

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# FIRE SAFETY POLICY

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Lead Author(s):	Fire Safety Advisor

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2018 – Version 4.1

*Striving for Perfect Care for  
the People We Serve*

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# Fire Safety Policy

### Further information about this document:

Document name	<b>SA08 Fire Safety Policy</b>
Document summary	<p>The purpose of this policy is to provide information and guidance to Mersey Care NHS Foundation Trust directors, managers and staff on their responsibilities concerning fire safety at work.</p> <p>This policy applies to trust employees and anybody who is or may be impacted upon by work activities of the trust. The trust has a duty to ensure that all workplace risks are managed appropriately. This policy has been developed in line with guidance from Department of Health, Health Technical Management 05-01, 05-02 and 05-03.</p> <p>The scope of this policy applies to all activities and functions undertaken by, or on behalf of, the trust.</p>
Author(s) Contact(s) for further information about this document	<p><b>Dan Grundy</b> Senior Safety Advisor 0151 471 2306 <a href="mailto:daniel.grundy@merseycare.nhs.uk">daniel.grundy@merseycare.nhs.uk</a></p>
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To be read in conjunction with	<p><b>The Health and Safety at Work etc. Act 1974</b> <b>The Management of Health and Safety at Work Regulations 1999</b></p>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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### Version Control:

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Version 4.1	Executive Committee	November 2018



## SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

being alert to the possibility of child/ adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;

knowing how to deal with a disclosure or allegation of child/adult abuse;

undertaking training as appropriate for their role and keeping themselves updated;

being aware of and following the local policies and procedures they need to follow if they have a child/ adult concern;

ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;

participating in multi-agency working to safeguard the child or adult (if appropriate to your role);

ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;

ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with the Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy.

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## 1. PURPOSE AND RATIONALE

- 1.1. To provide an unambiguous statement of Fire Safety Policy applicable to the Trust and to all premises where patients and service users of the Trust receive treatment or care, including supported living accommodation.

## 2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1. This Fire Safety Policy aims to minimise the incidence of fire throughout all activities provided by, or on behalf of, the Trust. Where fire occurs, this policy aims to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property.

This policy applies wherever the Trust owes a duty of care to service users, patients, staff or other individuals.

### 2.2. Objectives

- (a) to have adequate fire precaution measures to significantly reduce the likelihood of fire to minimise the risk of arson across all Trust buildings;
- (b) to be able to respond effectively to a fire by having equipment that rapidly detects a fire and the physical means to contain a fire. Staff may be able to tackle the fire, but only if they have had the relevant training and it is safe to do so;
- (c) ensure the implementation of Trust's fire strategy and fire procedures for each Trust premise;
- (d) to review the fire policies and building fire procedures regularly so that any changes in the premise structure function or other matters having an impact on fire safety can be taken into account promptly. They are to be reviewed annually irrespective of any changes.

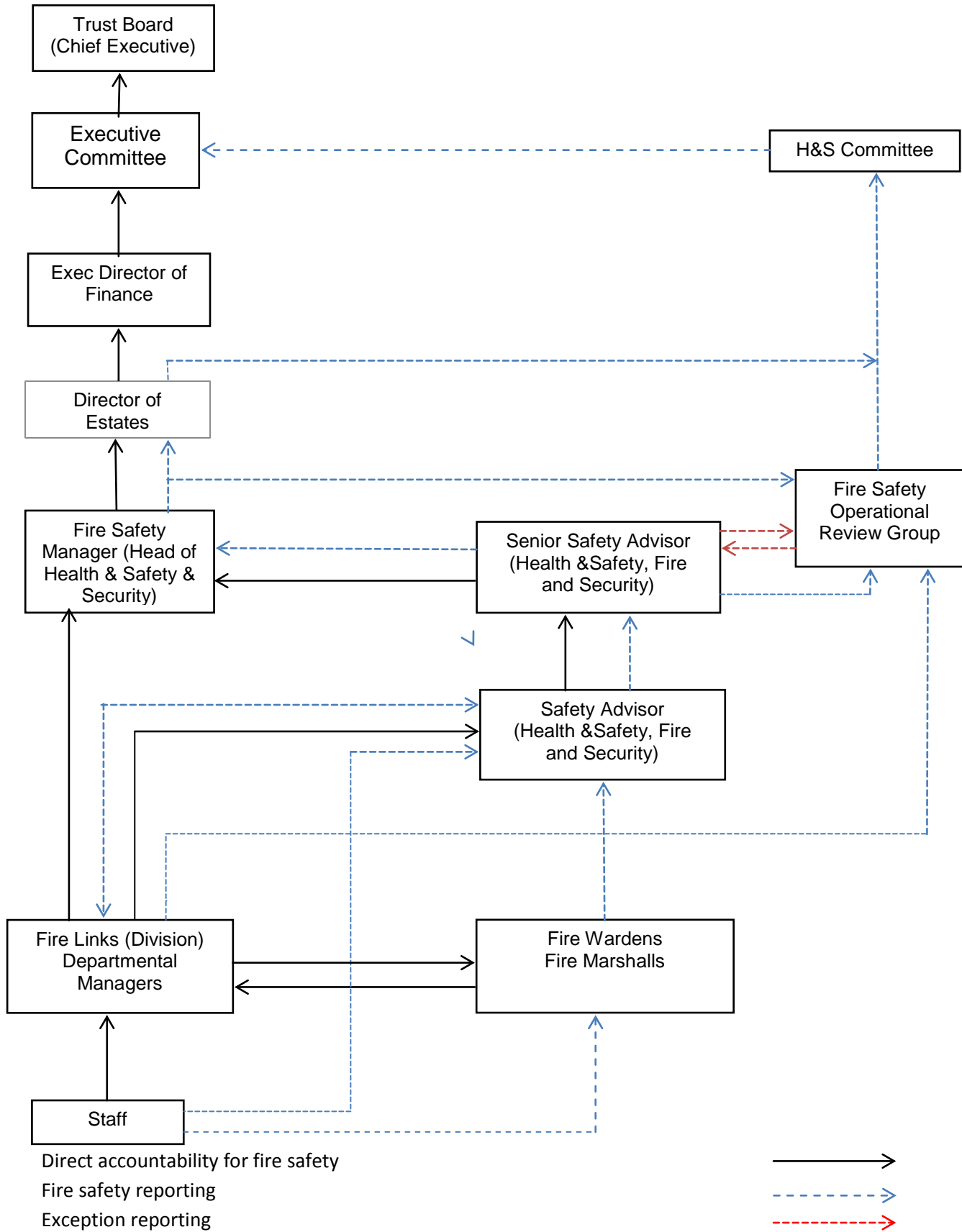
## 3. SCOPE

- 3.1. This policy applies to all activities and functions undertaken by, or on behalf of, the Trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the Trust. The Trust has a duty to ensure that all workplace risks are managed appropriately and has been developed in line with guidance from the Department of Health, Health Technical Memorandum 05-01, 05-02 and 05-03 (Fire code).

#### 4. DEFINITIONS (Glossary of Terms)

<b>Glossary of Terms</b>	<b>Definition</b>
Responsible person	The person who owns or controls the business or premises.

### Fire Safety Management Structure





## 5. DUTIES

The Chief Executive has overall responsibility for the Trust's performance on fire safety matters. The Trust Board can be considered the Responsible Person as defined in the Regulatory (Fire Safety) Order 2005.

### 5.1 The Board of Directors

The Board of Directors undertakes to ensure, so far as is reasonably practicable, that all measures are taken to produce a safe and secure environment for staff, patients/service users and visitors whilst on Trust premises, as are our statutory requirements under fire safety legislation.

These measures include:

- (a) a current fire safety policy;
- (b) means for emergency evacuation procedures are in place, at all times the premises are occupied, without reliance on outside agencies such as the Fire & Rescue Services;
- (c) training for all members of staff, proportionate to the level of risk, including responsibility training for additional duties they may be required to perform;
- (d) are subject to a suitable system of maintenance;
- (e) the premises and any facilities, equipment and devices provided for fire safety are maintained in an efficient state, in efficient working order and in good repair;
- (f) adequate and effective fire safety signs;
- (g) well maintained compartmentation;
- (h) fire safety audits;
- (i) fire risk assessments and reviews.

### 5.2 Chief Executive

The Chief Executive is responsible for ensuring compliance and implementation of statutory fire requirements, and Department of Health, Health Technical Memorandum guidance, in all Trust owned premises. This responsibility has been delegated to the Executive Director of Finance.

### 5.3 **Executive Director of Communication and Corporate Governance**

The Executive Director of Communication and Corporate Governance is responsible for championing fire safety issues at board level.

### 5.4 **Associate Director of Estates**

Has fire safety within their portfolio of responsibilities and reports to the Executive Director of Communications and Governance.

### 5.5 **Head of Safety and Security**

The Head of Safety and Security is responsible for the day to day management of fire safety across the Trust and incorporates the key role of **Fire Safety Manager**. The Fire Safety Manager reports to the Director of Estates.

### 5.7 **Chief Operating Officers**

Chief operating Officers are responsible for the effective implementation of this policy within their area of responsibility including overall management of any potential fire risks.

### 5.8 **Chief Operating Officers will:**

- (a) nominate a Fire Link Person with responsibility for co-ordinating all the fire safety arrangements within their Division;
- (b) ensure that time is available for the Fire Link Person to fulfil their functions and the means at their disposal are adequate having regard to the size of the premises and the risks to which persons are exposed;
- (c) ensure that a suitable management system is in place with their area of responsibility to manage any potential fire risks and implement identified control measures.

### 5.9 **Fire Safety Manager**

The role of Fire Safety Manager is primarily a managerial role suitable for a senior operating manager. The role does not necessitate the duty holder to possess fire safety competencies provided that they have sufficient access to competent fire safety advice provided either from an internal Fire Safety Advisor or an external source.

The Fire Safety Manager acts as a focus for all fire safety matters in the organisation, and therefore the role should be carried out by one person. While the Fire Safety Manager may have a different line manager (the Director of Estates), accountability for fire safety matters should always be through the Board level Director – the Executive Director of Finance.

The role of Fire Safety Manager is combined with other operational roles such as health and safety and Local Security Management Specialist. However, when nominating the Fire Safety Manager, it was necessary to ensure that there are clearly defined areas of responsibility and an integrated approach to avoid conflict with any overlapping responsibilities.

- 5.10 The Fire Safety Manager is tasked with developing and managing the fire safety management system, and will be responsible for:
- (a) the day-to-day implementation of the fire safety policy;
  - (b) reporting of non-compliance with legislation, policies and procedures to the Director of Estates;
  - (c) obtaining expert advice on fire legislation;
  - (d) obtaining expert technical advice on the application and interpretation of fire safety guidance, including Department of Health, Health Technical Memorandum;
  - (e) raising awareness of all fire safety features and their purpose throughout the Trust;
  - (f) the development, implementation, monitoring and review of the organisation's fire safety management system;
  - (g) the development, implementation and review of the organisation's fire safety policy and protocols;
  - (h) ensuring that fire risk assessments are undertaken, recorded and suitable action plans devised;
  - (i) ensuring that risks identified in the fire risk assessments are included in the Trust's and Divisional risk register's as appropriate;
  - (j) the operational management of fire safety risks identified by the risk assessments;
  - (k) the development, implementation and review of the organisation's fire emergency action plan;
  - (l) ensuring that requirements related to fire procedures for less-able staff, patients and visitors are in place;
  - (m) the development, delivery and audit of an effective fire safety training programme;
  - (n) the reporting of fire incidents in accordance with Trust policy and external requirements;
  - (o) monitoring, reporting and initiating measures to reduce false alarms and unwanted fire signals;
  - (p) liaison with external enforcing authorities;
  - (q) liaison with Trust managers;
  - (r) liaison with the outside Authorising Fire Engineer;

- (s) monitoring the inspection and maintenance of fire safety systems to ensure it is carried out;
- (t) ensuring that suitable fire safety audits are undertaken, recorded and the outcomes suitably reported;
- (u) providing a link to the relevant Trust committees;
- (v) ensuring an appropriate level of management is always available by the establishment of Fire Link Persons for Trust sites or premises.

#### 5.11 **Trust Safety Team**

The Trust Safety Team consists of the:

- (a) Senior Safety Advisor;
- (b) Safety Advisor(s).

#### 5.12 **The Fire Safety Role of the Trust Safety Team is:**

- (a) to be the first point of contact for any external body with regards to fire safety;
- (b) to ensure the Trust is provided with the appropriate guidance to meet the requirements of the Regulatory Reform (Fire Safety) Order 2005;
- (c) to ensure the Trust's Fire Safety Policy (SA08) is up to date, meets the requirements of the Fire Safety Order and is effectively implemented across the Trust;
- (d) to contribute fire safety knowledge to the Health & Safety and other Trust committees;
- (e) to oversee the planning, administration and all arrangements relating to the work of the Safety Operational Sub-Group;
- (f) to co-ordinate the undertaking of all fire risk assessments in premises owned or occupied by the Trust and to provide written reports on the findings of the assessment to the Service Fire Link Person and appropriate managers;
- (g) to co-ordinate and, where appropriate, undertake regular inspections of Trust premises, or at any time deemed necessary by changed circumstances, and to provide reports as necessary;
- (h) to ensure that all fire safety requirements are in place for staff and patients with a disability, this may include the completion of Personal Emergency Evacuation Plans (PEEP);
- (i) to undertake investigations into the causes of fires occurring in Trust owned or occupied premises and to liaise with the local Fire & Rescue Service in this regard, and to report accordingly;

- (j) to undertake investigations where necessary into the cause of unwanted fire signals & false alarms and to report accordingly;
- (k) to provide fire statistics and identify trends when required for various Committees and other meetings;
- (l) to prepare, plan and deliver a comprehensive programme of fire safety induction and mandatory training for Trust employees;
- (m) to develop additional training for staff in in-patient areas in methods of evacuation including out of hours training to evening and night staff;
- (n) to develop and deliver specific fire safety training to staff (e.g. fire warden, use of fire fighting equipment etc.);
- (o) to work in partnership with Estates and Facilities Departments, Building Control, the Fire & Rescue Service and where appropriate designated architects and approved contractors on plans for new builds or refurbishment of existing buildings in relation to legislative fire safety requirements and other fire safety related initiatives;
- (p) to plan inspections (in connection with above) to ensure compliance with legislative requirements and to provide solutions to problem areas;
- (q) to liaise with Service and their designated Fire Link Person regarding fire safety issues and when arranging all programmed fire safety related visits;
- (r) to liaise with the maintenance contractor regarding the maintenance of relevant fire safety systems;
- (s) to lead in the preparation of a Fire Safety Annual Report into the management of fire safety within the Trust;
- (t) to develop and deliver the Trust's Fire Safety Five Year Forward Plan and to provide an annual update on progress to the Trust Board or upon request.

### 5.13 **Fire Link Person**

The nominated Fire Link Person will liaise with the Trust Safety Team on all matters appertaining to fire safety within their Division.

### 5.14 **Specifically They Will:**

- (a) attend Safety Operational Sub-Group meetings as the Divisional representative;
- (b) programme fire safety risk assessments for all locations in their Divisions in conjunction with the Trust Safety Team;
- (c) ensure that action plans are developed to reduce the risks associated with the significant findings of fire risk assessments. Any financial costs associated with the

fire risk assessment significant findings that require capital funding must be brought to the Safety Operational Sub-Group and Estates;

- (d) programme fire evacuation drills for all locations in their Divisions in conjunction with the Trust Safety Team and in accordance with this policy;
- (e) co-ordinate and oversee fire safety training for their Divisional staff as programmed by the Trust Safety Team and in accordance with this policy;
- (f) ensure that the Trust Safety Team is notified of any proposed changes to the fabric of any buildings within their Division;
- (g) ensure Fire Marshals, Fire Wardens and staff trained in the Safe Use of Fire Fighting Equipment have been identified for each building and that their training is updated in accordance with this policy;
- (h) ensure that fire alarms are tested weekly in all buildings in their Division either by the Trust's maintenance contractors as part of the fire alarm testing contract or by their own staff;
- (i) ensure that all their premises in their Division have a Fire Safety Manual in place and that the information it contains is current.

5.15 **The Role of Fire Link Person** does not necessitate the nominated holder to possess fire safety qualifications provided that they have sufficient access to competent fire safety advice and training provided either from an internal Trust Safety Advisor or an external source.

#### 5.16 **Managers (Local Responsible Person)**

All Managers of Buildings, Departments/Wards, Clinical areas and Health Centres are responsible for:

- (a) ensuring that any contact or written communication received from the Fire & Rescue Service is communicated to the Trust Safety Team at the earliest opportunity. This would include requests such as:
  - (i) risk/site familiarisation visits,
  - (ii) post fire inspection visits,
  - (iii) request to carry out fire safety audits;
- (b) developing and implementing local fire safety arrangements within their designated ward/department/clinical area (e.g. outlining the action to be taken in the event of a fire emergency; arranging for staff to carry out weekly fire safety checks) in conjunction with and approval from the Trust Safety Team;
- (c) liaising with other Managers in shared premises to ensure appropriate fire safety arrangements are developed and implemented;

- (d) identifying staff to undertake training to act as Fire Wardens, Fire Marshals and in the Safe Use of fire Fighting Equipment in conjunction with the Divisional Fire Link Person;
- (e) where appropriate, making arrangements to ensure a competent person is nominated to test the fire alarm on a weekly basis;
- (f) ensuring that all staff are aware of and understand the fire safety arrangements within their workplace;
- (g) undertaking or nominating a person to facilitate local induction training for all new staff so that they fully understand the fire safety arrangements within their workplace;
- (h) ensuring all staff attend appropriate fire safety training sessions, including fire evacuation drills;
- (i) ensuring the premises Fire Safety Manual is kept up to date;
- (j) ensuring that all fire safety related adverse incidents are promptly reported in accordance with Trust policy;
- (k) responding positively to any reasonable request from a member of the Trust Safety Team.

#### 5.17 **Fire Marshals**

The function of the Fire Marshal is to take control of the situation during a fire emergency, particularly one involving an evacuation. A Fire Marshal will be nominated for each premise including those premises occupied by a number of different Departments or Organisations.

To undertake this correctly they must be completely familiar with the emergency procedures and the roles of all people – (such as maintenance engineers shutting off services or similar) that have roles or responsibilities in an emergency.

Fire Marshals need to ensure that they are aware of the Trust Fire Safety Policy (SA08) and their particular role in it and attend Fire Marshal refresher training every three years. In particular they must be fully aware of the functions of the fire wardens.

#### 5.18 **In General the Functions of the Fire Marshal Include:**

- (a) ensuring the summoning of the emergency services during an emergency;
- (b) ensuring that emergency vehicles are met and suitably directed on arrival;
- (c) the means of accounting for everyone being out of the building – or not i.e. the roll call;
- (d) taking control of the movement – or restriction of movement – of people and vehicles to ensure their safety and to avoid impeding the emergency services;

- (e) the procedures detailed to reduce the spread or effect of the cause of the emergency (such as fire);
- (f) providing the emergency services with the appropriate site information;
- (g) ensuring the coordination of the business continuity plan;
- (h) suitable liaison with the emergency services.

#### 5.19 **Fire Wardens**

Fire Wardens are members of staff who are nominated to undertake specific fire safety related duties within their respective workplace in line with the requirements of this Policy document. Fire Wardens need to ensure that they are aware of the Trust Fire Safety Policy (SA08) and their particular role in it and attend Fire Warden refresher training every three years.

#### 5.20 **Requirements to be Nominated as a Fire Warden:**

- (a) for all in-patient areas – all nursing staff should be considered as Fire Wardens;
- (b) for all other areas – there should be a minimum of one Fire Warden per fire zone (subject to the size of the premises) at all times. The Trust Safety Team will give advice as to the recommended numbers if required.

#### 5.21 **The Functions of a Fire Warden include:**

- (a) undertaking regular checks of their area to ensure that fire safety is not compromised – blocked exits, broken or wedged doors, missing equipment etc, as detailed in the premise Fire Safety Manual (section 6);
- (b) checking that fire safety equipment in their area has been tested as required and is present and not obscured or otherwise compromised;
- (c) ensuring that people in their area are aware of the fire and evacuation procedures, in particular the means of raising the alarm;
- (d) undertaking inductions of people new in the workplace in respect of fire safety;
- (e) that contractors working are not compromising fire safety;
- (f) feeding back to managers any problems or defects in the fire safety precautions or procedures in their area, so they can be rectified;
- (g) if requested, carry out fire alarm tests every week in their workplace and document the test in the premise Fire Safety Manual;
- (h) assist the manager of ward/department/clinical area in arranging and carrying out fire drills;
- (i) liaising with the Trust Safety Team on fire safety matters;



- (j) checking the adequacy of means of evacuation if a person with a disability (patient/service user or staff member) is in their place of work.

#### 5.22 **And in an Emergency:**

- (a) ensuring that the area is clear in the event of an evacuation – by ‘sweeping’ through it, paying particular attention to toilets and/or restrooms;
- (b) reporting to the Fire Marshal that the area is clear.

#### 5.23 **Fire Fighting**

Only members of staff within a building, ward or department, who have undertaken the Trust’s ‘Safe use of Portable Fire Fighting Equipment’ training course within the last three years, are deemed competent in the use of fire fighting equipment. In the event of an emergency, if it is safe to do so, only trained staff are to use the fire extinguishers provided.

Their role is to assist the Fire Marshal in relation to the extinguishment of fire. Refresher training should be undertaken every three years.

#### 5.24 **Estates/Facilities Departments**

The Estates/Facilities Departments are responsible for ensuring:

- (a) a system of planned preventative maintenance of fire alarm systems, emergency/escape lighting systems, fire-fighting equipment and any other installed fire safety system (e.g. fire dampers, smoke control system, fire ventilation system, sprinklers, fixed fire suppression systems, fire doors and the integrity of fire compartments etc.) is implemented across the Trust and that appropriate records are retained for audit purposes;
- (b) work carried out on fire safety related equipment should only be undertaken by competent third party approved designers, installers, commissioning and service engineers with third party accreditation scheme membership e.g. LPS 1014 or BAFE SP203;
- (c) that prior to new and remedial works affecting the fire safety arrangements of a building, advice is sought from the Trust Safety Team;
- (d) that contractors appointed to work in Trust premises:
  - (i) have access to a copy of this policy,
  - (ii) have carried out a fire risk assessment for their work activity, with particular reference to how their work may affect the safety of staff, patients or visitors and have a copy on site for inspection if required,
  - (iii) are made aware of local fire safety arrangements/procedures,
  - (iv) work in accordance with their fire risk assessment;

- (e) fire risks have been adequately considered prior to any new build, structural change or alterations to buildings in conjunction with the Trust Safety Team;
- (f) a capital funding programme based upon the Trust-wide fire risk assessment significant findings and/or other Trust authorised inspection/survey by a competent and qualified Company or its representative (external to the Trust) is identified and action taken in conjunction with the Capital Investment Group.

#### 5.25 **Employees**

Every employee, while at work, must take reasonable care for themselves and other relevant persons who may be affected by their acts or omissions at work. In addition, all employees must inform their employer or nominated representative of any work situation or matter that represents a serious or imminent danger or any shortcomings in fire safety arrangements.

#### 5.26 **All Trust Employees Shall:**

- (a) be alert to potential fire hazards and report such hazards accordingly to their line manager without delay;
- (b) ensure they are aware of and understand the fire safety arrangements within their workplace and of the action to take in the event of fire and on hearing the fire alarm;
- (c) take an active part in fire evacuation drills;
- (d) attend appropriate fire safety training sessions and refresher training as required.

#### 5.27 **Trust Fire Safety Operational Review Group**

The Trust Fire Safety Operational Sub-Group was formed in June 2018 and is a Sub Group of the Trust Health & Safety Committee. The Group operates within the parameters of its Terms of Reference and its membership incorporates representation from the Trust Safety Team, staff side and each Division with input from the Estates and Facilities departments.

## 6. **PROCESS**

### 6.1 **Fire Safety – General Principles**

6.2 Fire safety in the healthcare environment is particularly challenging since many healthcare building occupants will require some degree of assistance from healthcare staff to ensure their safety in the event of a fire. Effective fire safety depends on a combination of physical fire precautions and a robust system of effective management.

6.3 The fire precautions which the Trust must provide and maintain are those which are needed to reasonably protect relevant persons from risks to them in case of fire.

These will be determined by the findings of the fire risk assessment where any preventive and protective measures are applied using the principles of prevention (*Regulatory Reform (Fire Safety) Order 2005 Schedule 1 Part 3*)

- 6.4 The current legislation in the form of the Fire Safety Order requires a managed risk approach to fire safety. The process of fire risk assessment, mitigation and review requires a robust system of management capable of identifying hazards, qualifying their impact, devising appropriate mitigation and continual monitoring.

The presence of a robust system of fire safety management is a key influence in fire risk assessment and in many healthcare environments it is the determining factor in evaluating the level of fire risk.

- 6.5 In a healthcare environment, particularly mental health or with very high dependency patients, it is unlikely that physical fire precautions on their own can reduce fire risks to an acceptable level. Adequate risk mitigation can only be achieved with the provision of a sufficient number of suitably trained staff, an environment in which the fire precautions are well maintained, and effective emergency action plans that have been sufficiently rehearsed. It is the non-physical elements of these fire precautions that are provided as a function of fire safety management.

- 6.6 The effective management of fire safety in any organisation requires the board, partners or equivalent controlling body to clearly set out the fire safety priorities and objectives for the organisation. In order to protect all persons from the hazards of fire, the Trust will make the following arrangements:

- (a) implement a system of fire risk assessments for all premises and activities;
- (b) prepare and implement Action Plans to action the significant findings of fire risk assessments;
- (c) provide appropriate guidance/advice to all staff on how to prevent fires;
- (d) provide appropriate training to employees in fire safety;
- (e) provide and implement a robust monitoring and reporting system of fire incidents, false alarms, unwanted fire signals and other fire safety issues;
- (f) implement periodic audits to assess the organisations fire safety objectives;
- (g) programme a series of fire evacuation drills for all premises;
- (h) provide and maintain fire alarm/emergency lighting systems;
- (i) provide and maintain fire-fighting equipment;
- (j) provide and maintain appropriate fire signage;

- (k) provide and maintain fire safety systems (e.g. smoke extraction, fire ventilation, fire dampers, fixed fire fighting installations, sprinklers etc.) including fire doors and fire compartmentation;
  - (l) develop a system of monitoring to ensure the effectiveness of fire safety arrangements.
- 6.7 While physical fire precautions within a building are intended to provide protection to building occupants, effective fire safety management ensures that the incidence of fire is minimised, the physical fire precautions are maintained in an operational state, the organisation is able to respond effectively should a fire occur, and that the impact of a fire incident is minimised.
- 6.8 **Fire Risk Assessments**
- 6.9 The Trust recognises that good management of fire safety in all of its premises is an essential element in ensuring that fire is unlikely to occur. However should a fire occur, good fire safety management will ensure that it is more likely to be controlled or contained quickly and effectively, thereby allowing everyone in the premises to escape to a place of safety, quickly and easily.
- 6.10 A fire risk assessment is a method of identifying fire hazards and assessing the likelihood and potential severity of fires, so that appropriate fire safety arrangements can be implemented to eliminate or reduce the risk of fires starting and maintain the safety of persons from the effects of fire.
- 6.11 Any preventive and protective measures are applied on the basis of the principles of prevention (*Regulatory Reform (Fire Safety) Order 2005 Schedule 1 Part 3*):
- (a) avoiding risks;
  - (b) evaluating the risks which cannot be avoided;
  - (c) combating the risks at source;
  - (d) adapting to technical progress;
  - (e) replacing the dangerous by the non-dangerous or less dangerous;
  - (f) developing a coherent overall prevention policy which covers technology, organisation of work and the influence of factors relating to the working environment;
  - (g) giving collective protective measures priority over individual protective measure;
  - (h) giving appropriate instructions to employees.

- 6.12 The fire risk assessment is designed to ensure that:
- (a) the fire safety equipment and facilities in the premises are suitable and sufficient for the risk, and are working correctly;
  - (b) the activities carried on in the premises do not present an unacceptable risk of fire and any potential that exists for a fire to start is identified;
  - (c) the fire safety procedures are appropriate for the premises;
  - (d) fire prevention measures are in place and suitable;
  - (e) any areas of fire safety that are deemed to be deficient are identified and addressed;
  - (f) arrangements for the effective planning, organisation, control, monitoring and review of preventative and protective measures;
  - (g) risks from dangerous substances is eliminated or reduced;
  - (h) the premises are equipped with the appropriate fire-fighting equipment and with fire detectors and alarms;
  - (i) in the event of danger, it must be possible to evacuate the premises as quickly and safety as possible; emergency routes and exits must lead as directly as possible to a place of safety;
  - (j) safety equipment and devices are subject to suitable system of maintenance and are maintained in an efficient working order and in good repair;
  - (k) competent persons are appointed to assist in undertaking the preventative and protective measures;
  - (l) that risks identified and preventative measures are communicated to employees;
  - (m) that employees are provided with adequate and appropriate fire safety training.
- 6.13 The Trust Safety Team will ensure that fire risk assessments are undertaken for all premises owned or occupied by the Trust. All fire risk assessments will be completed by members of the Trust Safety Team, (*Appendix 1 – Fire Risk Assessment*) or a competent third party fire assessor. They are planned in accordance with the timescales set out in the policy and organised in conjunction with the Division Fire Link Person and the plan is monitored by the Safety Operational Sub-Group and Health and Safety Committee.
- 6.14 The fire risk assessment is based on the legislative requirements of the Regulatory Reform (Fire Safety) Order 2005 and the relevant guidance and codes of practice. The aim of undertaking the fire risk assessment is to identify and record the significant findings and, by deciding what physical fire precautions and management arrangements are necessary, reduce the risk of hazards causing harm to as low as reasonably practicable thereby ensuring the safety of people in the premises if a fire does start.

- 6.15 The fire risk assessment is non-invasive and is based on a combination of observation made within the property, information provided during the course of the assessment and records available on site and provided by other relevant parties and departments.
- 6.16 In order to determine if the risk arising from a specific hazard, significant findings are classified as low, moderate, high or extreme in accordance with the Trust Risk Matrix (*Trust Policy SA02, Effective Management of Risk*). The risk assessor will carry out a simple mathematical calculation, which quantifies the likelihood that the harm from a hazard is realised and the severity of that harm. This determines the urgency of any action required.
- 6.17 On completion of the fire risk assessment, a copy will be forwarded to Divisional Senior Management Teams (via their nominated Fire Link Persons), Ward/Department/Clinical area Managers, Facilities Managers (where appropriate) and any other relevant person. At this stage the identified significant findings and associated risks are transferred to the Service.
- 6.18 The Division is to ensure that an appropriate action plan is developed (nominated Fire Link Persons) to reduce the risks including the completion of business case(s) for capital works when required. The risks should be added to the Division risk registers and if required to the Trust risk register (*Trust Risk Management Policy & Strategy (SA02) Section 11*). Action plans will be monitored by the Division Fire Link Person and reviewed by the Trust Safety Team as part of the fire risk assessment process. The completed fire risk assessment and action plan will be held centrally by the Trust Safety Team and a copy should also be held within each Premise Fire Safety Manual.
- 6.19 A programme to regularly review fire risk assessments is developed by the Trust Safety Team in conjunction with the Division Fire Link Person. Fire risk assessments will be reviewed periodically as follows:
- (a) in in-patient areas every 12 months;
  - (b) in all other areas every 3 years;
  - (c) however, fire risk assessments should also be reviewed when any of the following occur;
  - (d) fires;
  - (e) structural changes;
  - (f) changes of use;
  - (g) new plant, equipment or procedure are introduced which introduce fire hazards;
  - (h) significant findings following the investigation of fire related incidents;
  - (i) new or existing members of staff or service users are identified as being disabled.
- 6.20 **Important** – Managers must contact the Trust Safety Team prior to any work commencing that is likely to alter a building however minor, or indeed, if any of the above

criteria is found. This is to ensure that any new proposals do not affect the fire safety arrangement within the building or put any individual at risk.

#### 6.21 **Personal Emergency Evacuation Plan (PEEP)**

A Personal Emergency Evacuation Plan (PEEP) (*Appendix 2 – PEEP*) must be completed for those staff or service users/patients, who for whatever reason, could be foreseen to encounter difficulties or require assistance during any fire evacuation.

Reasons may include (but not exhaustive):

- (a) mobility impairment
- (b) visual impairment; or
- (c) hearing impairment; or
- (d) any other disability including bariatric or medical (drugs or sedation).

6.22 PEEPs should be developed between the individual concerned and their line manager/clinician. The Trust Safety Team will, once alerted by managers, work with them and employees to prepare the PEEP, if necessary. The outcome should be agreed and documented by both parties. The completed PEEP must be reviewed locally at regular intervals due to any rapid changes that may occur to the individual.

6.23 To facilitate the evacuation of all relevant persons to a place of safety outside the premises without the aid of external services it may be necessary to purchase/use evacuation equipment or make reasonable alterations to the building.

## 7. **CONSULTATION**

7.1 This Policy has been developed by the Trust Senior Fire Officer and Head of Health, Safety & Security. As part of its development the trust has involved each division.

## 8. **TRAINING AND SUPPORT**

8.1 Face to face Fire Safety training is given to all Trust new starters as part of the Corporate induction package. This is followed up with a local induction at the workplace. Thereafter a mandatory e-learning package must be completed every 3 years.

8.2 Fire Safety training takes place monthly and details of all training can be found in the Trust's Learning and Development training prospectus. The training package, refreshed every three years, is facilitated by the Trust Safety Team and consists of:

- duties of a Fire Warden;
- duties of a Fire Marshal;

- safe use of Fire Fighting Equipment.

Divisions are required to have a minimum of 10% staff that are fire safety trained.

## 9. MONITORING

- 9.1 The Trust is legally obliged to ensure the safety of all persons from the risk of injury and ill-health arising from its undertaking. The Safety Partnership Agreement (SPA) provides the process through which the trust can be assured that there is an effective system of internal control to monitor and continually improve safety performance. The SPA for every trust premise is audited annually by the Trust Safety Team as part of the Quality Review Visits (QRV) thereby reducing the chances of injuries and ill-health occurring.
- 9.2 In addition to the annual audit the SPA is updated and presented to the Safety Operational Sub-Group by the Divisions and monitored at the Health and Safety Committee every two months.
- 9.3 An audit under the Fire Safety Order is conducted at each premise every 3-5 years by Mersey Fire & Rescue Service. As part of the audit the inspector will monitor the fire safety standards in all or part of the building and will talk to members of staff to confirm their level of fire safety awareness.

During the audit the inspector will view the following information and documents applicable to the premises:

- (a) Fire Risk Assessment;
- (b) Fire Evacuation Procedure;
- (c) Fire Safety Manual;
- (d) records of Staff Training and Fire Drills;
- (e) records of Testing and Maintenance of fire-fighting equipment, fire alarms and emergency lighting;
- (f) details of the total number of automatic detector heads fitted within the premises/building.

Due to the level of continual external audit any additional internal fire safety audit will take place at the request of the Executive Director of Communications and Corporate Governance. Outcomes will be reported back to the Health and Safety team and escalated accordingly.



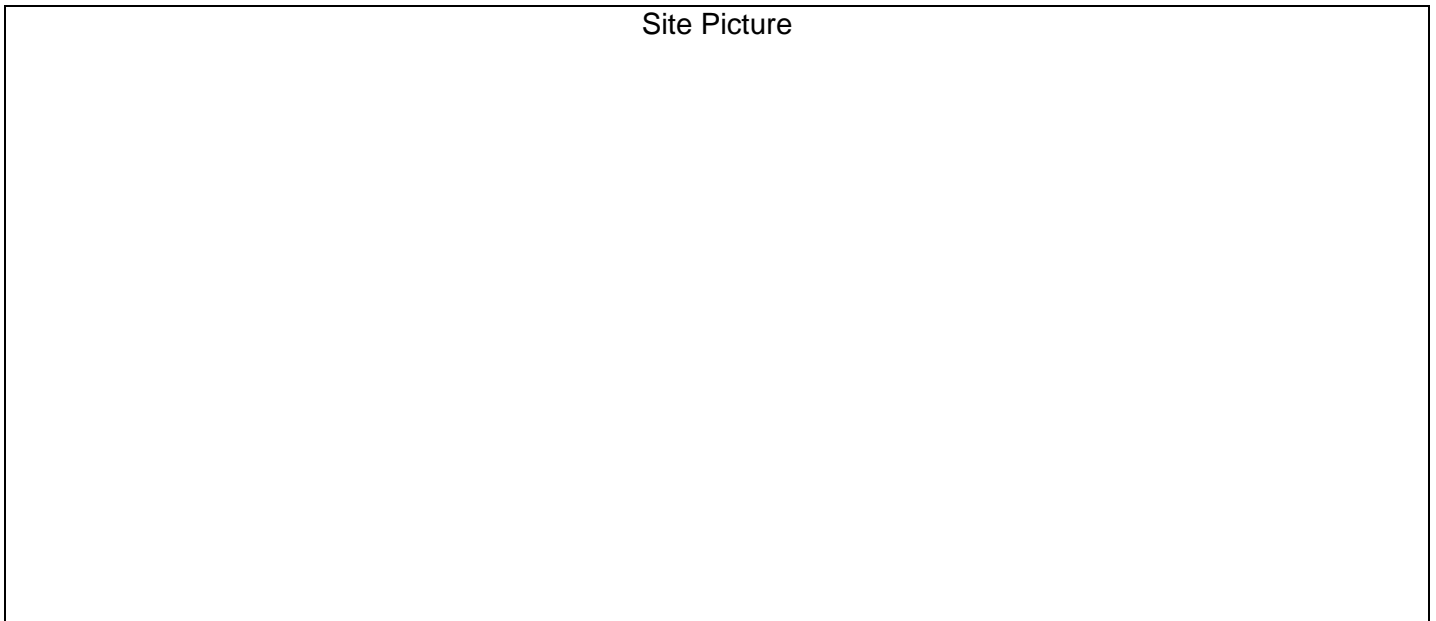
**APPENDICIES**

**1 FIRE RISK ASSESSMENT PROFORMA**

# Fire Risk Assessment

Site : -

Site Picture



Address (Inc. Postcode)	
Assessment Date	
Assessor  <i>Signature</i>	

# Contents

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## **Fire Risk Assessments**

Assessments should be kept under constant review, and in any case re-assessed whenever circumstances change which affect the validity of the current assessment.

Whilst there is no maximum period between assessments, it is recommended that the review period should be as Trust Fire Safety Policy dictates.

## **Introduction**

**Mersey Care NHS Trust recognises that good management of fire safety in all of its premises is an essential element in ensuring that fire is unlikely to occur. However should a fire occur, good fire safety management will ensure that it is more likely to be controlled or contained quickly and effectively, thereby allowing everyone in the premises to escape to a place of safety, quickly and easily.**

**This risk assessment is designed to ensure that: -**

- **the fire safety equipment and facilities in the premises are suitable and sufficient for the risk, and are working properly,**
- **the activities carried on in the premises do not present an unacceptable risk of fire, the potential that exists for a fire to start is identified**
- **the fire safety procedures are appropriate for the premises**
- **fire prevention measures are in place, and suitable**
- **any areas of fire safety that are deemed to be deficient are identified and addressed**
- **Arrangements for the effective planning, organisation, control, monitoring and review of preventative and protective measures**
- **Risks from dangerous substances is eliminated or reduced**
- **the premises are equipped with the appropriate fire-fighting equipment and with fire detectors and alarms**
- **in the event of danger, it must be possible to evacuate the premises as quickly and safety as possible; emergency routes and exits must lead as directly as possible to a place of safety**
- **safety equipment and devices are subject to suitable system of maintenance and are maintained in an efficient working order and in good repair**
- **competent persons are appointed to assist in undertaking the preventative and protective measures**
- **that risks identified and preventative measures are communicated to employees**
- **that employees are provided with adequate safety training**

## **Methodology**

**The risk assessment was conducted at this site based on the legislative requirements of the Regulatory Reform (Fire Safety) Order 2005 and the relevant guidance and codes of practice**

**The aim of this risk assessment is to identify the significant findings and, by deciding what physical fire precautions and management arrangements are necessary, to reduce the risk of hazards causing harm to as low as reasonably practicable thereby ensuring the safety of people in the premises if a fire does start.**

**This non-invasive fire risk assessment is based on a combination of observation made within the property, information provided during the course of the assessment and records available on site and provided by other relevant parties and departments.**

**The additional control measures, (Actions Required), detailed in this assessment are considered by the Assessor to be necessary in order to achieve the stated aim of the Fire Risk Assessment thereby complying with the requirements of the Order.**

**Persons at risk in regards to occupation/use of the premises in question would generally consist of: - Staff, Service users/service users, Visitors or Contractors**

**In order to determine if the risk arising from a specific hazard is to be classified as low, moderate, high or extreme in accordance with the Trust Risk Matrix (see Trust Policy SA02, Effective Management of Risk) the risk assessor will carry out a simple mathematical calculation. This calculation quantifies the likelihood that the harm from a hazard is realised and the severity of that harm, thereby determining the urgency of any action required.**

## **Review**

**A review of this risk assessment should be undertaken at regular intervals or whenever there are any material changes including, but not limited to the following;**

- alterations to the building, including the internal layout;**
- the failure of any of the fire precautions, e.g. fire-detection and alarm systems**
- a significant increase in the number of people present**
- the introduction or increase in the storage of hazardous substances**
- Changes relating to use of the property by persons with disabilities.**

**No assessment was carried out on areas in the premises which are under the control of others. Tenants should be made aware of the legal requirement to produce their own Fire Risk Assessment and provide you as a responsible person with a copy, which together with this assessment will form the overall assessment for the building.**

**You are reminded to provide other responsible persons with a copy of this assessment. All responsible persons should liaise and co-operate and co-ordinate where necessary, all fire safety measures.**

## General Information

*Fire link persons are reminded that upon receipt of this fire risk assessment the identified significant findings and associated risks are at that point transferred to the relevant Division.*

*You should therefore ensure that an appropriate action plan is developed to reduce the risks including the completion of business case(s) for capital works when required. The risks should be added to the risk registers and if required to the trust risk register. The significant findings are generalised do not constitute any job specification for remedial action.*

Division		
Service		
Fire Link Person		
Contact name		<b>Area:</b>
Position	<b>Ward Manager</b>	
Telephone		
Description/use of building		
Fire alarm/detection system		
Emergency lighting system		
Fire fighting equipment		
Fire evacuation strategy		

--	--

## 1. Identify fire hazards

Identify:

- Sources of ignition
- Sources of fuel; and
- Sources of oxygen

<b>1.1 List all potential ignition sources that are identified during the assessment process and where appropriate detail their location.</b>	Potential ignition sources:	Significant Finding
<b>1.2 There will be many sources of fuel in the building including the normal fixtures and fittings. List here any extraordinary high fuel loadings or highly flammable materials present with their location.</b>		
<b>1.3 Fire requires a supply of oxygen to allow it to burn and it normally acquires this oxygen from the surrounding atmosphere. List any other oxygen supplies present and its location</b>		

## 2. Identify people at risk

Identify:

2.1 Who is at risk?		Significant Finding
<b>2.1.1 Everyone in and around the premises is at risk if there is a fire. Consider if the risk is greater for some because of when or where they work, such as night staff, or because they are not familiar with the premises, such as visitors or temporary staff?</b>		

<p><b>2.1.2. Is there any placement and/or work of young persons (under 18 years of age)?</b></p>		
<p><b>2.1.3 Service users, the elderly and disabled people may be particularly vulnerable. With regards to their ability to escape from fire, service users and service users will be categorised as independent, dependent or highly dependent and this should be recorded.</b></p>		



### 3. Evaluate, remove or reduce, and protect from risk

Identify:

- Evaluate the risk of a fire starting.
- Evaluate the risk to people from fire.
- Remove or reduce fire hazards.
- Remove or reduce the risks to people from a fire.
- Protect people by providing fire precautions.

<b>3.1. What is the risk of a fire starting?</b>		
<b>3.1.1. Is the fire loading in the premises acceptable?</b>		Significant Finding
<b>3.1.2. Are the storage arrangements for flammables &amp; highly combustible materials adequate?</b>		
<b>3.1.3. Are ignition sources controlled and kept to a minimum?</b>		
<b>3.1.4. Where appropriate, have steps been taken to reduce the supply of oxygen to a fire which may start?</b>		
<b>3.1.5. Is arson a significant risk &amp; can the risk be reduced? (Internally and externally)</b>		
<b>3.1.6. Is there a history of service users starting fires deliberately and are control measures adequate?</b>		

<b>3.2 Do staff know what to do in the event of a fire?</b>		
<b>3.2.1. Are staff given appropriate &amp; regular fire safety training and instruction?</b>		Significant Finding
<b>3.2.2. Are the staff aware of the emergency fire action plan?</b>		
<b>3.2.3. Is the assembly point suitable?</b>		

<p><b>3.2.4. What was the date of the last fire drill?</b></p> <p><i>Trust Fire Policy SA08 (section 20) states that: Fire evacuation drills will be carried out in buildings which house in-service users facilities at least once per year. All other areas – One drill per year</i></p>		
<p><b>3.2.5. Have any recommendations arising from the last fire drill been actioned?</b></p>		
<p><b>3.2.6. Does the premises have fire wardens/ fire marshals &amp; fire response trained staff?</b></p>		

3.3 Escape routes		
<p><b>3.3.1. Are there sufficient numbers of exits and safe routes to them for the numbers of people in the building?</b></p>		<p>Significant Finding</p>
<p><b>3.3.2. Where necessary, are escape routes suitably protected from the potential uncontrolled spread of fire and its products?</b></p>		
<p><b>3.3.3. Are the exit routes suitable for people with disabilities, i.e.</b></p> <ul style="list-style-type: none"> <li>• service users or staff members with mobility impairment,</li> <li>• visual impairment, or</li> <li>• hearing impairment</li> <li>• or any other disability including Bariatric or medical (drugs or tranquilisation)</li> </ul> <p><b>3.3.3a Has a Personal Emergency Evacuation Plan been prepared (PEEP)</b></p> <p><b>3.3.3b Has provision been made for</b></p>		

<b>use of evacuation aids</b>		
<b>3.3.4. Are travel distances within the recommended maximums?</b>		
<b>3.3.5. Do all exit routes lead to a place of ultimate safety?</b>		
<b>3.3.6. Are escape routes and final exits kept clear and available for use at all times?</b>		
<b>3.3.7. Are the fastenings on exit doors suitable for the type of occupancy and can they be opened easily and immediately without the use of a key in an emergency?</b>		
<b>3.3.8. Can all persons be evacuated to a place of safety in a reasonable time?</b>		
<b>3.3.9. Where necessary are 'refuge' areas provided and are they suitable?</b>		

<b>3.4 Means for detecting a fire &amp; raising the alarm</b>		
<b>3.4.1. What standard of automatic detection system is installed?</b>		Significant Finding
<b>3.4.2. Is the system linked to a Monitoring Centre?</b>		
<b>3.4.3. Is the means of detecting a fire of the right type and in appropriate locations?</b>		
<b>3.4.4. What other fire safety facilities are controlled by the alarm system?</b>		
<b>3.4.5. Can the means of warning be clearly heard and understood by everyone?</b>		
<b>3.4.6. Type of manual call points?</b>		
<b>3.4.7. What is the testing and maintenance procedure?</b>		
<b>3.4.8. Are records of the testing and maintenance procedure available?</b>		
<b>3.4.9. Is there a plan of the premises showing the fire zones next to the main panel?</b>		

3.5 Fire Fighting Equipment		
3.5.1. Are there sufficient suitable fire extinguishers provided?		Sign Finding
3.5.2. Are the extinguishers located in appropriate positions and fixed on suitable wall brackets?		
3.5.3. Are the extinguishers visible or indicated by signs?		
3.5.4. Have the extinguishers been examined / tested in the past 12 months?		
3.5.5. Are hose reels provided and are they maintained?		
3.5.6. Are facilities for firefighters serviced and maintained?		

3.6 Escape route lighting		
3.6.1. Are all escape routes covered by a suitable form of lighting and will there always be sufficient lighting to safely use them?		Sign Finding
3.6.2. Do the premises require the provision of emergency lighting and is any provided?		
3.6.3. What standard of lighting is provided?		
3.6.4. What is the testing and maintenance procedure?		
3.6.5. Are records of the testing and maintenance procedure available?		

3.7 Signs and Notices		
3.7.1. Are emergency exit routes and final exits indicated by correct signs?		Sign Finding
3.7.2. Do all fire resisting doors have the appropriate signs fitted?		
3.7.3. Are fire procedure notices in place?		
3.7.4. Where necessary are there notices giving information on how to operate security devices on exit doors?		

3.8. General		
<b>3.8.1. Are the premises provided with a standard Trust Fire Box and does it contain the correct equipment?</b>		Sign Finding
<b>3.8.2. Is the Fire Safety Manual up to date?</b>		
<b>3.8.3. Are weekly fire safety checks being carried out and recorded?</b>		

#### 4. Record, Plan, Inform, Instruct and Train

- Record any major findings and action you have taken
- Discuss and work with other responsible people
- Prepare an emergency plan
- Inform and instruct relevant people
- Provide training

##### Record

It is extremely important that all fire related activities in any trust premises is recorded in the premises log book. These activities include fires and false alarms, equipment testing and maintenance, evacuation drills and visits by the Trust Fire Safety Advisor or the Fire Service.

##### Plan

The evacuation procedure as detailed on the notices throughout the premises is the plan that is in place to ensure that people are safe in the event of a fire occurring. The prevention of fire is an important issue and is the responsibility of all staff.

##### Train

Staff should receive the training necessary to ensure that they know what to do in the event of a fire, particularly those with specific roles such as fire wardens. This includes temporary and bank staff.

## RISK MATRIX

Impact/Consequence

<b>5: Catastrophic</b>	
Risk Impact Area	Impact Measure
<b>Injury/ Harm =</b>	<b>Multiple Fatalities</b>
<b>Service Continuity =</b>	<b>Loss of multiple essential services in critical areas</b>
<b>Quality =</b>	<b>Failure to meet national professional standards</b>
<b>Costs =</b>	<b>&gt;£5M</b>
<b>Litigation =</b>	<b>Imprisonment of Trust Executive</b>
<b>Reputation/ Publicity =</b>	<b>Full public enquiry</b>
<b>4: Major</b>	
Risk Impact Area	Impact Measure
<b>Injury/ Harm =</b>	<b>Fatality; Permanent Disability; Multiple Injuries</b>
<b>Service Continuity =</b>	<b>Extended loss of essential service in more than one critical area</b>
<b>Quality =</b>	<b>Failure to meet national standards</b>
<b>Costs =</b>	<b>£1M - £5M</b>
<b>Litigation =</b>	<b>Criminal prosecution – no defence Executive Officer fined or imprisoned</b>
<b>Reputation/ Publicity =</b>	<b>National media&gt; 3 day of coverage; MP concern, Questions in House</b>
<b>3: Moderate</b>	
Risk Impact Area	Impact Measure
<b>Injury/ Harm =</b>	<b>Medical Treatment required, &gt;3 days absence &gt; 2 days extended hospital stay</b>
<b>Service Continuity =</b>	<b>Loss of services in any critical area</b>
<b>Quality =</b>	<b>Repeated failures to meet internal standards or follow protocols</b>
<b>Costs =</b>	<b>£20K - £1M</b>
<b>Litigation =</b>	<b>Class action, Criminal prosecution, prohibition notice serviced</b>
<b>Reputation/ Publicity =</b>	<b>National media&lt; 3 day of coverage; Department executive action</b>
<b>2: Minor</b>	
Risk Impact Area	Impact Measure
<b>Injury/ Harm =</b>	<b>First Aid Treatment, &lt;3 days absence &lt; 2 days extended hospital stay</b>
<b>Service Continuity =</b>	<b>Service loss in a number of non-critical areas &lt; 2 hours or 1 area &lt;6 hours</b>
<b>Quality =</b>	<b>Single failure to meet internal standards or follow protocols</b>
<b>Costs =</b>	<b>£2K - £20K</b>
<b>Litigation =</b>	<b>Civil action – with or without defence improvement notice</b>
<b>Reputation/ Publicity =</b>	<b>Regulatory concern, Local media&lt; 7 days of coverage</b>
<b>1: Insignificant</b>	
Risk Impact Area	Impact Measure
<b>Injury/ Harm =</b>	<b>Minor cuts/ bruises</b>
<b>Service Continuity =</b>	<b>Minor loss of non-critical service</b>
<b>Quality =</b>	<b>Minor non-compliance of standards</b>
<b>Costs =</b>	<b>&lt;£12K</b>
<b>Litigation =</b>	<b>Minor out-of-court settlement</b>

Reputation/ Publicity =	Within unit, local press < 1 day of coverage
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What is the likelihood for re-occurrence of this event?

Likelihood level	Likelihood measure
5 = Almost certain	Likely to occur on many occasions, a persistent issue – 81% - 100%
4 = Likely	Will probably occur but is not a persistent issue – 51% - 80%
3 = Possible	May occur/ recur occasionally – 21% - 50%
2 = Unlikely	do not expect it to happen but it is possible – 6% - 20%
1 = Rare	Can't believe this will ever happen – 0 – 5%





### Risk Matrix

To calculate the risk:

Consequence x Likelihood = Risk Score

The risk matrix used is the Australian Risk Management Standard matrix (AS/NZS 4360:1999)

Likelihood	Impact (if in doubt grade up, not down)				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

RISK  Low (1-3)  Moderate (4-6)  High (8-12)  Extreme (15-25)

This risk factor then forms the quantitative basis upon which to determine the urgency of any actions.



Risk Ref	Source of Risk	Impact	Likelihood	Score	Significant Findings	Actioned by Name	Date
					Remedial action required		

## 5. Review

- Review your fire-risk assessment regularly
- Make changes when necessary

If there are any significant changes in the risk or to the building the fire risk assessment may require reviewing.

Should you feel this is necessary you should inform the Trust Fire Safety Advisor?

The next scheduled review of the fire risk assessment is;

Date: -

**Remember to review your Fire-Risk Assessment regularly**

## APPENDIX 2

# PERSONAL EMERGENCY EVACUATION PLAN

## 'PEEP'

	<p><b>Name</b></p> <p>.....</p>	
--	---------------------------------	--

Personal Emergency Evacuation Plan			
<b>Compiled by:</b>			
<b>Name</b>		<b>Date</b>	
<b>CBU</b>		<b>Premise</b>	
<b>Ward or Department</b>			
<b>Signature</b>			

## Personal Emergency Evacuation Plan 'PEEPs'

### Background

Under current fire safety legislation\* it is a duty of the person(s) with responsibility for buildings to provide a fire safety risk assessment. Contained within the risk assessment is an emergency evacuation plan which takes into account all people who are likely to be in the building, including people with a disability, and details of how that plan will be implemented.

*\*The Fire Safety Risk Assessment -Supplementary Guide for Means of Escape for Disabled People.*

### Aim

The aim of a Personal Emergency Evacuation Plan (PEEP) is to provide people who cannot get themselves out of a building unaided during an emergency situation, with the necessary information to be able to manage their escape from the building. This will also provide the department or ward concerned with the necessary information so as to ensure that the correct level of assistance is always available to ensure safe evacuation takes place, whether of staff, patients or service users.

### Mersey Care Trust Staff

The PEEP process will be instigated by the Line Manager of an individual who needs or develops the requirement for a PEEP. In the case of new starters the Human Resource department will offer and provide this requirement on commencement of employment.

### Responsibilities

It is the responsibility of the Line Manager or Nurse in Charge to talk to staff, patients or service users who have a disability to identify whether they require any assistance in the event of an emergency. If a member of staff, patient or service user does require assistance the Personal Emergency Evacuation Plan should be completed. Where possible this should be completed in consultation with the person with a disability by the Line Manager or Nurse in Charge.

### Writing the PEEP

From the information gathered in the Personal Emergency Evacuation Plan checklist (section 1-3) a Personal Emergency Evacuation Plan (PEEP) should be formulated. Advice and support for writing the PEEP is available from the Trust Fire Safety Team.

Given the unique characteristics of buildings, disabled persons who regularly use different buildings may have to have a separate PEEP developed for each building.

If assistance with an escape is required, the extent of such assistance should be identified in the PEEP i.e. the number of assistants and the methods to be used. These assistants may need training, in which case please contact the Manual Handling Trainer.

### High Secure Services

Within HSS this document will support the ward fire strategy detailing arrangements for evacuating seclusion patents.

## Check List

**What is the nature of the disability? – Complete the assessment (Sections 1- 3) then transfer information to the Plan**

Mobility impairment	Section 1
Deaf and Hearing impaired	Section 2
Blind or Partially sighted	Section 3
Learning Difficulties	Section 4
Blank PEEP for completion	Section 5
Example completed PEEP	Section 6

### Section 1: - Mobility Impairment

**Q1 Can the Patient or Service User evacuate unassisted in the case of an emergency?**

Tick the appropriate box

**YES**  No Further Action      **NO**  Go to Q2

**Q2 If not – does the Patient or Service user require assistance to evacuate?**

**YES**  Go to Q3      **NO**  No Further Action

**Q3 What is the Nature of that assistance required?**

**Part A Help and assistance to walk**

**YES**  Complete Peep and inform staff extra assistance required      **NO**  Continue questionnaire

**Part B Wheel chair Use**

**B1** Does the Patient or service user need or use a wheelchair?      YES  NO

**B2** Is the wheelchair required for all circumstances?      YES  NO

**B3** Can it be dispensed with for short periods?      YES  NO

**B4** Is the wheelchair a standard size or an electrically powered type with wider dimensions?      YES  NO

**B5** Will it fit through the door (bedroom, room doors, cross-corridor doors etc.)?      YES  NO

**B6** Normal Wheelchair Width       Electric Wheelchair Width

**B7** Are you able to self-transfer to an evacuation chair / stair climber if required?      YES  NO

**B8** Could the medical nature of your disability be aggravated by the use of such a device?      YES  NO

**Action Complete Peep Action Plan and inform staff**

**Part C Is special equipment required to assist evacuation?**

**C1** Is a hoist or special equipment required to lift and transfer the patient from a bed to a wheelchair? YES  NO

**C2** How long does this take?  Time in Minutes

If it takes more than a few minutes consider: -

**C3** Is a 'ski pad' a quicker solution to aid evacuation? YES  NO

A ski pad is kept in a rucksack type bag and removed and deployed in an emergency by rolling the patient over on the bed unfolding the pad along the bed rolling the patient back onto the pad unfolding the rest of the pad, using the lifting handles to lift the patient down from the bed to the floor and dragging the patient along the floor.

**C4** Where will the ski pad bag be kept? And is it readily accessible? Detail: -

**C5** If a ski pad is not suitable either because the patient's mobility or size prevents the ski pad being deployed is a Ski Sheet more suitable? YES  NO

A ski sheet is fitted concealed under the mattress in the event of an emergency the staff reach under the mattress and pull the straps out from both sides and wrapped the sheet over the patient capturing the mattress and bedding and securing with the straps the patient is then lifted or pulled onto the floor protected by the mattress and pillows and then dragged along the floor.

**C6** Do staff require training to deploy the Ski Pad or Ski Sheet? YES  NO

**C7** Do staff require manual handling training? YES  NO

**C8** Can the patient and mattress fit through the doors? YES  NO

**Action Complete Peep Action Plan and inform staff**

**Part D**      **Is bedded evacuation necessary?**      Yes  No

**C9**      If yes, does the bed have wheels and is readily movable?      YES  NO

**C10**      Will the bed fit through the room door?      YES  NO

**C11**      Will the bed fit through the Fire Exit doors?      YES  NO

**Action**      **Complete Peep Action Plan and inform staff**

**Part E**      **Other Arrangements**

**C12**      Is a temporary refuge required?      YES  NO

**C12a**      Are other arrangements required? – detail below      YES  NO

Details

**Action**      **Complete Peep Action Plan (Contact Trust Safety Team for advice if required)**

**Section 2: - Hearing Impairment**

**Q1 Can you hear the fire alarm in normal circumstances?**  
**YES**  No further action **NO**  Continue to Q2  
 required

**Part F Hearing Impairment**

**Q2** Do you regularly work in an environment in close proximity of work colleagues who would inform you of the fire alarm  
**YES**  **NO**

**Action Complete Peep Action Plan and inform staff**

**Q3** If you have difficulty in hearing the fire alarm, would a visual indicator assist?  
**YES**  **NO**

**Q4** Is there to your knowledge any special or purposely designed hearing system or device available which might assist in you hearing the fire alarm more clearly?  
**YES**  **NO**

**Q5** Would your response to the fire alarm being activated be helped by an assistant(s) who could provide support in the fire evacuation procedure?  
**YES**  **NO**

**Q6** Would a vibrating paging unit that operated when the fire alarm was actuated be of assistance?  
**YES**  **NO**

**Q7** Are other arrangements required? – detail below  
**YES**  **NO**

Details

**Action Complete Peep Action Plan and inform staff**



### Section 3: -Visual Impairment

**Q1 Do you have a visual impairment, which would have an impact on your leaving the building unassisted in an emergency?**

**YES**  Continue to Q2      **NO**  No further action required

**Visual Impairment**

**Q2** Do you require an aid to help you move around the building for example: a cane, guide dog or other equipment?      **YES**  **NO**

Details

**Q3** Do you regularly work in an environment in close proximity of work colleagues who would assist you to evacuate the building?      **YES**  **NO**

Designated staff to assist in the evacuation may require training and orientation of the building to be familiar with all the alternative escape routes

**Action**

**Complete Peep Action Plan and inform staff**

**Q4** How long does it take you to leave the building in normal circumstances from your place of work, unaided?      Time  Time In Minutes

**Q5** Could you find your way to exit the building by an alternative route should your normal route be unavailable?      **YES**  **NO**

**Q6** Do you think that the speed at which you are able to leave the building, may have the potential to hold-up other people leaving the building in corridors and stairways, or that they may cause you injury as they pass you more quickly?      **YES**  **NO**

**Q7** Would tactile signage or floor surface information be of assistance to you?      **YES**  **NO**

**Q8** Are other arrangements required? – detail below      **YES**  **NO**

Details

**Action**

**Complete Peep Action Plan and inform staff**

### Section 4: - Learning Difficulties

**Q1 Does the Patient, Service User, Client or member of staff have a learning difficulty, which would have an impact on them leaving the building unassisted in an emergency?**

**YES**  Continue to Q2      **NO**  No further action required

**Learning Difficulty**

**Q2** Do they require assistance in moving round the building    **YES**     **NO**

Details: - What kind of assistance is required, i.e. 'walking aids or staff assistance'

**Q3** How would they evacuate in an emergency such as when a fire alarm is sounding?

Details:-

Designated staff to assist in the evacuation may require training and orientation of the building to be familiar with all the alternative escape routes

**Action**

**Complete Peep Action Plan and inform staff**

**Q4** Do you think that the speed at which they are able to leave the building, may have the potential to hold-up other people leaving the building in corridors and stairways, or that they may cause an injury as they pass by more quickly?    **YES**     **NO**

**Q5** Are other arrangements required? – detail below    **YES**     **NO**

Details

**Action**                      **Complete Peep Action Plan and inform staff**

**Section 5: - Blank Action Plan**

**PERSONAL EMERGENCY EVACUATION PLAN - 'PEEP'**

**Name: -**  Patient, Service user or Staff member requiring PEEP

**Dept. / Ward: -**

**Building Address: -**   
  
  
 Include Postcode

**Floor: -**

**Room Number: -**

**Service**

**Name: -**  Name of Manager or Nurse in charge completing the form

Tick as appropriate:-  
**Mobility Impairment**  **Hearing Impairment**  **Visual Impairment**

**I have completed the assessment form and transferred the information below: -**

<p><b>Personal Emergency Evacuation Plan</b></p>		<p>Detail how the individual will evacuate the building, including the nature of the help or assistance, special requirements or equipment necessary and where it is kept.</p>
--	--	--

**Awareness of Procedure –**  Tick  
**The person requiring the assistance has been informed**

**I am informed of a fire emergency requiring evacuation by:**  
**Existing alarm system**

**Vibrating Alarm**

**Visual alarm system**

**Other equipment or assistance required (please specify)**

**Specify: -**

**Designated Assistance: -**

The following people have been designated to give me assistance to get out of the building in an emergency.

**Name**

**Contact Details**

**Name**

**Contact Details**

**Name**

**Contact Details**

**Any other relevant information**

**'PEEP' Action Plan**

Action	Action	Responsible	Date to be
--------	--------	-------------	------------

number		Person	completed

**Section 6: - Example Action Plan**

**PERSONAL EMERGENCY EVACUATION PLAN - 'PEEP'**

Name: -  Patient, Service user or Staff member requiring PEEP

Dept. / Ward: -

Building Address: -  Include Postcode

Floor: -

Room Number: -

Name: -  Name of Manager or Nurse in charge completing the form

Tick as appropriate:-  
 Mobility Impairment  Hearing Impairment  Visual Impairment

**I have completed the assessment form and transferred the information below: -**

<p><b>Personal Emergency Evacuation Plan</b></p>	<p><i>A.N.Other is a patient with mobility problems                  In the event of an emergency or evacuation they require the assistance of 4 members of staff to assist in deploying the Ski Sheet from under the mattress transferring the patient from bed to the floor, then 2 members of staff to operate the Ski Sheet for evacuation.                  This transfer does not require special equipment and can be achieve in a short time.                  All members of staff have been informed of the arrangements and that the Ski Sheet is deployed under the patients mattress, Spares are kept in the storeroom G72                  All members of staff have received Manual handling training</i></p>	<p>Detail how the individual will evacuate the building, including the nature of the help or assistance, special requirements or equipment necessary and where it is kept.</p>
--	--	--

Awareness of Procedure –  Tick  
 The person requiring the assistance has been informed

I am informed of a fire emergency requiring evacuation by:  
 Existing alarm system

Vibrating Alarm

Visual alarm system

Other equipment or assistance required (please specify) \_\_\_\_\_

**Specify:** - *Ski Sheet fitted to bed – Spares in Storeroom G72*

**Designated Assistance:** -

The following people have been designated to give me assistance to get out of the building in an emergency.

**Name**

**Contact Details**

**Name**

**Contact Details**

**Name**

**Contact Details**

**Any other relevant information**

**Action Plan**

Action number	Action	Responsible Person	Date to be completed
Action 1	Purchase Ski Sheet/s	Ward Manager	30 <sup>th</sup> June 2018
Action 2	Train staff its use	Nurse in Charge	7 <sup>th</sup> July 2018
Action 3	Fit Ski sheet	Nurse in Charge	7 <sup>th</sup> July 2018
Action 4	Review Weekly or monthly as appropriate for patient	Ward Manager	30 <sup>th</sup> July 2018
Action 5	When no longer required by patient, remove arrange specialist cleaning (consult infection control) and store for future use		



## APPENDIX 3

### *Fire Evacuation Drill Report*

Date		Name of Building or Ward	
Address			
Service		Building Type	

<b>Central Receiving Centre</b>	<b>Informed System off watch by MITIE or staff member</b>		
<b>Time and Details:</b>			
<b>Fire Scenario</b>			
<b>Staff No's</b>			
<b>Reporting Area / Assembly</b>			
<b>Roll Call</b>			
<b>Record Names of Members of Staff participating</b>			
<b>Fire Warden / Marshall</b>			
<b>Fire Related Systems</b>			
<b>Fire System</b>			
<b>Alarm sounder Type</b>			
<b>Observations of Safety Advisor</b>			
<b>Evacuation time from Alarm to assembly point</b>		<b>Evacuation time from Alarm to completed roll call at assembly point</b>	
<b>Details entered in Fire Safety Manual</b>			
<b>Observations of Staff</b>			
<b>Good Practice Points</b>			
<b>Debrief / Feedback</b>			

<b>Further Actions</b> <b>Risk rated to Trust</b> <b>Risk Matrix</b>			
<b>Central Receiving Centre</b>	<b>Informed System off watch by MITIE or staff member</b>		
<b>Time and Details:</b>			
<b>Date</b>		<b>Signed</b>	<b>(Name)</b> _____ <b>(Title)</b> _____
<b>ACTION:</b>	<b>The completed report is to be sent electronically to the relevant Manager, the Service Fire Link Person and the Trust Safety Team.</b>		

## APPENDIX 4

### Fire Investigation Report

Date		Risk	
Address / building		Building description	
Report recipient(s)			
Datix ID No.			
Datix report description of events.			
<b>Assessor</b>			
<b>Contact details</b>			
Location of incident			
Use of room / area			
How was the fire discovered			
Did the alarms activate			

Did staff raise the alarm via the call points	
Seat of the fire	
Fire spread and description of damage	
Smoke damage	
Likely cause of fire	
Person(s) involved	
Extinguisher or other fire fighting equipment used	
Was the Fire & Rescue Service called	
Fire & Rescue actions / recommendations	
Fire evacuation procedure adopted during the fire incident	
Any additional issues raised	
Recommendations	

# 9. Equality and Human Rights Analysis

<b>Title: Fire Safety Policy SA08</b>
<b>Area covered: Fire -Trustwide</b>

<p><b>What are the intended outcomes of this work?</b></p> <p>(a) to ensure compliance with the statutory, common law, and trust minimum performance standards;</p> <p>(b) to eliminate or implement appropriate control measures arising out the trust’s work activities to reduce identified risk to as low as is reasonably practicable.</p>
<p><b>Who will be affected?</b></p> <p>Applies to all activities and functions undertaken by, or on behalf of, the trust and applies to all trust employees and anybody who is or may be impacted upon by work activities of the trust.</p>

<p><b>Evidence</b></p> <p><b>What evidence have you considered?</b></p>
<p><b>Disability (including learning disability)</b></p> <p>The operational issues of fire evacuation when a person with a disability is identified are to complete the Personal Emergency Evacuation Plan. This will determine the level of assistance and any equipment required to undertake a safe fire evacuation.</p>
<p><b>Sex</b></p> <p>No significant issues</p>
<p><b>Race</b></p> <p>No significant issues</p>
<p><b>Age</b></p> <p>Complete the Personal Emergency Evacuation Plan. This will determine the level of assistance and any equipment required to undertake a safe fire evacuation.</p>
<p><b>Gender reassignment (including transgender)</b></p> <p>No significant issues</p>
<p><b>Sexual orientation.</b></p> <p>No significant issues</p>
<p><b>Religion or belief</b></p> <p>No significant issues</p>
<p><b>Pregnancy and maternity.</b></p>

Complete the Personal Emergency Evacuation Plan. This will determine the level of assistance and any equipment required to undertake a safe fire evacuation.

<b>Carers</b> No significant issues
<b>Other identified groups</b> No significant issues
<b>Cross Cutting</b> No significant issues

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	Supportive of HRBA.
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	Supportive of HRBA.
<b>Right to liberty (Article 5)</b>	Supportive of HRBA.
<b>Right to a fair trial (Article 6)</b>	Supportive of HRBA.
<b>Right to private and family life (Article 8)</b>	Supportive of HRBA.
<b>Right of freedom of religion or belief (Article 9)</b>	Supportive of HRBA.
<b>Right to freedom of expression</b> <b>Note: this does not include insulting language such as racism (Article 10)</b>	Supportive of HRBA.
<b>Right freedom from discrimination (Article 14)</b>	Supportive of HRBA.

<b>Engagement and Involvement</b> <i>detail any engagement and involvement that was completed inputting this together.</i>
This was the bi-annual policy review and other than being taken to the Health and Safety Committee there was no formal engagement

**Summary of Analysis** *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

**Eliminate discrimination, harassment and victimisation**

Where appropriate the policy is supportive

**Advance equality of opportunity**

*Where appropriate the policy is supportive*

**Promote good relations between groups**

*Where appropriate the policy is supportive*

**What is the overall impact?**

The overall impact on the implementation on this policy review is minimal

**Addressing the impact on equalities**

*There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups*

**Action planning for improvement**

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*  
*Plans already under way or in development to address the **challenges** and **priorities** identified.*  
*Arrangements for continued engagement of stakeholders.*  
*Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*  
*Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*  
*Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*  
*Arrangements for making information accessible to staff, patients, service users and the public*  
*Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

**For the record**

**Name of persons who carried out this assessment:**

**Carlton Brooks (Head of Health Safety Fire and Security)**

**Dan Grundy (Senior Fire Safety Advisor)**

**Date assessment completed:**

01/10/2018

**Name of responsible Director:**

Elaine Darbyshire



**Date assessment was signed:**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

