Fire Risk Assessment

Assessment Area:
Ward 30 - Acute Ward
Premises:
Block 22 Heartlands Hospital
Use of Assessment Area
Two storey brick an pitched roof built building with basement area
1st Floor level Ward

Details of other employees in the building
Other Medical Health care Professionals in adjoining wards on same level

Name / position of the responsible person(s):
████████ Ward 30 Manager
██████ Matron
Division 4 Operations Manager   XXXXXXXX
Name of person(s) providing the information:
XXXXXXXXX
Contact Details
XXXXXXXX
Maximum number of persons: 35 plus
Staff ████████████████
Patients   28 bed unit - 2/3rds of patients are bed bound
Others   Other health care professionals : Consultants etc
2 visitors per Bed – No children under 12yrs allowed

Minimum number of staff on duty at any time:
As above
Typical occupant dependency : (Yes or No)
Patient Age Range – 60yrs to 100yrs plus
Some patients have form of dementia
Independent   Yes
Dependent   Yes
High Dependency   Yes

Fire Risk Assessment Contents

Fire Risk Assessment Review

Assessment Area Plan

Fire Risk Assessment

Significant Findings and Action Plan

Fire Risk Assessment Review

Assessments should be kept under constant review, and in any case reviewed whenever circumstance change which affect the validity of the current assessment. Whilst there is no maximum period between assessments patient sleeping risks area will be reviewed every 12 months.

Assessment Area Plan

Insert an assessment area plan detailing the means of escape and other existing prevention and protective measures:

Assessment Date	Assessors Name	Signature	Review Date
March 7th 2013	███████████	███████████	Feb 2014
February 19th 2014	███████████	███████████	Feb 2015
February 11th 2015	███████████	███████████	Feb 2016
February 29th 2016	███████████	███████████	Feb 2017
February 25th 2017	███████████	███████████	Feb 2018

5 Step Fire Risk Assessment Process

1. **Identify the Hazard**
   Identify:
   Sources of Ignition
   Sources of Fuel
   Sources of Oxygen

2. **Indentify People at Risk**
   Identify:
   People in and around the premises
   People especially at risk

3. **Evaluate , Remove or Reduce and Protect from Risk**
   Evaluate the risk of fire occurring
   Evaluate the risk to people from fire
   Remove or reduce fire hazards
   Remove or reduce the risks to people

   - Fire Alarm Detection
   - Fire-Fighting Equipment
   - Escape Routes
   - Emergency Lighting
   - Fire Precautions Signage
   - Planned Preventative Maintenance
   - Equality Act 2010

4. **Record, Plan, Inform, Instruct and Train**
   Record significant Findings
   Prepare and Emergency Plan
   Inform and Instruct relevant persons: co- ordinate with others

5. **Review**
   Keep assessment under review every 12 months

Step 1   Identify the Hazards

1.1   **Examples of sources of fuel that might be present** (Indicate with X)

Paper and Card   x

Wood   x

Furniture including fixtures and fittings (window blinds etc)   x

Flammable Liquids   x   Small amounts of hand gels

Waste Materials   x   Clinical waste

Other (specify)   x   Medical Gases

1.2   **Examples of sources of ignition that might be present** (Indicate with X)

Portable and fixed electrical heaters

Cooking   x

Electrical Equipment   x

Overloaded Electrical Sockets

Static Electricity

Arson

Smoking Materials

Hot Work

Other (specify)

Sources of Ignition	Y	N	Sources of Fuel	Y	N	Sources of Oxygen	Y	N
1.3 Does the activity involve Processes such as Cooking	x		1.10 Are highly Flammable materials stored or used		X	1.16 Is there piped oxygen and medical gases in use	x	
1.4 Is there gas or burning oil equipment		x	1.11 Is combustible materials allowed to accumulate		x	1.17 Are there oxygen cylinders used or stored	x	
1.5 Are there light bulbs etc near flammable materials		x	1.12 Are excessive quantities of combustible materials used or stored		x	1.18 Are nitrous oxygen cylinders used or stored	x	
1.6 Does Electrical equipment have current PAT Test	x		1.13 Are substantial areas of walls or ceilings covered with flammable linings or materials		x	1.19 Is storage and use of cylinders in accordance with legislation or guidance	x	
1.7 Are there extension leads or multi point sockets in use		x	1.14 Are there any other combustible materials that represent a hazard i.e. aerosols	x		1.20 Are medical gas shut off switches/valves identifiable and suitably located	x	
1.8 Are portable heaters in use – Are they obstructed		x	1.15 Does smoking occur or are smoking materials present		x	1.21 Is there an operational procedure for medical gas isolation		x
1.9 Is Arson a potential problem	x							

Description of Hazard	Identify Measures to Eliminate or Reduce Hazards
██████████████████████████	Medical devices training web page information provided to ward manager. Manager to action staff training and awareness

Step 2 Identify people at risk

2.1   People in or around the premise (Indicate those identified)

Medical Staff (including agency or temporary staff)   x

Non Medical Staff (Including/Domestic/ Security/Maintenance staff etc)   x

Member of Public – both visitors and patients   x

Others, including contractors   x

2.2   Also Consider (Indicate those identified)

Lone Workers including Domestic/Security/Maintenance staff etc)   x

Those with language difficulties   x

Non patients with disability   x

Other people in the immediate vicinity of premises   x

2.3   Special considerations for young people

Have young people been given special consideration, due to their immaturity and inexperience -   Yes

2.4   Other Considerations

Are Personal Evacuation Plans required or in place

No PEEPS in place – **Draft assisted patient evacuation procedure issued for manager to develop and implement in 2016 – No action taken - PEEPS issued for 2017 Manager recommended to action.**

Are there specific risks that might affect fire fighter safety – Are they controlled

2.5 People at Risk		Independent – Dependent – Very High Dependency
Staff	Number	Dependency / Times at Risk
Days	10	**Majority of patients - Independent – Dependent – Occasionally high dependency when beds are needed**
Nights	8	**As above**
Lone Workers	None	
Patients – is the assessment area	Y / N No	
Sleeping Risk	Yes	**28 inpatient beds**
A patient access area- e.g. OPD Physiotherapy	No	

A non patient area	No	
Others in immediate vicinity who may be affected	Adjoining wards on same level	**150 plus includes staff patients and visitors in adjoining wards on same level**
Visitors	Yes	**2 per bed - No children under 12yrs allowed**
Contractors	Yes	**Porters – Other Health care Professionals**
Others (give details)	Ambulance Staff	**Visiting staff to collect and deliver patients**

General Comments and Observations	Existing Control Measures	Further Control Measures
Ward 30 is a nucleus designed ward with access to the adjoining Ward 29. **The ward is designed to allow patient evacuation from one compartment to another.** **Ward Manager advised at the time of this review (Feb 2016) work is planned to convert a bathroom into a doctors work area.** **In addition work is also planned to remove internal walls in the kitchen, block the existing kitchen entrance to provide a joint kitchen serving both ward areas. This proposed work will enable the oven located on the corridor in Ward 30 to be relocated into the designated a kitchen which will be accessed inside the ward. This will be kept under review to ensure fire precautions are not compromised.** **Updated plan of room changes given to ▮▮▮▮▮ 27th Feb 2017**	**L1 Fire Alarm to NHS Fire-code Standards –** **30 minute fire doors installed throughout both areas with self closing fire doors on actuation of fire alarm system** **Fire extinguishers installed throughout ward area** **30 and 60 minute fire compartment walls installed above ceiling lines – See comments below** **Fire dampers fitted on fire compartment lines**	**Manager advised to ensure the fire safety are notified of any future changes which may affect the fire precautions in this ward area** **Room 22.164 found to have no intumescent strips of cold smoke seals fitted** **Estates work request 220865 Feb 27th 2017** **No fire door keep shut signage installed Estates work request 220866** **No confirmation fire lines installed to current HTM standard above ceiling lines in room 22.164 – Estates work request 220867 Feb 27th 2017 to check, confirm and report if fire compartment lines installed to HTM standard**

Step 3- Evaluate, Remove or Reduce and Protect From Risk

3.1	Evaluate the Risk of Fire Occurring	
Cause and Ignition Source	**Observations High – Med – Low**	**Risk Category Score**
3.1.1 Smoking	**Low**	3
3.1.2 Fires started by Patients	**Low**	3
3.1.3 Arson	**Low**	3
3.1.4 Work Processes	**Low**	3
3.1.5 Fire Hazard Rooms	**Low**	3
3.1.6 Equipment	**Low**	3
3.1.7 Non Patent Areas – Examples in Table 1 HTM 05-02	**Low**	3
3.1.8 Lightning	**Low**	3
3.1.9 Electrical	**Low**	3
3.1.10 Toasters or Cooking Appliances	**Low**	3
3.1.11 Cooking	**Low - Med**	4 – See above comments on ward kitchen
3.1.12 Contractors	**Low**	3

3.1.13 General Comments and Observations	3.1.14 Existing Control Measures	3.1.15 Further Control Measures Required
None at the time of this review.		

3.2	Evaluate the Risks to People from Fire
Means of Escape	**Comment**
3.2.1 Is there an alternative means of escape	**Yes – Nucleus Designed to HTM Fire code – Horizontal Progressive Evacuation to adjoining sub compartment – Ward is at the end of building**
3.2.2 Is the travel distance acceptable	**Yes within acceptable 30 meter travel distance**
3.2.3 Are escape routes free from obstruction and combustible materials	**Some wheeled medical equipment stored on exit routes but can be moved promptly if necessary**
3.2.4 Are escape routes clearly indicated with	**Yes - signage installed to current statutory**

correct signage	requirements
3.2.5 Is escape lighting provided and adequate	**Yes installed throughout both areas and linked to emergency generators installed for the building**
3.2.6 Are smoke / fire dampers provide and control systems maintained and tested	**Yes – dampers installed on fire lines – Monitored by computer system located in estates department – No record of annual checks**
3.2.7 Are elements of structure adequate	**Structural elements appear to intact - Only visual check at time of this review**
3.2.8 Is sub compartment integrity adequately maintained	**PPMs on fire doors and other fire precaution equipment carried out by estates** **No – Confirmation needed fire lines installed to current HTM standard above ceiling lines in room** ████████████████████
3.2.9 Are suitable refuge areas provided	**Yes - adjoining fire compartments or ward areas act as refuge areas.**
3.2.10 If refuge areas are provided are communications provided and tested	**Internal telephones installed and linked to 24hrs manned switchboard**
3.2.11 Are all internal fire doors clearly marked	**Yes – 30 minute or 60 minute doors installed**
3.2.12 Is fire door integrity/ strips and seals and door closers adequately maintained	████████████████████
3.2.13 Are fire doors wedged open	**None found at the time of this review – Re inspection on 27TH Feb 2017** ████████████████████
3.2.14 Is patient observation adequate for risk	**Part - Some side bedrooms – nurse station views two 6 bedded areas – staff in place 24hrs**
3.2.15 Are staff numbers adequate for risk	**Yes see page 1**
3.2.16 Are staff training in correct evacuation procedures	**Part trained – See section 3.2.17.**
3.2.17 Do staff carry out evacuation drills	████████████ **With new staff employed in the last 12 months additional ward walk through procedure recommended within 3 months of this review date.**
3.2.18 Are fire notices adequate	**Installed at each fire alarm call points – One notice to be placed by call point opposite nurse**

	base reception see section 3.4.5
3.2.19 Are high risk rooms adequately protected	**Yes – To HTM Fire-code standards**
3.2.20 Are rooms utilized as fire hazard rooms, which do not meet current standards – Identify the rooms and the strategy to upgrade	**Yes – Bathroom changed to doctors room – No smoke detection installed – Estates work request 220895 27th February 2017**
3.2.21 Are there are security devices on doors that are suitable and acceptable- Do they comply with Appendix C in HTM 05-03 Part K	**Security swipe cards installed – Over-ride switches installed to allow emergency exit installed**
3.2.22 Detail facilities for fire fighters. Is the maintenance appropriate and are records kept	**Fire evacuation plans located to the entrance to the ward on hospital street – Ward fire strategy plans located in fire safety information folder**
3.2.23 If vertical evacuation is necessary (internal or external) are stairways suitable in size and width.	**Stairwells comply to current HTM Fire code standards**

3.2.24   Detail any necessary action to eliminate or reduce identified risk
3.2.17 – Ward Manager recommended ward evacuation procedure to be undertaken within 3 months of review date - Manager to contact and arrange with Fire Safety Adviser **3.2.20 Change of use of room – detection recommended - Estates to action** **3.2.12 Change of use of room – Intumescent strips and cold smoke seals to be installed – fire door keep closed sign to be installed – Estates to action.**

3.3	Remove or Reduce the Risk of Fire
Controls In Place	**Comments / Action Taken to Remove /Reduce Hazard**
3.3.1 Are stock levels kept to a minimum	**Stocks found to be to a minimum**
3.3.2 Are flammable liquids stored correctly	**None found at time of review - small quantity of hand gels provided throughout ward area which are only accessible by domestic staff**
3.3.3 Is an effective waste management system in place and observed	**Yes – Regular collections – internal disposal areas provided and used by clinical and domestic staff**
3.3.4 Is housekeeping to a high standard	**Good standard of house keeping**
3.3.5 Is electrical, mechanical and gas equipment used and maintained correctly	**PAT testing up to date last recorded check Dec 2016**
3.3.6 Are extension leads or socket adaptors used	**None found at time of this review**
3.3.7 Are portable heaters in temporary use- If so can they be replaced with fixed heaters or secured	**None found at time of this review**
3.3.8 Are the recommendations of HTM 05-03 Pt F being adopted	**Yes Staff take part in arson reduction**

3.3.9 Are combustible materials / surface finishes and notice boards etc to appropriate standards	**Plastic folders with patient care plans on walls – Manager advised to keep under review and reduce where necessary.**
3.3.10 Are contractors work and hot work permits issued and monitored	**Yes – Hot permit to work procedure in place with estates overseeing**
3.3.11 Can any hazardous substance be removed or replaced.	**None found at the time of this review**

3.3.12 General Comments and Observations	3.3.13 Existing Control Measures	3.3.14 Further Control Measures Required
No significant findings at the of the review		

3.4 Remove and Reduce the Risks to People from Fire	
Means of Escape	**Comments / Action Required**
3.4.1 Is an AFD system installed ,tested and maintained to HTM 0503 Pt B	**L1 Fire alarm fitted throughout patient areas and hazard rooms with heat and smoke detection**
3.4.2 If the AFD system does not conform to HTM 05-03Pt B – What is the standard	**See 3.2.20 – .Doctors/ admin room which has been changed from a bathroom room 22.167 has no detection installed. Estates work request 220895 Feb 27th 2017**
3.4.3 Are fire alarm call points clear and available	**Yes – Fire alarm call points installed throughout ward**
3.4.4 Is the fire alarm / AFD linked to an alarm centre	**Linked to 24hr manned trust switchboard**
3.4.5 Are appropriate fire action notices at all fire alarm call points	**Fire alarm call point signage required to be installed by call point opposite nurse base reception**
3.4.6 Are fixed suppression systems in place and adequately maintained and tested	**N/A**
3.4.7 Are appropriate portable fire extinguishers provided	**Yes – Water and Co2 units installed throughout ward area –**
3.4.8 Are extinguishers suitably located, indicated and readily available	**Yes – located throughout ward area with identification signage**
3.4.9 Has all firefighting equipment been serviced	**Yes – Last recoded test date October 2016**

and recorded in last 12 months	
3.4.10 Are smoke control systems adequately maintained and tested	**Smoke control monitored by computer system located in estates department**
3.4.11 Are staff trained to the required level (See HTM 05-03:Part A)	**Staff required to attend annual face to face mandatory fire safety training and e-learning training**
3.4.12 Is there clear access for fire service vehicles and personnel	**Access to ward is accessible via hospital street on 1ˢᵗ floor level**
3.4.13 Are all textiles and furniture to HTM 05-03 Pt C	**Patient areas to HTM standards** **Non patient areas to current furnishing standards**
3.4.14 Do all commercial enterprises conform to HTM 05-03 Pt D	**N/A**

3.4.15	Detail additional measures to eliminate or reduce identified risk
3.4.2 – Detection recommended	
3.4.5 - Fire action notice to be installed.	

3.5	Management Issues
Issues	**Comment / Action Required**
3.5.1 Is a suitable emergency plan in place and has been practiced in the last twelve months	**Evacuation procedure recommended within 3 months of review date – Assisted patient evacuation plan recommended to be collated – PEEPS form issued to ward manager to action where necessary**
3.5.2 Have staff all received appropriate fire safety training in the last twelve months	**Staff attend annual mandatory fire safety training face to face or via e-learning every 2 years**
3.5.3 Are Trust policies available and do staff know where and how to access the Trusts Fire Safety Policy	**Accessible via local intranet under share-point web portal**
3.5.4 Have fire wardens been nominated and do they complete and record their routine checks	**None nominated for this patient area**
3.5.6 Are test records available for AFD	**Yes - Estates hold test and inspection records for AFD**
3.5.7 Is co ordination / co operation with other trusts working and recorded	**Yes where applicable**
3.5.8 Has a Equality Act assessment covering disability and discrimination been completed	**Not known**
3.5.9 Is the area subject of an action plan or enforcement notice from the fire service	**None in place at the time of the review**
3.5.10 Are staff proactive in reducing Unwanted Fire Alarm Signals(UWFS) – Include action taken to reduce UWFS	**Yes – Clinical and non -clinical staff take active role in reducing unwanted fire alarm signals- Unwanted fire alarm signals in this location**

3.5.11 Are there special evacuation aids present and if staff receive appropriate training in their use.	**None installed –** **Nucleus HTM designed horizontal progressive evacuation on same floor level**
3.5.12 Is there a wall plan indicating fire safety measures	**Yes –installed in the hospital street leading to ward entrance – See enclosed photo**
3.5.13 Have employees, contractors etc been made aware of all relevant factors relating to the Trusts fire safety arrangements	**Yes – Estates provide contractors guidance procedures**

3.5.18 Detail additional measures to eliminate or reduce identified risks	
3.5.1 Ward evacuation procedure recommended in 2017 new staff employed in last 12months PEEPS form issued to Ward Manager	

Step 4 – Significant Findings and Action Plan

Measurement of likelihood

Level	Descriptor	Description
0	Never	**The event cannot happen under any circumstances.**
1	Rare	The incident may occur only in exceptional circumstances
2	Unlikely	The incident is not expected to happen but may occur in some circumstances
3	Possible	The incident may happen occasionally
4	Likely	The incident is likely to occur, but is not a persistent issue
5	Almost Certain	The incident will probably occur on many occasions and is a persistent issue

Measurement of consequence

Level	Descriptor	Description
0	None	No injury or adverse outcome. Low financial loss
1	Insignificant	No injury or adverse outcome; First aid treatment; Low financial loss

2	Minor	Short term injury/damage (e.g. resolves in a month); a number of people are involved
3	Moderate	Semi permanent injury (e.g. takes up to year to resolve)
4	Major	Permanent injury; major defects in plant, equipment, drugs or devises; the incident or individual involved may have a high media profile
5	Catastrophic	Death

ASSESSMENT MATRIX   The risk factor = likelihood. X consequence

	CONSEQUENCE					
LIKELIHOOD	None 0	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
0 Never	0	0	0	0	0	0
1 Rare	0	1	2	3	4	5
2 Unlikely	0	2	4	6	8	10
3 Possible	0	3	6	9	12	15
4 Likely	0	4	8	12	16	20
5 Almost Certain	0	5	10	15	20	25

By using the matrix above the risk score can be calculated to determine risk category. This ranges ranging from 1 (low severity and unlikely to happen) to 25 (just waiting to happen with disastrous and widespread consequences). The risk score can now form a basis upon which to determine the urgency of any actions.

CATEGORISATION OF RISK

Key		
0	No Risk	White category
1-3	Low Risk	Green Category
4 - 8	Moderate Risk	Yellow Category
9 – 14	Significant Risk	Orange Category
15 - 25	High Risk	Red Category`*

*Risks which have a priority score of 9 or more should be reviewed by the Directorate Management Team immediately. Risks with a score of 15 or more must be notified to the Risk Manager

1. Severity

The severity of the outcome should be considered as follows:-

A.	Likely to result in fatality	score	5
B.	Likely to result in a serious injury	score	4
C.	Likely to result in time being lost	score	3
D.	Likely to result in a minor injury	score	2
E.	No injury probable	score	1

2. Probability

The next consideration is the probability of the event happening. This may well depend on the number of times the task is carried out and by whom.

The following figures should be used:-

A.	Very likely to occur	score	5
B.	Probably will occur	score	4

C.	Possibility of it occurring	score	3
D.	Small chance of it occurring	score	2
E.	No likelihood of occurrence	score	1

3. Assessment figure

The overall assessment figure should give some indication as to how soon the risk is controlled and is obtained by multiplying the severity with the probability. It also indicates numerically where the action should be. A suggestion is as follows:-

Score 21	-	25	WORK MUST NOT TAKE PLACE
Score 16	-	20	Additional control /methods of work
Score 11	-	15	Review & advise – train – warning signs
Score 6	-	10	minor risk
Score 1	-	5	task fully controlled

FIRE RISK ASSESSMENT   SIGNIFICANT FINDINGS AND ACTION PLAN

Ref No	Area	Findings	Action Required	Interim Control Measure	Final Control Measure	Initial Risk Score Rating	Final Risk Score Rating	Person/s Responsible	Date Complete	Review Date
1.21	Ward 30	Clinical staff require refresher training on medical gas shut of valves and emergency shutdown procedures	Ward manager to action	Gas values installed to NHS HTM standards in corridor leading towards 29 and 30	Manager provided with training contact details of medical devices training	12	3	Manager – Ward 30- Medical Devices	Complete Manager informed February 27th h 2017 AJJM	Feb 2018
3.2.13	Room 22.164 Kitchen	Fire door wedged open	Door wedge Removed Fire door to be kept shut at all times	Ward Manager advised to inform domestic staff	To meet with statutory and Trust fire safety requirements	16	3	Manager Ward 30	Manager advised 27th Feb 2017 AJJM	Feb 2018
3.51 – 3.2.16 3.2.17	Ward 30	Ward Evacuation procedure advised within 3 months of review date New staff employed in last twelve months – No assisted patient evacuation procedure in place	Ward Manager recommend ward walk through procedure carried out for 2016 plus develop local assisted patient procedure	Last recorded ward walk through procedure in March and July 2015 – Draft policy issued to ward manager to develop	Staff attend annual fire safety training where evacuation procedures are presented	12		Manager Ward 30

Fire Safety Team | | May 2017 |
| 3.2.8 3.2.12 3.2.20 3.4.2 | Ward 30 Room changes | Rooms change or altered With- out notification as promised by ward manager on 31st March 2016. | Divisional Managers to advised fire safety team when alterations are taking place | Manager informed by email | ■■■■ | 16 | | Divisional Managers | | Feb 2018 |
| 3.4.5 | Ward 30 | Evacuation notice required by call point opposite nurse station | Estates to install | Manager advised | ■■■■ | 16 | | Estates work ref 220918 – Feb 27th 2017 | | End of Feb 2017 |