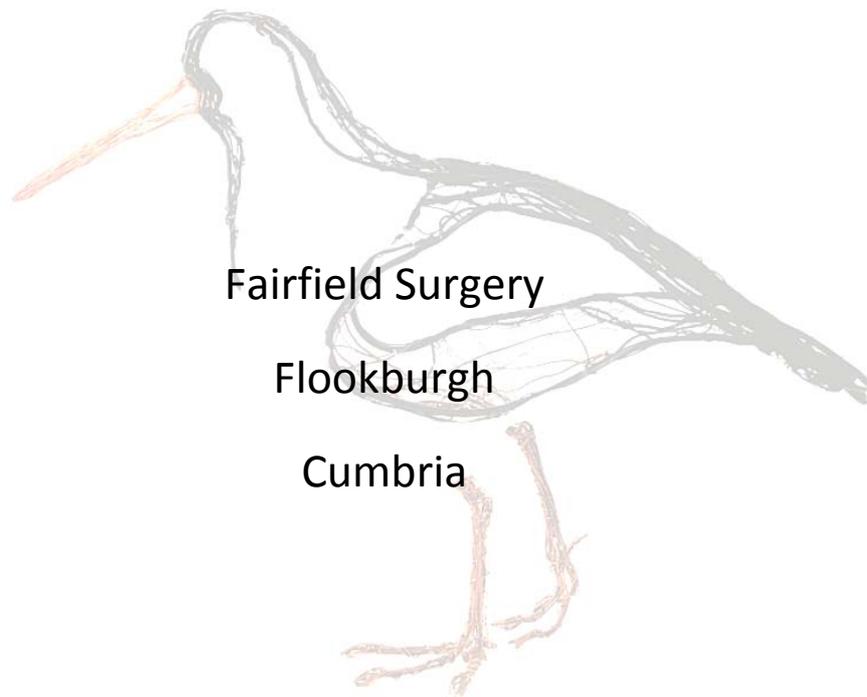


Peninsula Medical Practice

Fire Safety Assessment and Policy



Practice Policy Document No. 23

V2.0

April 2015

Fire Risk Assessment

1 Premises particulars

Premises Name

Peninsula Medical Practice Branch Surgery

Address

Fairfield Surgery,
Station Road, Flookburgh
LA11 7JY

Tel no: 01539 715715

Use of Premises

General Medical Practice

Owner/Employer/Person in control of the workplace

The partners of Peninsula Medical Practice

Date of Risk Assessment January 2014

Date of Review January 2015

Name & relevant details of the person who carried out the Fire Risk Assessment

Dr RN Gent (business partner) with advice from fire engineer from company contracted to maintain extinguishers.

2 General statement of policy

Statement:

Peninsula Medical Practice will protect all persons including employees, patients, contractors and members of the public from potential injury and damage to their health which might arise from our work activities.

We will provide and maintain safe working conditions, equipment and systems of work for all employees, and to provide such information, training and supervision as they need for this purpose.

We will give a high level of commitment to health and safety and will comply with all statutory requirements.

Commentary:

Planning: this assessment of fire safety has been made by the designated person after review of the extant advice UK Government advice and a visual inspection of the premises

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/14892/fsra-healthcare.pdf)

Organisation: Peninsula Medical Practice provides general medical services under contract from the NHS and licenced and regulated by the Care Quality Commission. It is a partnership, and the branch surgery at Fairfield Surgery, Flookburgh, is wholly owned by the partners and leased to the partnership for the purposes of continuing this business. All staff working on the premises are either employed by the partners or are visiting employees of other local NHS providers. All members of staff are subject to a requirement to comply with all mandatory training requirements, including fire training, for which protected training time is made available on a regular basis. Appropriate signage is provided for emergency exits

Control: all staff are responsible for reporting any concerns regarding health and safety issues to the practice manager. The practice manager and business partner are responsible for ensuring compliance with statutory requirements

Monitoring: the practice maintains a system of reporting, reviewing and implementing actions for significant events

Review: this assessment is to be reviewed annually, or sooner should the partners be notified of any changes in statutory guidance on should a significant event report indicate the need

4**General description of premises**

Description: Purpose built single story building comprising one waiting room, two consulting rooms, reception office, general office, washroom (including locked cleaners store). Small underfloor storage area accessible from left side of building and an external locked purpose designed dangerous materials store cupboard. Brick / concrete block and render wall, with slate roof. Approximately 30 years old

Occupancy

Times the Premises are in use: 07.00 to 19.00 Mon-Fri

The Total Number of persons Employed within the premises at any one time: range of 2-6

The Total Number of persons who may resort to the premises at any one time: 12-20 (including patients)

Size

Building footprint (Metres x Metres): 75m²

Number of floors: 1

Number of Stairs: 0

5**Fire safety systems within the premises**

Fire Warning System: (i.e. automatic fire detection, break-glass system to BS 5839, other)

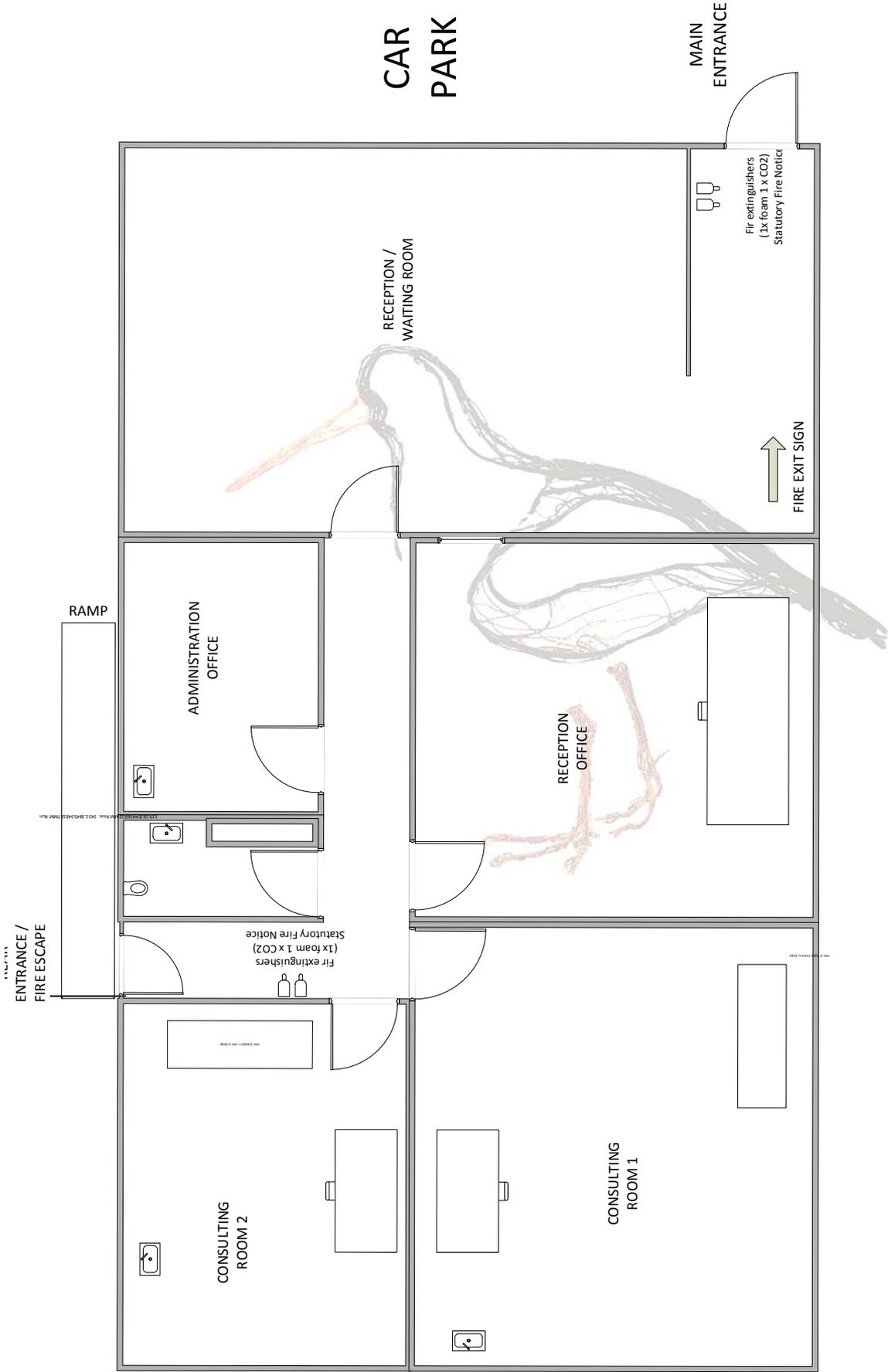
None – no significant hazards stored in a manner that gives reason to consider that risk warrants the implementation of such a system; small premises in which alarm can be raised verbally to all users quickly

Emergency Lighting: (i.e. maintained/non-maintained, 1hr/3hr duration to BS 5266)

None – operation normally only during daylight hours, good windows to all rooms, and simple floor plan allows for easy egress in an emergency

Other: (i.e. Sprinkler system to LPC rules BS 5306)

None – no high risk hazards present that warrant particular fire management systems to be provided. Two available exits from front and right rear side of the building. Practice policy is for staff and patients to evacuate premises on any suspicion of fire; staff are not to tackle any potential fires, their duty is to ensure that all persons are evacuated to the front car park and the fire and rescue service called to investigate



7

Identify fire hazards

Sources of Ignition:

Smoking materials /matches, lighters etc: prohibited for all staff and patients (a no-smoking NHS premises – and a public place in terms of prohibition of smoking)

Naked flames /hot work processes: none undertaken

Fixed /portable heaters: intrinsically safe central heating system to all work areas; gas central heating boiler serviced annually with built in fail safe mechanisms

Boilers /engines /machinery: none that are hazardous

Cooking: not allowed on premises; one kettle provided for hot drinks which is annually tested for electrical safety

Lighting equipment: none that are hazardous

Friction /sparks: no work undertaken that creates a friction / spark hazard

Arson: possible risk, but all work areas are regularly supervised and clinical areas reasonably secure from public areas

Sources of Fuel: No large sources of fuel identified on premises. Small quantities of methylated spirits are present (<200ml) and kept in secure cupboards away from sources of ignition. A small quantity of oxygen is stored under pressure in approved cylinders for resuscitation in the clinical area

Work Processes: No work processes requiring mitigation for fire risk identified

Structural features that could promote the spread of fire: None identified

8

Identify people at risk

Identify and specify the likely location of people at significant risk in case of fire, indicating why they are at risk, and what control's are or need to be in place:

- 1) Members of staff working in any area of the building. Risk controlled by mitigation measures and training
- 2) Visiting professional staff working in clinical areas. Risk controlled by supervision of employed members of staff
- 3) Patients in waiting room and clinical areas. Risk controlled by supervision of employed members of staff
- 4) Contractors. Risk controlled by requirement that contractors must always be supervised when working on the premises

- Evaluate the risk of a fire starting

The risk of a fire starting is considered to be low as the premises is built to recent building control standards, of material that is unlikely to be flammable, no processes are undertaken that are intrinsically dangerous and the little flammable material stored on the site is in small quantities, kept in appropriate containers and only used by trained personnel

- Evaluate the risk to people from a fire

The risk to people from fire is considered to be remote as the building is single storey with good exits to front and right rear side and very short evacuation pathways. No especial hazards are present that would especially endanger people. Some people with restricted mobility attend the premises, usually with a carer that would help them to escape. People with significant mobility problems will normally be seen in another care setting or at their own homes.

- Remove fire hazards (Where possible)

All unnecessary fire hazards are identified and removed from the premises / not stored on premises through COSHH process

- Reduce fire hazards (Where possible)

All fire hazards are identified and removed unless strictly required for clinical care

- Remove or reduce the risks to people from a fire

No-one who has no reason to be on the premises is allowed into the premises

- Protect people by providing fire precautions

Appropriate fire precaution identified in this assessment are to be provided

10

Means of escape – horizontal evacuation

Commentary:

All members of staff on the premises are known from the agreed roster.

All patients are logged into the practice administration system (EMISWeb), where their appointment flag is changed from patient booked -> patient in waiting room (with time stamp) -> patient finished appointment and left the practice (with time stamp). Log of patient attendances is accessible remotely from principal surgery system.

There are two escape doors to the building (front and right rear), which are accessible to all rooms via a short corridor at all times. There are no obstructions to this corridor or these doors, and the exits are protected from blockage by cars or other vehicles by a porch and walled exit ramp. There are no dead-end corridors or spaces, or inner-rooms (only accessible via other rooms). Both exit doors are open and unlocked whenever the surgery premises is in use by the public. No combustible materials are stored by the exits.

There are no likely circumstances when more that 12-18 people would be in the building and complete evacuation of the building using only one of the two available exits is practical within 2 minutes.

Any patient attending with a significant disability that might hamper them hearing an alarm, seeing a danger or being able to evacuate the building is known from their clinical record and would be assisted by an employee to the evacuation area.

11

Means of escape – vertical evacuation

Commentary: Building is single storey, ground floor, and no vertical evacuation plan is required.

12 Fire safety signs & notices

Commentary: Fire safety signs to be provided:

- 1) in reception detailing actions of duty receptionist to shout fire warning to all occupants of the building, call for fire assistance, and to ensure that all occupants have evacuated to, and remain at the designated rendezvous point
- 2) indicating emergency exits to corridor and in waiting room
- 3) indicating fire exits – keep clear to front and rear doors of building

13 Fire warning system

Commentary:

Premises is not complex, or having unusual hazards, and an automated warning system is not required.

Alarm – Verbal, a shouted warning from receptionist is sufficient to alert all building occupants (total premise floor area approx. 75m²) and all rooms adjacent to reception room.

14 Emergency lighting system

Commentary:

None installed or necessary. Evacuation routes are short and easily identifiable in poor visibility. All rooms have external windows allowing natural lighting. Normal opening hours are during daylight (although evenings and early mornings may still be dark for short periods during winter months).

15 Fire fighting equipment

Commentary: Premises are under 200m² and on a single floor. No especial chemical or electrical hazards are present. Two (2) 9L water or foam (or smaller if suitable for type-B fires) and two (2) 2L carbon-dioxide extinguisher to either be provided and maintained by an appropriate contractor, or of an approved self-maintenance type.

16

Management - maintenance

Is there a maintenance programme for the fire safety provisions in the premises Yes / No

Commentary: Survey and review annually of precautions. Annual check of extinguishers by competent contractor. No fixed systems in place requiring other maintenance

Are regular checks of fire resisting doors, walls & partions carried out Yes / No

Commentary: Visual checks of building structure and integrity made by practice manager or business partner

Are regular checks of escape routes & exit doors carried out Yes / No

Commentary: These are all every day use items and have to be opened by working staff each day to allow any proper use of the premises

Are regular checks of fire safety signs carried out Yes / No

Commentary: Yes, as per building structure and integrity

Is there a maintenance regime for the fire warning system Yes / No

Commentary: No system fitted

Weekly

Annually

Is there a maintenance regime for the emergency lighting system Yes / No

Commentary: No system fitted

Weekly

Monthly

Annually

Is there maintenance of the fire fighting equipment (By competent person?) Yes / No

Commentary: Fire extinguishers & signage

Weekly/ Annually

Lakeland Fire Protection annual rolling gold level contract

Tel: Kendal 01539 738600 / Carlisle 01228 540500 Fax: 01539 738700

Are records kept & their location identified Yes / No

Commentary: By practice manager on file at main premises (assessment and maintenance contract)

17

Method for calling the fire service

Specify: Receptionist on duty to call fire and rescue services by dialling 999

18

Emergency Action Plan (EAP)

Commentary: In the event of any suspected fire, the receptionist on duty will be informed immediately and they will:

- 1) Call 'FIRE EVERYONE TO EVACUATE THE BUILDING AND WAIT IN THE FRONT CAR PARK'
- 2) Call the Fire and Rescue Service by dialling 999
- 3) Check that nobody remains in the building provided it is safe to do so
- 4) Check that all people who were in the building have evacuated to the car park
- 5) Remain at the evacuation point to liaise with the fire service on their arrival

Staff are only to tackle fires in order to ensure that everyone can leave the premises safely

19

Training

Commentary: All staff are to receive update training on this assessment and their roles in the event of a fire on an annual basis in protected learning time. Training to be recorded by the practice manager in the personnel files.

Deficiency/Rectification	Priority	Date to be Rectified	Date Rectified
<p>Inspection and advisory visit from fire engineer 27/1/2014; plan discussed and following items agreed:</p> <ol style="list-style-type: none"> 1) Increase numbers of extinguishers to 2 x foam and 2 x CO2 and install on wall mountings 2) Fix labels identifying suitability of extinguishers to wall above extinguishers (x2) 3) Fix statutory fire notices to wall above extinguishers (x2) 4) Consider some simple system of providing emergency lighting (torches fixed to walls sufficient) <p>Maintenance contract for annual inspection and repairs to extinguishers (including 5 year discharge and refilling)</p> <p>Additional labelling / signage not considered necessary due to very simple layout of building</p> <p>Ensure that fire awareness training included in PLT</p> <p>All other items of audit and plan in keeping with good practice</p> <p>NG 27/1/2014</p>	<p>high } } } high } } high } low high low low high</p>	<p>commissioned 27/1/2014 end Q2 2014 end Q4 2014/5</p>	<p>Feb 2014 contract signed 27/1/2014</p>
<p>Add smoke alarms to protect front and rear entrances</p>	<p>low</p>		<p>Q2 2015</p>
<p>Add emergency torches to consulting rooms and reception Area</p>	<p>low</p>		<p>Q2 2015</p>
<p>Annual extinguisher maintenance completed</p>	<p>high</p>	<p>Q2 2015</p>	<p>Q1 2015</p>
<p>NG 24/7/2015</p>			

Significant Finding

Control Measure/Action

***Insert additional pages as required**

22

Additional hazards

Specify: No additional hazards identified as at 01/01/2014

Need to consult fire service

Yes / No