

Fire Safety Policy

Document Details		
Title	Fire Safety	
Main points	Advising of the procedures and protocols in place in the event of a fire	
Who is the document aimed at?	All staff	
Author	Amy Crompton	
Approval process		
Approved by (Clinician/Manager)		
Most recent approval date	19 th July 2023	
Category	Practice Policies / Dealing with emergencies	
Sub Category		
Next review date	July 2024	
Distribution		
Who the policy will be distributed to	All staff	
Document Links		
Required by CQC		
Other		
Amendments History		
No	Date	Amendment
1		
2		
3		
4		
5		

Hope Citadel Healthcare CIC is committed to minimising the risk to employees, patients and external visitors which may arise from a fire.

The ultimate responsibility for fire safety in the business is that of the Chief Executive (Laura Neilson)

The day-to-day responsibility of fire safety is that of the Manager of the Practice.

General Policy

The Company's policy is not only to comply fully with the Fire Safety Act as required by law, but to act positively to prevent the risk of fire.

If there is a conflict between safety and another aim, then safety must not be sacrificed. If necessary, the Chief Executive or Manager has the absolute authority to stop or suspend any dangerous activity or practice. The responsibilities set out in this document are to ensure that no activity must be pursued without prior consideration of the fire risk, and an activity which cannot be carried out to an adequate safety standard should not be carried out.

The Executive Management Team are committed to providing the financial and physical resources necessary to ensure that the risk of fire is minimised as much as possible. People are Hope Citadel's most valuable resource, and the safeguarding of humans as well as other resources through fire safety is important, not only for its own sake, but also as a way of minimising costs.

Fire safety is an integral part of the duties of all employees, for which they are held accountable at all levels. Those with such positions of responsibility must encourage a commitment to fire safety, and encourage everyone, employees, and visitors, to regard good safety practice as the norm, and to help in establishing and observing high standards of fire safety.

Fire Procedures

Notices displaying fire procedures should be easily available to all members of staff, patients, and visitors. Evacuation points should be displayed throughout the practice and should be easily readable.

There must also be emergency plans in place in case of a fire and fire safety instructions and training for staff. Managers should be responsible for ensuring emergency plans are available to all staff / external visitors and staff are trained in Fire Safety.

On discovering a fire or on suspicion of a fire (i.e., the smell of burning), the person who discovered this should raise the alarm using the alarm points in the practice and call 999. The staff member should clearly state the full address of the premises to the emergency services.

In the event of the fire alarm sounding this will be a continuous siren.

If you suspect, there are people still inside you should not re-enter the premises. On arrival of the Fire and Rescue service the fire marshal should greet them and give the following information:

- Location of the fire / suspected fire

- Any person suspected of still being inside, with their possible location
- Location of any flammable materials, including Oxygen cylinders
- Plan of the interior of the premises

No staff, patients or visitors should re-enter the building until it is deemed safe to do so by the Fire and Rescue service.

Fire Safety Training

All staff should complete mandatory fire safety training each year (annually). This should be monitored by the Manager to ensure all staff are compliant.

All records of training should be kept by the Manager using the training portal suitable to the practice.

Fire Risk Assessments.

The regulations require the “Duty Holder” (this should be the Manager) to ensure a suitable and sufficient assessment is undertaken. Where the business employs five people or more the significant findings must be recorded.

A fire risk assessment must be carried out to identify any existing risks. This should be done annually by a suitably trained member of staff. The identified risks and subsequent safety measures that you put in place must be passed on to employees and anyone else that may be affected.

Evacuation

All staff should be aware of the emergency evacuation procedure, and this should be displayed in an accessible place.

The main alarm panel is situated in the foyer located at the entrance to the building. Fire drills should be executed by the Manager / Fire Marshal via this panel.

Evacuation drills should be carried out on an annual basis. If required, due to changes within the practice or externally, they should be carried out more frequently. Different days and times within in the week should be used, some should be planned (giving staff notice of the evacuation) and others should imitate a real fire evacuation.

Staff Roles / Responsibilities during an evacuation

The first priority of all staff is to ensure that all patients and staff members leave the building safely to the designated fire evacuation points.

All staff should be aware and trained on what their responsibilities are during an evacuation. There should be clear information in place to ensure staff are aware of this.

There should be an appointed Fire Marshal who has done the appropriate training and understands their responsibilities.

This person is responsible for ensuring all staff are following the evacuation procedures and should document any planned evacuations. They should document any action plans from the evacuations and ensure staff are notified.

Fire Doors, Exits and Evacuation points

All fire doors should be labelled as such, and to minimise the fire risk and the spread of a fire they should be kept closed at all times.

In the event of a fire alarm, all fire doors have been fitted with immediate release locks meaning they will automatically open and will not need a key / keycode to be used.

Fire exits should be clearly labelled as such to be easily followed in the event of a fire.

All evacuation points should be clearly signposted and labelled and staff should ensure this is where all staff, patients and visitors gather in the event of an evacuation (unless it is unsuitable to do so due to the fire itself).

The exits are located:

Area of premises	Nearest Identified exit
Reception	Main entrance
Clinical Rooms	Main entrance / Back exit
Staff area	Main entrance / Back exit

These exit points are subject to change due to the location of the fire and risk assessments carried out by staff.

Maintenance of Fire equipment

Fire extinguishers, emergency lighting and fire alarms should all be maintained and tested by third party professionals. This should be done annually and clearly logged by the Manager.

Routine tests carried out by suitably trained staff should also happen, this should be testing of the fire alarm, and should be carried out weekly. Staff carrying out the test should document this and review any action plans regularly.

When staff are testing the fire alarm, they should select a different alarm point / zone to test each week to ensure all alarm points are working efficiently.

Example of a Fire Safety Notice to be displayed in Practice:

Fire Safety Notice

IN CASE OF FIRE:

The member of staff discovering the fire / suspecting a fire should sound the alarm using the nearest alarm point.

IF THE FIRE ALARM SOUNDS:

Staff will work to ensure:

- All staff, patients, visitors proceed to the nearest exit
- Leave their personal belongings (no one should go back in the building for their things)
- Walks sensibly out of the building

The Fire Marshal will ensure they:

- Have a register of all staff, patients, visitors available to perform a head count
- Call the emergency services if required

OUR FIRE ASSEMBLY POINT(S) ARE