retail premises is filed in the premises Health & Safety File and displayed on the wall within the Retail Premises.
- 10.6 **Immediate Action In Case of Fire (LLH main site):**
- **Cut off the oxygen supply** at the shut off valve, located opposite the Inpatient Nurse's station (outside Bedroom 1).
  - The key to the shut off valve is in **key cupboard 1, Team Office (attached to a white reindeer key ring)**.
  - The glass can also be broken. The lever must be turned to the **CLOSE** position.
  - **DO NOT** turn the oxygen supply back on until the authorised person and a pharmacist have checked the quality of the oxygen and it has been deemed safe by the emergency services.
  - **Catering staff** are responsible for turning the **gas tap to off (located by the door to the back lobby** and taking the key to the main gas tap in the small brick construction by the pedestrian path. This will only be switched off on the instruction of the Fire Brigade or the Chief Executive (or deputy) (**Appendix D - Catering and Housekeeping staff action on hearing the Fire Alarm**).
- 10.7 If the fire alarms will not reset it may be that the affected sensor is still picking up smoke or the fire may be unseen and the Fire Brigade should be called. We do have a key to silence the Alarm (located in the top right cupboard in Main Reception).
- ## 11. Monitoring and Audit
- 11.1 Regular inspections of the workplace and work activities are carried out to check that the working environment is safe and healthy and that everyone is working safely.
- 11.2 Fire Safety Audits are reported to the Quality Assurance subgroup of the Board.
- ## 12. Communication & Consultation
- 12.1 We communicate with our employees on fire safety matters initially through an induction at the start of their employment and as required or felt appropriate.
- 12.2 Other means of communication and consultation are through fire safety briefings, safety instructions, training and updates.



**ANY MEMBER OF STAFF WHO DOES NOT COMPLY WITH THE FIRE SAFETY POLICIES FACES DISCIPLINARY ACTION**

<b>REFERENCES:</b> Health & Safety at Work Act 1974 Health & Safety (First Aid) Regulations 1981 Electricity at Work Regulations 1989 Lindsey Lodge Hospice Fire Risk Management Policy & Procedure, 13 <sup>th</sup> March 2017				
<b>Fire Safety Procedure displayed at (location)</b>		<i>Main Reception, Day Care Reception, Kitchens, Inpatient Unit, H&amp;S Noticeboard, Photocopier room, 1<sup>st</sup> floor, etc, etc</i>		
<b>Fire Wardens Poster</b>		<i>Main Reception, Day Care Reception, Kitchens, Inpatient Unit, H&amp;S Noticeboard, etc etc</i>		
<b>Lead Author of Policy Lisa Barker, Facilities Officer &amp; Karen Griffiths, Chief Executive</b> <b>Responsible Sub-group - Quality Assurance (QA) Subgroup of the Board</b> <b>RATIFICATION DATE: 25<sup>th</sup> January 2018</b> Review interval: 2 years or sooner if required.				
<b>To Be reviewed</b>	<b>Review completed</b>	<b>By</b>	<b>Approved By</b>	<b>Circulation</b>
October 2020				



***LINDSEY LODGE HOSPICE***

***Fire Procedure***

## In the event of a Fire and/or emergency evacuation, please observe the following procedure:

### Raise the Alarm

- Sound the nearest fire alarm by breaking the glass (if the fire has not already been detected by a smoke or heat detector).
- Close the door of the room where the fire is burning. The corridors of the in-patient unit have automatic door closures that act when the alarms are sounded.
- **ALL OTHER DOORS SHOULD BE CLOSED MANUALLY.**
- When the fire alarm sounds the Nurse in charge or Responsible Person should check the alarm panel to determine the source of the fire and give the information to Daycare as soon as possible to aid their evacuation process.
- The Nurse in charge or Responsible Person should instruct Reception to trigger the **Fire Evacuation icon on the Entrysign Security system screen** in reception. This will produce printouts at 4 locations (Both Receptions, IPU, Facilities office) and send email senior staff should the Fire Tablet signal fail.
- **The Nurse in charge or Responsible Person is responsible for calling the Fire Brigade.** The operator will ask which service you require and will ask for the address and telephone number of the Hospice :
  - **Lindsey Lodge Hospice, Burringham Road, Scunthorpe, DN17 2AA, Tel: 01724 270835**
- Reception staff should take the Fire tablets outside (one in Main Reception, one in Day Care nurses office) and the roll call should be carried out by a Senior staff member. The Senior Nurse (or deputy) in Daycare is responsible for taking the day care patients' register outside.
- The Fire Assembly points are in the car park, one by the bin store and one outside Daycare doors where staff and patients must give their names to the person taking the register.
- Missing persons must be reported to the officer in charge of the first fire appliance that arrives. They will need to know where the missing person(s) are most likely to be located. Additionally details of any persons stranded on the 1<sup>st</sup> Floor must also be reported to the Fire Brigade as soon as they arrive.

**ON NO ACCOUNT SHOULD STAFF GO BACK INTO THE BUILDING**

## Evacuation procedures

- CLOSE ALL DOORS BEHIND YOU
- DO NOT ENTER THE COURTYARDS
- DO NOT STOP TO COLLECT ANY BELONGINGS
- EVACUATE QUICKLY BY YOUR NEAREST EXIT – UNLESS YOU HAVE PATIENT RESPONSIBILITIES (SEE BELOW)

### Day Care Unit

- From Main lounge area - evacuate through Day Care reception.
- From Therapy suite - evacuate through the fire door on the therapy corridor opposite therapy 4.
- From Above Day Care Upstairs office - evacuate by the door at the bottom of the stairs.
- From other areas such as offices - evacuate by the doors directly to the outside.
- Reception staff or nurse in charge, if no receptionist, must take sign sheets/Fire Tablet to fire assembly point for roll call.

### In-patient Unit

- Volunteers leave by nearest exit and gather at fire assembly point as above.
- Reception staff to take handover sheets to Nurse in Charge or Responsible person taking roll call, if no reception staff any individual leaving by this route should take responsibility for this.
- Clinical staff:
  - put beds on wheels or consider using wheelchairs, bedside chairs on wheels to evacuate the patients
  - stay with patients
  - visitors may stay with patients (one per patient) at the nurse's discretion. Others must evacuate and gather at the Fire Assembly Point opposite the main reception
  - Nurse in charge to ensure that patients are supported and staff not at risk
  - **Senior Manager in charge of the organisation to ring fire brigade 9 999# as soon as alarms activate**
  - Fire Brigade should arrive before decision to evacuate needs to be taken, but if any concerns nurse in charge to make decision. If this is necessary please refer to emergency plan. If decision to evacuate taken Chief Executive (or deputy) must be informed.

### First Floor Fundraising/Finance/HR

- Staff should be evacuated either via the fundraising staircase or the staircase at the end of the Family Support and Bereavement Centre.
- Any persons who are on the landings of these two areas and are unable to use the stairs should use the Emergency Voice Communication systems at the top of each staircase to alert the person reading the fire panel that they are trapped.

### Laundry

- Trained staff should isolate the Gas isolation lever if it is safe to do so.
- Any laundry staff in this area should leave immediately via the nearest Fire Exit.

### Other Staff including Catering and Housekeeping staff

- Should evacuate by the nearest available exit and meet at the Fire Assembly Point.
- The catering staff are responsible for turning the gas tap by the door to the back lobby to off and taking the key to the main gas tap in the small brick construction by the pedestrian path. This will only be switched off on the instruction of the Fire Brigade or the Chief Executive (or deputy).
- All other staff to leave the building immediately and assemble at the Fire Assembly point in the car park opposite reception. There is no requirement to sign out of the building.

**The lift must not be used in the event of fire**

## Roll Call arrangements

- The Fire evacuation report icon on the Entrysign system will have been pressed on discovery of the fire by the Reception staff on duty. The printout will be collected by a Senior Nurse in Charge, Responsible Person or Fire Warden on exit of the building and taken to the fire Assembly point. **(Please note there is no expectation that volunteer reception staff should wait for the printout)**
- **Roll Call will be taken by the Nurse in Charge/Deputy or Responsible Person by accessing:**
  - **The Entrysign Live report on the Fire Tablets** (or paper printout in event of IT/Wifi failure to check everyone is safely out of the building). Full instructions to activate this report are clearly marked on the tablets.
  - **All handover sheets/register of inpatients, day care patients and lymphoedema patients.**
- As a belt and braces approach, the Fire Evacuation report generates a printout to 4 printers in different areas of the building and an automated email to key nominated members of staff containing the Entrysign live report.
- As previously stated, missing persons must be reported to the Fire Officer in charge of the first fire appliance that arrives. They will need to know where the missing person(s) are most likely to be located. Additionally details of any persons stranded on the 1<sup>st</sup> Floor must also be reported to the Fire Brigade as soon as they arrive.



**Lindsey Lodge Hospice Fire Fighting Equipment (as at 17/10/17)**

**Appendix B**

Area/Zone	Fire Warden(s)	Glass Break Points	Fire Extinguishers	Fire Exits
Zone 1 – 1st Floor North End Office (Fundraising 1st floor)	Sharon Tune/ Joseph King	Fundraising corridor (14)*	Top of stairs x2	
			Server Room	
			Photocopier Room	
Zone 2 – Entrance & Meeting Rooms (Main Reception Area)	Victoria Champion/ Lisa Barker	Exit by smoke room (1)	Main Reception x2	Main Reception
		Main Reception (7)	Reception Kitchen & Fire Blanket	Exit door by smoke room
		Sitting Room (22)	Exit door by smoke room x2	Sitting room
Zone 3 – Kitchen & Dining Area	Andy Poole	Kitchen back lobby (5)	Main kitchen & Fire Blanket	Main kitchen rear entrance
		Main dining room (21)	Exit corridor by HD Office x2	Dining Room
		Exit by HD Office (6)		Exit by HD Office
Zone 4 – South West Wing (IPU Rooms 3-6)	Karen Andrew Ruth Tuxford	Exit to clinical waste (4)	Outside bathroom 2 x2	Exit to clinical waste Patient rooms 3-6
Zone 5 – Nurses Station & Link	Karen Andrew Ruth Tuxford	Exit Opposite Nurses Station (3)	Nurses' Station x2	Exit opposite Nurses Station Patient rooms 1-2
Zone 6 – North Wing & 4 Bed Unit (Corridor & 4 bed unit)	Karen Andrew Ruth Tuxford	Exit to o2 (2)	Former family room x2 & Fire Blanket	Exit by stairs to 1 <sup>st</sup> floor
		Delivery Bay (20)	Exit to o2	Patient rooms 7/8 & 9/10
			Corridor by door to 1 <sup>st</sup> floor x2	

**Lindsey Lodge Hospice Fire Fighting Equipment (as at 17/10/17)**

**Appendix B**

			Opposite Lift	
<b>Zone 7 – Day Care Unit</b>	Jackie Van Gils Julie Popple	Link corridor (8)	Corridor outside Senior Nurse office	Therapy corridor
		Conservatory (9)	Reception x2	Exit by stairs to 1 <sup>st</sup> floor
		DCU Reception (10)	Exit by stairs to 1 <sup>st</sup> floor	Main Reception
		Exit by stairs to 1 <sup>st</sup> floor (11)	Upstairs in former office	Day Care Lounge
		DCU Lounge (12)	Upstairs outside shower room	Conservatory
		Therapy corridor (13)	Corridor outside craft room	
			Lounge	
			Kitchen & Fire Blanket	
			Therapy corridor x2	
<b>Zone 10 – Ground Floor New Build (as at 10/2014)</b>	Victoria Champion	Ground floor – far end (18)	Ground Floor – far end x2	
		Ground floor by WC (19)	Ground floor by WC x2	
<b>Zone 11 – Stairwell new build</b>	Victoria Champion	Rear exit – ground floor (17)	Rear exit – ground floor x2	Rear exit
<b>Zone 12 – 1<sup>st</sup> Floor New Build</b>	Sharon Tune/ Joseph King	1 <sup>st</sup> Floor corridor by Finance (15)	1 <sup>st</sup> Floor corridor by Finance x2	
		1 <sup>st</sup> Floor Corridor by Room 4 (16)	1 <sup>st</sup> Floor by Room 4 x2	

(\* Numbers as per GBP testing register)

**FIRE RISK ASSESSMENT**

**LINDSEY LODGE HOSPICE**

BUILDING CONSTRUCTION:	Two storey building Brick & stud partition walls, carpeted floor, plastered ceiling, tiled roof
HAZARDS	CONTROL MEASURES
<b>OFFICE</b> Furniture Radiators	No naked flames or sources of ignition No build up of flammable waste materials No smoking policy Fire fighting equipment Detection equipment fitted Portable electrical appliances subject to planned inspections
<b>KITCHEN</b> Electrical appliances Paper, cardboard & plastic waste packaging Cooking oil	No naked flames No build up of flammable waste materials Regular servicing by trades people Fire fighting equipment Stored in dry store .Waste oil stored in plastic containers away from heat.Used oil collected for disposal. No smoking policy Portable electrical appliances subject to planned inspections
<b>STORAGE</b> Clothing/linen Electrical equipment Wall mounted & free standing electric heaters  Stationery	No naked flames or sources of ignition No build up of flammable waste materials No smoking policy Fire fighting equipment Detection equipment fitted Portable electrical appliances subject to planned inspections Kept in locked cupboard away from heat
<b>PATIENT ROOMS</b> Electrical equipment	Portable appliances PAT tested annually
<b>OUTSIDE STORE</b> Paint Chemicals/Petrol	Keep locked up Signage Kept in a locked metal cabinet Serviced and cleaned regularly
<b>BOILER ROOM</b>	Serviced annually Cleaned regularly
<b>OXYGEN COMPOUND</b> Oxygen	Keep O2 manifold and cylinder store locked Compound maintained/inspected by BOC Signage
<b>CONTRACTORS</b>	Authorised only Hot work permits completed No smoking
<b>SERVER ROOM/PHOTOCOPY ROOM</b> Substantial electrical equipment Paper/card etc	Door closures fitted with auto Dorguard
<b>ARSON</b>	Observe CCTV Keep outside area clean

<b>Building features that could increase the risk</b>	
SHARED OCCUPANCY	NO
NUMBER OF FLOORS	TWO
SINGLE STAIRCASE	TWO
LIFTS INSTALLED	YES
LONG TRAVEL DISTANCE OR DEAD ENDS	NO
INNER ROOMS	NO
BASEMENT AREAS	NO
AUTOMATIC DOORS	NO
VISITORS	Constant
PEOPLE WITH SPECIAL NEEDS	Possibly visitors who only have access to the front

	<b>MEASURES</b>
FIRE ALARM INSTALLED	Yes Fire detection equipment installed
FIRE ALARM HEARD THROUGHOUT THE BUILDING	YES
EMERGENCY LIGHTING INSTALLED	YES
SUFFICIENT FIRE FIGHTING EQUIPMENT	YES CO2, water , Foam spray
FIRE FIGHTING EQUIPMENT MAINTAINED.	Yes through planned inspection by competent person & records held in Facilities safety file
FIRE TRAINING CARRIED OUT	Yes yearly as part of compulsory training for employees & volunteers
ADEQUATE ESCAPE ROUTES	Yes - see site plan Main reception ,all patient rooms
ESCAPE ROUTES & EXITS SIGNED	Yes - all fire exits adequately signed & signs to direct to exits
ESCAPE EXITS FREE FROM OBSTRUCTIONS & EASY TO OPEN	Yes



ESCAPE EXITS LEAD TO SAFETY	Yes
FIRE DRILL CARRIED OUT AT LEAST YEARLY	Yes & records held in H&S file
FIRE ALARM TESTED INTERNALLY - WEEKLY	Yes records kept in red fire folder
FIRE ALARM TESTED BY A COMPETENT PERSON AT LEAST YEARLY	Yes ( Northern Fire )
EMERGENCY LIGHTING TESTED INTERNALLY - MONTHLY	YES and logged in red fire folder
EMERGENCY LIGHTING TESTED BY A COMPETENT PERSON EVERY 3 YEARS	Yes
EVACUATION & ASSEMBLY POINT SIGNS DISPLAYED	Yes, evacuation information displayed
MEASURES TO PREVENT ARSON	CCTV, staff awareness
MEASURES FOR DISABLED, SPECIAL NEEDS	No infirm or disabled employees. Specific risk assessment would be carried out if such a person employed. If infirm or disabled patients then fire warden responsible for evacuation.
MEASURES TO STOP PEOPLE BEING LOCKED IN BUILDING	Daycare checked every evening before locking and alarming. IPU 24 hour.

### How to deactivate the Fire Alarm in the event of a false alarm

1. Press 'silence buzzer' button on panel
2. Press any 'arrow' button
3. Key in code: 2222 (right hand arrow button x 4)
4. Press 'enter' button
5. Press 'silence alarm/back' button
6. **DO NOT** PRESS RESET BUTTON unless the system does not reset itself at this point
7. If the system does not reset at this point
  - Press any arrow
  - Key in code: 2222
  - Press enter
  - Press reset
8. If the alarms still sound and confident of no real fire - use the Fire Key no. 901 (key - top right hand cupboard in Main Reception)
  - Insert key into the small box below the Fire Panel and turn to the right
  - Press 'silence alarms'
9. Ring **Right Action** to call out :  
Zoe/Alistair - 01724 747230 / **OHH** - 07738789483





PEEP evacuation form for regular visitor, staff member, day care or therapy patient

## Personal Emergency Evacuation Plan (PEEP)

To be completed by the Manager. (If the individual works in more than one building, then it may be necessary to prepare a separate PEEP for each building)

PERSONAL EMERGENCY EVACUATION PLAN			
Name			
Department			
Building			
Room Number and Floor			
Ext			
AWARENESS OF PROCEDURE			
_____ is informed of a fire evacuation by: (please tick ✓ relevant box)			
existing alarm system	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Other (please specify)	_____
DESIGNATED ASSISTANCE			
The following have been designated to give _____ assistance to get out of the building in an emergency			
<b>Name</b>			
<b>Contact Details (Building, Rm No and Ext)</b>			
<b>Name</b>			
<b>Contact Details (Building, Rm No and Ext)</b>			
METHODS OF ASSISTANCE (eg Transfer procedures, methods of guidance etc)			
EQUIPMENT PROVIDED (including means of communication)			
PERSONALISED EVACUATION PROCEDURE (A step by step account beginning with the first alarm)			
1			
2			
3			
4			
Monitor and Review			
Signed by Manager		Date	
Signed by Individual		Date	