

# **Fire Safety Management**

## **Fire Safety Risk Assessment Protocol**

### **Regulatory Reform (Fire Safety) Orders 2005**

# **FIRE RISK ASSESSMENT PROTOCOL**

## **1. INTRODUCTION**

This protocol contributes to the overall development of fire safety protocols as recommended within Health Technical Memorandum 05-01 Managing healthcare fire safety (second edition). This protocol addresses 'Fire Risk Assessment'.

## **2. SCOPE**

This protocol will be implemented throughout all premises, or parts of premises, which the Trust owns, occupies or those for which the Trust is responsible for maintaining and delivering health care services.

## **3. DEFINITIONS**

### **3.1 Fire Risk Assessment**

A fire risk assessment is a systematic process of identifying fire hazards and evaluating the risk to health and safety arising from them, taking account measures in place as existing controls (or, in the case of a new activity, the proposed risk controls).

### **3.2 Fire Risk Assessor (Fire Safety Advisor)**

A fire risk assessment should only be conducted by a person with comprehensive training or experience in fire risk assessment for complex healthcare premises. The fire risk assessor will be considered as the competent person who carries out, documents and presents a fire risk assessment.

### **3.3 Duty Holder / Responsible Person**

The person ultimately responsible for fire safety as defined in the Regulatory Reform (Fire Safety) Order 2005.

### **3.4 Relevant Person**

Any person lawfully on the premises and any person in the immediate vicinity, but this does not include fire-fighters carrying out fire-fighting duties.

### **3.5 Person with Control**

Any person who to any extent has control over the premises, or part(s) of the premises at any time, usually the senior person in charge. In the context of the Trust, this could include a Divisional Manager, a Department Manager, a Matron and a Ward Sister. Each area may have more than one Person with Control, and the extent of their responsibilities is determined by the extent of the control they exercise over the area.

## **4. CONTEXT**

The safety of patients, visitors, staff and other building users from fire relies upon the fire precautions present within the building. Current fire safety legislation in the form of the Regulatory Reform (Fire Safety) Order 2005 requires the "Responsible Person" to take general fire precautions so as to ensure the safety of "Relevant Persons". The extent of the fire precautions necessary must be determined by an assessment of fire risk.

To discharge its legal duties, the Trust is required to undertake a process of fire risk assessment for each area for which it is responsible and / or owes a duty of care to the area's occupants.

## **5. ROLES AND RESPONSIBILITIES**

Whilst it is incumbent upon all staff to highlight fire hazards and risks through their line management, key personnel have particular duties and responsibilities identified in the Regulatory Reform (Fire Safety) Order 2005, and are necessary to ensure that appropriate fire risk assessments and actions are undertaken as follows:

### **5.1 Duty Holder / Responsible Person**

The responsible person is usually the senior person in charge of a department who is ultimately responsible for:

- Overseeing general fire precautions;
- Ensuring that fire risk assessments are undertaken;
- Ensuring that actions to mitigate risks are identified;
- Ensuring that the significant findings of the fire risk assessments and details of dangerous substances, are recorded and communicated to staff and other Responsible Persons;
- Monitoring the completion of fire risk assessments and preparing action plans;
- Adding significant risks to the divisional risk register;

### **5.2 Persons with Control**

The person with control over an area is responsible for overseeing the general fire precautions in the area(s) for which they have control and ensuring that;

- Fire risk assessments are undertaken and maintained to reflect any material changes that take place in the area(s) under their control;
- Requesting a review of the fire risk assessment in response to changes that may invalidate the fire risk assessment by virtue of breaching the assessment parameters;
- Actions to mitigate risks are identified for their area(s);
- Significant findings of the fire risk assessments and details of dangerous substances, are recorded and communicated to staff in the area(s);
- Actions relating to significant findings directly under their control are completed;
- The fire risk assessment action plan is updated with completed actions and that the Fire Safety Advisor is notified of completed actions;
- The Fire Safety Advisor is informed of changes to any personnel identified as "Person with Control";
- Where more than one Person with Control exists for an area, those individuals must co-ordinate with each other to ensure that the fire risks identified are communicated between all Persons with Control, and appropriate fire safety measures are set in place to mitigate the risks identified.

### **5.3 Fire Safety Advisor**

The fire safety advisor will provide technical support in the form of:

- Performing the role of the Fire Risk Assessor
- Undertaking the initial fire risk assessments on behalf of the Person with Control;
- Undertake a review of the fire risk assessment on behalf of the Person with Control in accordance with the identified programme;
- Recording the fire risk assessment, significant findings and details of dangerous substances;
- Evaluating the risks identified and scoring in a manner appropriate to the Trust's risk register and risk management processes;
- Determining the appropriate actions to mitigate the fire risks identified;
- Compile a bi-monthly report of specific and / or common risks identified to the Fire Safety Committee;

- Advise or make recommendations as to the appropriate timescales for actions to be completed;
- Informing the Person with Control of the outcomes of the fire risk assessment including:
  - The control measure in place to mitigate the fire risks;
  - Any shortcomings in the fire safety arrangements that require further action;
  - Any necessary actions, the timescale for such action to be completed and, identifying those responsible for completing such actions;
  - Identifying the minimum information that must be communicated to relevant staff and others;
  - A handover checklist of the fire safety arrangements in a format that can be readily understood and acted upon;
  - The parameters of the risk assessment which, if breached, may invalidate the risk assessment and therefore necessitate a review (ie identify what may constitute a significant change);

The fire safety advisor will liaise with the trust estates and facilities management team to ensure they receive advice and agree an understanding of their responsibility to ensure that actions relating to significant findings directly under their control are completed;

#### **5.4 Fire Safety Manager (Associate Director of Estates & Facilities)**

- Maintain the trust risk register of fire related significant findings across the Trust and monitor and report on the completion of actions identified;
- Determine an appropriate programme of desktop and physical fire risk assessment review based upon:
  - The potential risk to life should a fire occur;
  - The presence of hazardous processes and / or substances;
  - The likelihood of change that may invalidate the fire risk assessment;
- Report instances where the Person with Control has failed to request a review in response to operational changes that may have invalidated the fire risk assessment, to the relevant Divisional Director;
- Compile a quarterly report of such instances of a failure to request a review in response to significant changes for submission to the Estates Governance Committee;
- Compile a 6 monthly report of progress against the actions identified as being necessary to mitigate the fire risks identified;

## **6. THE FIRE RISK ASSESSMENT PROCESS**

Outside of the trust risk assessment programme any additional fire risk assessments will be undertaken following a request to the Fire Safety Manager. Such a request should include details of the area to be the subject of the fire risk assessment together with details of the directorate under which the area operates, and the person(s) with control.

### **6.1 Preparation**

Prior to undertaking the fire risk assessment, the Fire Risk Assessor should ensure that they clearly define the extent of the fire risk assessment area, determine whether the area has third party areas embedded within it, or is an area embedded within third party accommodation, and obtain an up to date fire strategy drawing of the area concerned.

Where available, the Fire Risk Assessor should consult any previous fire risk assessments applicable to the area and any adjacent areas that may affect the fire safety of the area to be risk assessed. In the case of any area that has third party areas embedded within it, or an area embedded within third party accommodation, the Fire Risk Assessor should obtain the significant findings of each third party fire risk assessment for the area concerned.

A fire risk assessment proforma has been agreed with the Fire Safety Committee and adequately address the specific requirements of the healthcare environment particularly in respect of:

- The potential dependency of patients;
- The reliance upon staff for a safe evacuation;
- The potential for hazardous processes, substances and environments.

A suitable time for the fire risk assessment visit should be agreed with the person with Control to ensure their availability during the risk assessment visit since the Fire Risk Assessor will require their input in order to complete the fire risk assessment.

## **6.2 The Fire Risk Assessment Visit**

The Fire Risk assessor will attend at the agreed time and meet the Person with Control to discuss the process of the fire risk assessment visit and to obtain the information necessary for the completion of the fire risk assessment. This will include:

- The hours the area is in use;
- Where applicable, the number and dependency of patients;
- The number of occupants other than patients or staff;
- The number of staff present at different times of the day;
- The number of occupants other than patients that may require assistance to evacuate;
- Whether any members of staff have been allocated specific fire safety or fire response roles;
- The presence and nature of any specific hazards that have been previously identified;
- The records of staff fire safety training.

The fire risk assessment visit should continue with the Fire Risk Assessor visually inspecting all parts of the assessment area to identify the hazards present, the people that may be at risk from those hazards, and to evaluate the necessary measures to remove or reduce those hazards and protect anyone that may be a risk.

The outcome of the assessment will be recorded on the fire risk assessment proforma. Upon completion of this part of the fire risk assessment, the Fire Risk Assessor should communicate the preliminary findings to the Person with Control. This should include:

- The fire hazards and risks identified;
- A preliminary assessment of the control measures in place to mitigate fire risks;
- A preliminary assessment of any shortcomings on the fire safety arrangements; and
- Any preliminary actions that can be undertaken or initiated by the Person with Control to mitigate any shortcomings.

It is beneficial if this communication is conducted as a walk through the assessment area with the Fire Risk Assessor pointing out the preliminary findings of the risk assessment.

## **6.3 Addressing the Risk**

All risks identified should be addressed using a process of removal, reduce and mitigate.

By applying this process the first stage seeks to remove any hazards that are present. This may be achieved by removing any hazardous equipment or materials from the area being assessed, or restoring an area in which the use has been changed to its previous non-hazardous condition.

Where the removal of any hazard is not possible, for instance where combustible material necessary for the operation of the department are being stored, it may be necessary to reduce the hazard by reducing the quantity of combustible materials present to the minimum necessary to facilitate the department operation.

The hazards that remain once all action has been taken to remove them and reduce them as far as practicable should be mitigated by the application of appropriate managerial and ultimately physical measures.

#### 6.4 Risk Rating

Where measures to address the risks identified have not been completed at the time of the fire risk assessment, or a residual risk remains, each risk item must be evaluated and rated in a format appropriate to the Trust's risk register. The Trust currently utilises a 5 x 5 risk rating matrix, and all fire risks should be assessed and rated in a similar format.

When rating fire risks, the factors to consider are:

- The likelihood that it will occur, which consist of the probability of the event happening and the effectiveness of the controls in place.
- Consequence of the outcomes.

Likelihood that the hazard will occur is assessed by the combination of two variables, probability and existing controls.

- Probability is the consideration of how often the activity takes place, the current conditions / situations in which it takes place and the perception (what could happen), or fact (what is known to happen). The two need to balance.
- Control is a consideration of the existing level of control over the hazard, the likely consequences, whether appropriate and adequate measures are in place and are they likely to have the desired effect.

Consequences may be harm to a person or damage to the property (buildings, vehicle plant, equipment or personal belongings), the environment, financial loss or reputation.

*NB in practice it's generally the case that the lower the control level, the higher the risk.*

Each fire risk assessment will include a plan clearly indicating the extent of the area assessed.

To assist the Person with Control communicating the significant findings of the fire risk assessment, the fire risk assessment report will include clearly detailed information to be communicated to staff and other Responsible Persons where applicable.

To assist the Person with Control managing the fire risks within the area appropriately, the fire risk assessment report will include clearly identified hazards and associated fire precautionary measures in the form of a check-sheet which the Person with Control can use to ensure that the fire safety measures are being appropriately managed at the beginning of each shift, clinic or session of area use.

To assist the Person with Control to identify the need to request a review of the fire risk assessment in response to significant changes, the fire risk assessment report will include clearly identified fire risk assessment parameters and examples of significant changes which may invalidate the fire risk assessment.

On completion of the fire risk assessment, the Fire Risk Assessor will deliver the report to the Person with Control and explain its contents drawing particular attention to:

- The action plan and the need for the Person with Control to maintain it up to date;
- The significant findings and the need for the Person with Control to communicate these to staff, contractors and others working in the area concerned;
- The fire safety check-list and the need for the Person with Control to perform those regular checks;
- The fire risk assessment parameters and the need for the Person with Control to request a review of the fire risk assessment in response to significant changes.

A full copy of the fire risk assessment report should be placed in the appropriate section of the fire safety manual associated with the area in question.

## **6.5 Communication of Significant Findings**

The person with Control must ensure that all staff, contractors and others working within the area for which they have control are informed of the significant findings of the fire risk assessment. Such communication to staff and others working in the area for any appreciable length of time should take the form of a briefing accompanied with a copy of the significant findings appendix of the fire risk assessment report which will need to be signed for and accepted as understood.

Where the risk assessment area has third party areas embedded within it, or is an area embedded within third party accommodation, the Fire Safety Manager should ensure that the significant findings of the fire risk assessment are communicated to the relevant third parties.

## **6.6 Actions Plans**

### **6.6.1 Action Plan Format**

In order to facilitate the management of actions arising from the fire risk assessment, and the coordination of actions arising from multiple fire risk assessments into a master action plan, each action plan must follow a consistent format that includes the following elements:

**Location** – A description of the location of the identified risk;

**Risk Description** – A description of the risk identified;

**Current Control Measures** – A description of any current control measure being applied to mitigate the risk;

**Current Risk Rating** – The current risk rating appropriate to the identified risk prior to undertaking any further action to mitigate the risk;

**Action(s) Required** – A description of any further action required to control the risk to a level that is considered to be as low as reasonably practicable. Where applicable, actions should be split into interim measures and longer-term measures.

**Interim Measures** – A description of any control measure that can reasonably be introduced to reduce the identified risk in the short-term whilst longer-term and more permanent control measures are developed.

**Longer-Term Measures** – A description of any permanent control measure necessary in addition to, or in the place of, the interim measures to reduce the identified risk to a level that is considered to be as low as reasonably practicable.

Each action, whether interim or longer-term should be:

- Detailed with an anticipated risk rating upon its completion;
- Detailed with a timescale in which the action should be completed;
- Allocated to a person responsible for its completion; and
- Provided with the facility to allow completed actions to be “signed-off” by the Person with Control.

Where multiple options for control measures are available, the viable options should be presented to the Person with Control highlighting the merits and implications of each option for the Person with Control to determine the most appropriate option for the area concerned.

Where such options are available, the Person with Control is required to finalise their decision within 28 days of the options being presented.

#### 6.6.2 Setting Timescales for Action Completion

##### **Setting Timescales for Action Completion**

As stated above, each action should include a timescale in which identified actions should be completed. The timescale for each action should be determined by considering a combination of the following elements:

**Priority** – The timescale for each action should be prioritised on the current risk rating allocated to the identified risk;

**Proximity** – The timescale for each action should further consider the level of proximity to the area concerned, and the influence of the Person with Control. For example, some actions may involve adjustments to processes and / or systems that extend beyond the fire risk assessment area and therefore require a significant degree of organisational planning and management;

**Practicality** – The timescale for each action should also be the ease with which the control measure can be applied. For example, the action required may necessitate a ward being decanted, or the shut-down of essential equipment which will need to be planned and coordinated with the operational needs of the Trust;

**Affordability** – The timescale for each action also needs to consider the availability of funds to complete the necessary control measures. In some circumstances it may be appropriate to prioritise the completion of a number of low cost actions relating to lower rated risks above those associated with a high rated risk where the reduction is greatest.

#### 6.6.3 Responsibility for Completing Actions

As stated above, each action should be allocated to a person responsible for its completion as follows:

**Person with Control** – Where the action can be completed by management activity alone, for example removing escape route obstructions, it is appropriate to allocate such actions to the Person with Control;

**Maintenance** – Where the action relates to the deterioration of existing fire precautions or fire safety systems, such actions should be notified to Skanska Facilities;

**Minor Works** – Where the action relates to a need to improve the provision of fire precautions or extend existing fire safety systems which are within the parameters for minor works, such as the provision of an additional smoke detector, the action should be reported to the Head of Estates & Facilities;

**Capital Projects** – Where the action involves a greater degree of complexity and / or requires a level of investment beyond the limit for minor works, the action should be reported to the Associate Director of Estates & Facilities for prioritising against the Capital Budget.

In all cases, the Fire Safety Manager is responsible for ensuring that individuals that have been allocated actions are fully informed of the necessary actions to be taken in a timely manner so as to allow those individuals to reasonably complete their actions with the given timescale.

#### 6.6.4 Completed Actions

Once an action has been completed, the Person with Control should update the action plan included in the fire risk assessment report which is filled in the fire safety manual associated with the area in



question, and ensure that the Fire Safety Advisor is informed to enable them to update the master action plan accordingly.

## 6.7 Fire Risk Assessment Review

The process of the fire risk assessment review is driven by the Person with Control since they are in the best position to identify any significant changes that may invalidate the existing fire risk assessment. Upon the occurrence of any significant change, the Person with Control should notify the Fire Safety Advisor of the need for a review of the fire risk assessment.

The Fire Safety Advisor will assess the nature of the significant change and, where appropriate, arrange for a fire risk assessment review visit to obtain the information necessary for updating the fire risk assessment. During the fire risk assessment review visit, the Fire Safety Advisor will validate the existing fire risk assessment findings and update the fire risk assessment report as necessary.

In addition to responding to requests for fire risk assessment review, the Fire Safety Advisor will maintain a programme of periodic fire risk assessment reviews. The process of periodic review is intended to identify instances where significant changes have taken place, but the Person with Control has failed to request a fire risk assessment review. The review will take the following form:

- On an annual basis, the Fire Safety Advisor will email the Person with Control identified in the fire risk assessment report together with their Manager to inform them that their fire risk assessment have been reviewed on the basis of the information received by the fire safety team, reminding the Person with Control of their responsibility to advise the Fire Safety Advisor of any significant changes, and advising the next date for review.
- On a periodic cycle, the Fire Safety Advisor will arrange for a physical visit to the area in question to undertake a full review of the fire risk assessment. The frequency of physical fire risk assessment reviews will be determined on the basis of previously identified risk and the potential for significant changes to occur as follows:

Department / Area Characteristics	Frequency of Physical Fire Risk Assessment Review
Areas assessed as "Low Risk" and with independent occupancies	Every 36 months
Areas assessed as "Low Risk" and with few dependent occupants	Every 30 months
Areas assessed as "Moderate Risk" and with independent occupancies	Every 30 months
Areas assessed as "Moderate Risk" and with few dependent occupants	Every 24 months
Areas with largely dependent occupants	Every 18 months
Areas assessed as "High Risk" and with independent occupancies	Every 18 months
Areas with very-high dependency occupants	Every 9 months
Areas that frequently change (eg decant wards, shared clinics)	Every 6 months or twice the period of change, whichever is shorter
All other areas	Every 12 months

## 7. MONITORING

The on-going performance of Fire Risk Assessments will be monitored and reported via the Fire Safety Management System through reports generated by the Fire Safety Manager and Fire Safety Advisor. Monitoring will be reported to the Estates Governance Committee, the Trust Health & Safety Committee and Trust Management Board.

In addition to the above independent third party audits may also be undertaken yearly or as required by the Trust Fire Authorising Engineer.

## 8. RELATED DOCUMENTS

Legislation.gov.uk. (2005). Regulatory Reform (Fire Safety) Order.  
Available at:

<http://www.legislation.gov.uk/ukxi/2005/1541/contents/made>

Relevant fire risk assessment reports.

DOH (2013). Health Technical Memorandum 05-01: Managing healthcare fire safety.

Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192065/HTM\\_05-01.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192065/HTM_05-01.pdf)

DOH (2008) Health Technical Memorandum 05-03 Part K: Guidance on fire risk assessments in complex healthcare premises.

Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/148486/HTM\\_05-03\\_Park\\_K\\_final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148486/HTM_05-03_Park_K_final.pdf)

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## Fire Safety Risk Assessment Template

### Fire Safety Risk Assessment Record of Assessment and Significant Findings

The duties imposed by the Regulatory Reform (Fire Safety) Order 2005 on the responsible person are also imposed on every person, who has to any extent control of the premises. In essence, the person in charge of a ward/department at any given time is subject to the same responsibilities under the Fire Safety Order as the responsible person in respect of the Ward/ Department, in so far as the elements they control.

The Fire Safety Order requires a managed risk approach to fire safety. The process of fire risk assessment, mitigation and review therefore requires a robust management approach capable of identifying hazards, qualifying their impact, devising appropriate mitigation and continual monitoring.

#### Assessment details

Name of area:

Address of the area:

Use of the area:

Divisional Management:

Year of construction:

Number of floor levels (building):

Assessment undertaken by:

Date of assessment:

I certify that to the best of my knowledge, the information contained in this fire risk assessment is correct, based on information available at the time the assessment was undertaken.

Signature:

Name:

Job title:

I have been informed of the outcome of the Fire Safety Assessment and agree to co-ordinate any remedial action required of the divisional management including adding to the divisional risk register where necessary.

Signature:

Name:

Job title:

Assessment details	
Hours premise in use	
Maximum number of staff	
Minimum number of staff	
Maximum number of patients	
Number of other who may access the area including visitors	
Permitted time of visiting	
Describe occupant dependency (tick applicable)	<input type="checkbox"/> Independent <input type="checkbox"/> Dependent <input type="checkbox"/> Highly Dependent

### Fire Risk Assessment Review

Assessments should be kept under constant review by the department manager, and in any case reviewed whenever circumstance 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 not exceed 12 months.

Divisional management remain responsible for ensuring the risk assessment is maintained up to date and accurate.

Revision	Date	Name of assessor	Signature	Audit Check

## Step 1 – Identity Fire Hazards

### Sources of fuel that may be present (tick those identified)

<input type="checkbox"/>	Paper and card
<input type="checkbox"/>	Wood
<input type="checkbox"/>	Furniture including fixtures and fittings (window blinds etc.)
<input type="checkbox"/>	Waste materials
<input type="checkbox"/>	Flammable liquids
<input type="checkbox"/>	Other (specify)

### Sources of ignition identified within the area

<input type="checkbox"/>	Portable and fixed electric heaters
<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Electrical equipment
<input type="checkbox"/>	Overloaded electrical sockets
<input type="checkbox"/>	Static electricity
<input type="checkbox"/>	Hot work
<input type="checkbox"/>	Smoking materials
<input type="checkbox"/>	Arson
<input type="checkbox"/>	Other (specify)

Source of ignition			Source of fuel			Source of Oxygen		
	Y	N		Y	N		Y	N
Does the activity involve processes such as cooking, Welding or frictional heat?			Are highly flammable materials stored or used?			Is there piped oxygen in use?		
Is there gas or burning oil equipment?			Is combustible waste allowed to accumulate?			Are there oxygen cylinders used/stored?		
Are there light bulbs etc. near flammable materials?			Are excessive quantities of combustible materials used/stored?			Are Nitrous oxygen cylinders used/stored?		



## Step 2 – People at risk

### People within the area of assessment (tick identified)

<input type="checkbox"/>	Medical staff (including agency or temporary staff)
<input type="checkbox"/>	Non-medical staff incl. cleaners/security/maintenance staff etc.
<input type="checkbox"/>	Member of the public – both visitors and patients
<input type="checkbox"/>	Others, including contractors

### Consider the following as part of the assessment (tick identified)

<input type="checkbox"/>	Lone workers (including cleaners/security/maintenance staff especially at night)
<input type="checkbox"/>	Those with language difficulties
<input type="checkbox"/>	Non patients with disability
<input type="checkbox"/>	Other people in the immediate vicinity of the premises

### Special consideration for young and vulnerable people (tick identified)

<input type="checkbox"/>	Have young people been given special consideration, due to their immaturity and inexperience, the nature and duration of work, the physical properties of materials used and the training they require?
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### Other considerations (tick identified)

<input type="checkbox"/>	Are Personal Emergency Evacuation Plans (PEEPs) required/in place?
<input type="checkbox"/>	Are there specific risks that might affect fire-fighter safety? Are they controlled?

## People at risk

Staff members	No.	Dependency category / times at risk
Days		
Nights		
Lone workers		
Patients – Is the assessment area	Y/N	Dependency category / number / times at risk
A sleeping area		
A patient access area (e.g.OPD, Physiotherapy, Radiology etc.)		
A non-patient area		
Others in the immediate vicinity who may be affected	No.	Control measures
Visitors		
Contractors		
Others (details)		

General comments & observations	Existing control measures	Further measures required

**Step 3 – Evaluate, remove, reduce and protect from risk**

Principles of Prevention Applied	
1. <b>Elimination of the hazard</b>	Use of non-toxic materials and processes.
2. <b>Substitution</b>	Replacing hazardous materials with less hazardous alternatives.
3. <b>Engineering controls</b>	Installation of ventilation systems to capture and remove contaminants.
4. <b>Administrative controls</b>	Implementation of safety protocols and training for workers.
5. <b>Personal protective equipment (PPE)</b>	Use of respirators, gloves, and protective clothing.

- Avoid risks
- Remove risks
- Evaluate risks which cannot be avoided
- Combat risks at source
- Adapt to technical progress
- Replace dangerous substances by non-dangerous or less dangerous substances (refer to DSEAR Regulations)
- Develop a coherent overall prevention policy which covers technology organisation of work and the influencing factors relating to the work environment
- Give collective protective measures priority over individual protective measures
- Give appropriate instruction to staff

**Evaluate the risk of a fire occurring**

Cause and ignition source	Observations	High	Med	Low risk
Arson	No evidence			
Fire started by patient	No evidence			
Smoking	Non-smoking hospital			
Work processes				
Fire hazard rooms	Within compartmentation			
Equipment				
Lightning				
Electrical				
Toasters and portable equipment				
Cooking	Food regeneration only			
Contractors	PPM and maintenance			

[illegible]





<b>Remove or reduce the fire hazards</b>			
Controls in place	Comment/ Action taken to remove or reduce		
	Yes	No	Comment
Are flammable liquids stored correctly?			
Is an effective waste management system in place and observed?			
Is housekeeping to a high standard?			
Is electrical, mechanical and gas equipment used and maintained correctly?			
Are extension leads or socket adaptors used?			
Are portable heaters in temporary use? If so, can they be replaced with fixed heaters or secured?			
Are combustible materials / surface finishes and notice boards etc. to appropriate standards?			
Are the recommendations on arson being adopted?			
Are contractors 'work' and 'hot work' permits issued and monitored?			
Can any hazardous substance be removed or replaced with a less dangerous substance			

General comments & observations	Existing control measures	Further control measures required

<b>Remove and reduce the risks to people from fire</b>			
Means of Escape	Yes	No	Comment/ Action required
Is an Automatic Fire system installed, tested and maintained to HTM 05-03 Pt. B?			
If the system does not conform to HTM 05-03 Pt. B what is the standard?			
Are call points clear and available?			
Are appropriate fire action notices located at all manual call points?			
Are fixed suppression systems adequately maintained and tested?			
Are appropriate portable extinguishers provided?			
Are the extinguishers suitably located, indicated and readily available?			

Means of Escape (continued)	Yes	No	Comment / Action required
Is there clear access for Fire Service vehicles /personnel?			
Are all textiles and furniture to HTM 05-03 Pt. C?			
Has all fire fighting equipment been serviced / recorded in the last 12 months?			
Are smoke control systems adequately maintained and tested?			
Do all commercial enterprises conform to HTM 05-03 Pt. D?			
Is the staff members trained to the required level?			

Detail additional measures to eliminate or reduce identified risk

Management issues			
Issue	Yes	No	Comment/Action Required
Is a suitable emergency plan in place? Has it been practiced within the past 12 months?			
Has all staff members received all appropriate training in the last 12 months?			
Are Trust policies available and do staff know where and how to access the Trust fire /arson/ security policy?			
Are maintenance records available for the Automatic Fire Systems /emergency lighting/ Fire Fighting Equipment?			
Are test records available for Automatic Fire System?			
Is this area subject of an action plan or enforcement notice from the Fire Service?			
Are the staff members proactive in the avoidance of unwanted fire signals?			
Are there any special evacuation aids present? If so, are the staff members trained in their use?			
Have employees, contractors etc. been made aware of all relevant factors relating to the Trust's fire safety arrangements?			

Significant Findings	
Details	Control Measure / Action

Significant Identified Hazards (if any)

Failure Reporting Escalation
<p>Failures which significantly affect or compromise the safety of the department must be reported to the Head of Nursing, Divisional Manager and the Specialist Fire Safety Advisor immediately.</p> <p>This will include but not limited to:</p> <ul style="list-style-type: none"> <li>• Significant damage to fire doors, fire walls</li> <li>• Unavailability of escape routes etc.</li> <li>• Insufficient staffing levels to manage the safety of the patients.</li> <li>• Patients who present a significant risk due to medical needs affecting evacuation such as requiring bariatric nursing</li> <li>• Temporary change of use including patient care</li> <li>• Large amounts of combustible material</li> </ul>

Risk Assessment Criteria To be used to determine the probability and impact scores						
Risk scoring matrix To determine the overall risk rating						
Consequence	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
Likelihood						

Rating	Very low (1-3)	Low (4-6)	Medium (8-9)	High (10-12)	Significant (15-25)
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## Department overall risk rating

Risk Assessment Rating			
	Likelihood	Consequence	Risk Rating
Fire Hazards			
People at Risk			
Protection From Risk			
Management			
Significant Findings			

## Fire Zone Compartmentation Plan