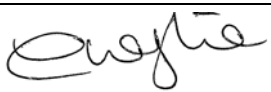


<b>Date:</b>	12 April 2018
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 8.7
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	Gary Johnson Risk Manager
<b>GB Lead:</b> <i>(Name, Title)</i>	Catherine Wylie Director of Quality & Nursing
<b>Director approval</b> <i>(name)</i>	Catherine Wylie Director of Quality & Nursing
<b>Director Signature</b>	

<b>Report Title:</b>
Fire Policy
<b>Decisions to be made:</b>
1. Policy For Approval

<b>Continue to improve the quality of services</b>	<input type="checkbox"/>	<b>Improve patient experience</b>	<input type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input type="checkbox"/>	<b>Statutory/Regulatory</b>	<input checked="" type="checkbox"/>
<b>Purpose (tick one only)</b>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	To note <input type="checkbox"/> Decision <input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>	
The attached Fire policy has been developed in line with National best practice to help ensure the CCG meets its statutory obligations and the Governing Body is asked to formally approve the policy.	
<b>Recommendations</b>	1 To formally approve 2 3
<b>Report history</b>	Health and Safety Group 27/11/2017 Quality, Performance & Finance Committee 8/03/2018
<b>Equality Impact</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Risk</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Legal</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Finance</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	N/A	Y	N	Date		N/A	Y	N	Date
<b>Patient:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Clinical:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Public:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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# Fire Safety Policy

**Important:** This document can only be considered valid when viewed on NHS North Lincolnshire CCG's website. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

Name and Title of Author:	Gary Johnson – Risk Manager
Implementation Date:	April 2018
Review Date:	March 2020
Approved by & Date	Governing Body – 12 April 2018
<b>Target Audience:</b>	<b>Staff and Visitors within Health Place, Brigg, North Lincolnshire</b>

## Review and Amendment Log / Version Control Sheet

<b>Version no.</b>	<b>Date</b>	<b>Author</b>	<b>Description</b>	<b>Circulation</b>
1	27/11/2017	Gary Johnson	New policy	Draft sent to H&S Group and Quality Group for consultation
2	16/02/2018	Gary Johnson	Updates to Policy after Comments from Quality Group	Quality Group
3	12/03/2018	Gary Johnson	Final updates from Comments at the Quality, Performance & Finance Committee	Quality, Performance & Finance Committee

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## **1. Introduction**

- 1.1 It is the policy of NHS North Lincolnshire Clinical Commissioning Group (the CCG) to seek to ensure as far as is reasonably practical, that all steps are taken by the CCG to prevent and minimise the effects of fire.

## **2. EQUALITY IMPACT ANALYSIS**

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

In developing this policy, an Equality Impact Analysis has been undertaken and is attached at Appendix D. As a result of the initial screening, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are required at this stage.

The application of this policy will be monitored alongside recruitment monitoring data to ensure fair application.

### **2.1 SUSTAINABILITY IMPACT ASSESSMENT**

A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix D.

### **2.2 BRIBERY ACT 2010**

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery.

Due consideration has been given to the Bribery Act 2010 in the development of this policy document and consistent application of this policy will mitigate bribery in relation to this policy.

Under the Bribery Act it is a criminal offence to: Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
- These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet)

should be read when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist

### **3. Purpose**

- 3.1 The CCG acknowledges its responsibility for the safety of people within the organisation and wider, if fires occur, for the prevention of fire and the requirement to have a written statement of general policy under the statutory requirements of:

Regulatory Reform (Fire Safety) Order 2005 (RRO)  
Health and Safety at Work Act 1974  
Building Act 1984 and Building Regulations 1991  
Fire code Policy and Principles 1994

- 3.2 The policy, together with any subsequent revisions, will be brought to the notice of all CCG employees.

### **4. Definitions/ Explanation of Terms**

CCG - NHS North Lincolnshire Clinical Commissioning Group

### **5. Scope of the Policy**

- 5.1 This policy applies to NHS North Lincolnshire Clinical Commissioning Group and applies to all employees, members of the CCG, co-opted members and members of the Governing Body and its committees who must comply with the arrangements outlined in this policy. Some staff will be working in other buildings that are not managed by the CCG, the principles of this policy will still apply and the same standard of fire safety guarantees must be in place as per the Fire Safety Order and implemented by the landlord and/or the major employer in that premises.

### **6. Duties/ Accountabilities and Responsibilities**

#### **6.1 Duties within the Organisation**

- 6.1.1 The CCG recognises its responsibilities to ensure that reasonable precautions are taken to provide a safe working environment and that steps are taken to prevent or minimise the causes of fire, in compliance with relevant statutes and code of practice (as identified above).

## **6.2 Responsibilities within the Organisation**

### **6.2.1 The CCG will:**

- i) Provide a safe working environment paying attention to fire prevention and evacuation procedures.
- ii) Ensure that systems are in place and regularly scrutinised to ensure their adequacy, i.e. fire evacuation drills, inspections of the means of escape and maintenance of fire warning systems and firefighting equipment.
- iii) Provide appropriate information, suitable instruction and training in basic fire prevention measures and evaluation procedures, together with mandatory annual updating for all people of the CCG.
- iv) Ensure all legally enforceable obligations are complied with, for designated use of premises, under the Fire Precaution Act 1971.
- v) Ensure Risk Assessment and Fire audits are implemented to comply with Statute.
- vi) Ensure all premises have a local Fire Safety procedure that is regularly reviewed.
- vii) The CCG recognises that this policy statement is implemented in pursuance of this aim.

## **7. Accountabilities within the Organisation**

### **7.1 Accountable Officer**

Responsibility for fire safety rests with the Accountable Officer who has nominated the Director of Nursing and Quality as the person with managerial responsibility.

The Accountable Officer is responsible for:

- Ensuring the review of the Fire Safety Policy.
- Demonstrating commitment to the promotion of fire safety within the CCG
- Ensuring sufficient resources are allocated to implement the Fire Safety policy and procedures
- Ensuring that mandatory training for all employees is provided and that adequate resources are available to meet those training needs



## **7.2 Responsible Person**

The Director of Nursing and Quality is the Responsible Person as defined by the Regulatory Reform (Fire Safety) Order 2005 and is responsible for the implementation of the Fire Safety Policy, and for the following:

- Advising the Health and Safety Group on future safety matters and identifying necessary resources to provide safe systems in line with the Health and Safety at Work Act 1974 and the Fire Precautions Act 1971. Ensuring implementation of the Fire Code requirement
- Ensuring provision of Competent Person advice (Fire)
- Ensure the production of a report on fire safety to the Health and Safety Group
- To ensure that agreed programs of investment in fire precautions are properly accounted for in the CCG's annual Business Plan
- To ensure that all managers and staff participate regularly in fire safety training and fire drills

## **7.3 NLCCG Risk Manager**

The NLCCG Risk Manager for fire as defined by the Regulatory Reform (Fire Safety) Order 2005 is responsible for facilitating the delivery of the fire safety policy and for the following:

- Advising Management on Fire Code and changes in legislation, in relation to the fire safety management
- Advise of responsibilities in respect of designated premises and maintaining the necessary provisions of the RRO Fire Risk Assessment
- Carrying out fire safety audits and preparing reports to the Responsible person (minimum annually)
- Carrying out assessments of fire risk and preparing reports to the Responsible Person, recommending actions in respect of fire safety improvements
- Reporting, within 48 hours, details of all outbreaks of fire to which the Fire Brigade is called, to the NHS Property Services and the Responsible Person
- Preparing content, delivery and evaluation of staff training
- Ensuring regular fire drills are carried out, attending when required, monitoring the outcomes, recommending remedial action where necessary and arranging for records of training and drills, to be kept centrally
- Keeping records of all actual fire incidents and investigating fires in suspicious circumstances in conjunction with police, fire services, NHS PS and other organisations within the building. Provide reports to the responsible person
- Ensuring effective communication, liaison, and assurance with NHS PS and other organisations within the premises for fire safety, and facilitate the

implementation of the evacuation plan for Health Place (attached as appendix A) in conjunction with other organisations

#### **7.4 Line Managers**

- Staff in supervisory roles will ensure the effective day to day application of this policy, within their areas of responsibility. They will make arrangements for the co-ordination of staff in a fire emergency
- In conjunction with the competent person (Risk Manager) and other organisations within the building developing local fire emergency procedures, ensuring staff are familiar with fire procedures specific to their work area
- Ensuring the day to day maintenance of fire safety within their area of control and that fire hazards are eliminated should they occur
- Liaising with the competent person (Risk Manager), on any changes within the workplace affecting fire safety to ensure compliance with this policy and associated legislation
- Ensuring that members of staff receive initial information on Fire Safety and evacuation procedures specific to their work area, immediately following appointment, and are made aware of the procedures for reporting fire hazards to management
- Ensuring staff take part in fire drills, no less than once a year
- Ensuring any staff requiring Personal Emergency Evacuation Plans (PEEP) in line with the RRO are identified and a PEEP is completed using the template at appendix B

#### **7.5 Fire Wardens and Competent Person**

The fire wardens in conjunction with the competent person (a competent person is someone who has sufficient experience and training or knowledge that allows them to assist effectively) have the responsibility for the co-ordination of fire safety within the premises. Duties will include:

- In the event of an emergency, to take charge until the fire service arrives and acts as a focus for liaison purposes thereafter
- Attend regular fire drills in association with the competent person

- Ensure regular checks of systems and equipment are carried out

## **7.6 Responsibilities of all Staff**

All staff must:

Adhere to the NHS North Lincolnshire CCG Fire Safety Policy.

Notify their immediate manager of even small, rapidly extinguished fires; and report any incidents using the CCG incident reporting App.

Participate in fire safety training and drills.

Be aware of their responsibilities to others (including visitors) and involve them (If appropriate) in the fire safety process.

## **8. Consultation**

### **8.1 Interdependencies**

Due to the re-organisation of the NHS, certain interdependencies have developed in relation to the premises which will impact of fire safety for the organisation these interdependencies are described in the table below. Interdependencies exist due to the size of the building and the evolution of the NHS to its current point. The organisations will gain assurance on the management of these interdependencies to ensure the effectiveness of fire safety.

### **8.2 Landlord**

NHS Property Services acts as the landlord in the building, and is responsible for ensuring the management of Fire and other systems on behalf of NHS tenants within the building.

### **8.3 Other NHS organisations**

There are other non-NHS organisations who are tenants within the building who impact on fire safety arrangements these other organisations include: eMBED Health Consortium & Audit one

## 8.4 Table of interdependencies

Interdependency	Organisation Managing interdependency	Organisations sharing interdependence	Issues/comments
Fire Fighting Equipment	landlord	Other tenants	
Fire Warning system	landlord	Other tenants	
Emergency lighting	landlord	Other tenants	
Fire Safety Signs and Notices	landlord	Other tenants	
Cleaning and other contractors	landlord	Other tenants	
Assembly Point	NLCCG	Other tenants	
Fire Wardens	Collaborative working across all tenants within Health Place	All tenants	

## 9.0 Training

All new employees will receive training on the first day during their basic induction. Line managers will also complete induction on first day at work which includes fire evacuation information. Training is an ongoing process involving e-learning which is to be completed on ESR every year, Fire evacuations and post evacuation reviews form part of the overall fire training which are bi-annually.

## 10. Monitoring Compliance with the document

This policy will be monitored by the Health and Safety Group for effectiveness.

## 11. Arrangements for Review

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis.

Monitoring of this policy will be through the CCG Health and Safety Group with reference to the monitoring of incidents, fire evacuations both planned and unplanned.

This information will be provided in the quarterly health and safety report.

## **12. Dissemination**

Information is disseminated through training, debrief, Intranet Policies and line management.

## **13. Associated Documentation**

NLCCG Health and Safety Policy

NLCCG Maternity, Maternity Support (Paternity) Adoption and Parental Leave Policy

## **14. References**

Regulatory Reform (Fire Safety) Order 2005

The Health and Safety at Work Act 1974

The Building Act 1984 and Building Regulations 1991

Fire code Policy and Principles 1994

## 15. Appendices

**Appendix A –Evacuation** Procedure (in accordance with Article 15 of the Regulatory Reform Fire Safety Order 2005)

### **PART A – Generic Evacuation Procedure**

IF YOU DISCOVER A FIRE, SEE SMOKE OR SENSE AN UNUSUAL SMELL OF BURNING/GAS:

- **RESCUE** anyone from immediate danger ( without putting Self or others at any further Risk)
- **ALERT** everyone in the vicinity. Immediately break glass at nearest fire alarm point -
- **CONFINE** the fire/Gas Leak by closing all doors and windows in the area of the suspected incident – If a Gas leak is Suspected or Confirmed don't turn any **light switches** or appliances on or off as they could cause a spark.
- **EVACUATE** all staff and visitors from the building (Do not use the lift)

There is a system in place whereby the **alarm will automatically be raised with the Fire Service**. If there is clear evidence of a fire or gas leak, you are encouraged to save valuable time by telephoning the fire brigade, giving the address and postcode as well as any information regarding the nature and location of the fire. Such a telephone call **MUST NOT** delay your own or others' evacuation of the site – use a mobile phone from the external assembly point if necessary.

If you have been **trained and feel comfortable and confident** to do so, attack a fire with the equipment provided **without taking any personal risk**.

Only tackle the fire if;

- a. You have been trained in the use of firefighting equipment
- b. You are certain you are using the appropriate extinguisher
- c. You can do so safely, with your exit route behind you
- d. The fire is small and only developing slowly

If possible and without taking any personal risk, remove any potential accelerants from the immediate area of the fire.

**NEVER** hesitate to activate the fire warning system by activating a break-glass call point if you believe there may be a fire/gas leak. Time is critical in these situations and you will never be reprimanded for acting "in good faith".

## **On hearing the Fire Alarm**

All persons should leave the building (Do not use the lift) and go to the **MUSTER POINT**.

Anyone identified with a Personal Emergency Evacuation plan (PEEP) on the first floor and cannot use the stairs unaided should wait at the main stairwell for Fire wardens/ trained staff in the use of the Evac Chair for safe passage down stairs.

**DO NOT** stop to collect personal belongings.

On leaving any room please close all doors and, if possible, windows too. If a Gas leak is Suspected or Confirmed don't turn any **light switches** or appliances on or off as they could cause a spark.

**DO NOT** re-enter the building unless instructed to do so by the fire warden, senior manager or a member of the Fire Service.

Staff are responsible for patient safety and should immediately establish the whereabouts of all their visitors and assess each individual's means of evacuation. Staff should pay particular attention to people with reduced mobility, disabilities or impairments (see below for guidance).

It is the responsibility of any staff that has visitors with them to ensure that they are evacuated, in a calm manner, to the nearest fire exit. Visitors who are attending a meeting are the responsibility of the meeting chair and must be accounted for on arrival at the assembly point.

**THE MUSTER POINT FOR HEALTH PLACE IS:  
THE GRASSED AREA ADJACENT TO SCAWBY HOUSE**

### **Responsible Person or Senior Manager will:**

Proceed to the assembly point and oversee the roll-call via the fire wardens for the building.

Undertake the following areas of responsibility, (which may be delegated to fire wardens, or other staff as appropriate):

- Go to the fire alarm panel to ascertain the location of the fire.
- Stand at main entrance to prevent access by the public
- Ensure vehicular access not restricted (for Fire Service)
- Maintain safety of staff at Muster Point
- Prevent vehicular access to the site, other than fire appliances

Liaise with the Fire Service to provide information on:

- Who is unaccounted for and where they were last seen
- The location of the fire
- The nature of the fire
- Any special hazards (oxygen, clinical waste etc)

On conclusion of the incident the Responsible Person/Senior Manager should:

- Complete an Alarm Activation Record, bearing in mind that any and all evacuations are an opportunity for learning and improving our systems;
- Liaise with **CUSTODIAN** on **0844 879 1706** and **ask to re activate the fire system.**

### **Fire Wardens**

The Fire Wardens will have undertaken more intensive fire training and will liaise with the Responsible Person/Senior Manager. Their duties will include:

- Where a fluorescent tabard for identification purposes
- Sweep search their designated area
- Proceed to assembly point (with any signing in sheets/records) to carry out the roll-call if not already taken by receptionist
- Report outcome of roll-call to the Responsible Person/Senior Manager including information on any persons who are unaccounted for
- Accept delegated duties from the Responsible Person/Senior Manager in order to facilitate the management of the incident

All staff should be familiar with the contents of the Health Place Evacuation Procedure and should undertake mandatory fire training at the prescribed intervals.

### **EVACUATION OF PEOPLE WITH DISABILITIES OR IMPAIRMENTS**

Any member of staff with a disability or an impairment, which may affect their ability to evacuate the site in case of fire, should have a Personal Emergency Evacuation Plan (PEEP).

#### **Mobility impairment**

A responsible member of staff should be nominated to escort those who need assistance from the building, or who may be slower to evacuate the site. The staff member should ensure that other persons are able to evacuate the building unimpaired, while those who travel at a slower pace continue their evacuation.

An Evac Chair is provided on the first floor in the stair well. Evac Chairs should only be used by staff, who are fully trained in their use and who are confident in their operation.



## **Visual impairment**

People with a visual impairment may require assistance in descending the stairs. The helper should descend first, with the person's hand on their shoulder. The helper may also need to assist with identification of and access to the assembly point.

## **Hearing impairment**

Staff should be aware that people with a hearing disability may not be aware of the alarm and should be escorted from the building.

## **PART B – 'HEALTH PLACE' - BUILDING SPECIFIC PROCEDURES**

### **Fire Alarm Testing**

The Fire Alarm will be tested every Thursday morning sometime between 11.15 and 12.00 hrs.

Once every Six months, a full fire test will be conducted by the Risk Manager. Tenants will be advised in advance of the test being conducted.

The Responsible Person/Senior Manager and Fire Wardens are responsible for evacuating all staff and visitors from the building. Sufficient individuals should be trained in the use of evacuation chairs, to enable this to happen. All individuals should thus be evacuated **UNLESS** to do so would jeopardise the safety of the individual or others

### **Muster/Assembly Point**

The grassed area adjacent to Scawby House by the bottom car park, where individuals will be placed in a particular zoned area (Zone 1-4) according to their place of work, and in accordance with the Fire Zone poster. Visitors will occupy Zone 5 at the muster point.

### **Fire Zone Evacuation Procedure**

The Fire Warden for each respective zone, will ensure that their area is "swept" and also be mindful to assist any PEEP registered staff/visitors

Fire Zone 3 Fire Wardens are to sweep their area ensuring safe evacuation of staff and then sweep the areas in Zone 1 from the Boardroom through to reception and also check the corridor to the rear entrance prior to evacuating the building to the Muster Point.

Fire Zone 4 Fire Wardens are to sweep their area ensuring safe evacuation of staff and then sweep the areas in Zone 2 through to reception before exiting the building to the Muster Point.

On arrival at the Muster Point, the Responsible Person/Senior Manager will collate information from the Fire Wardens.

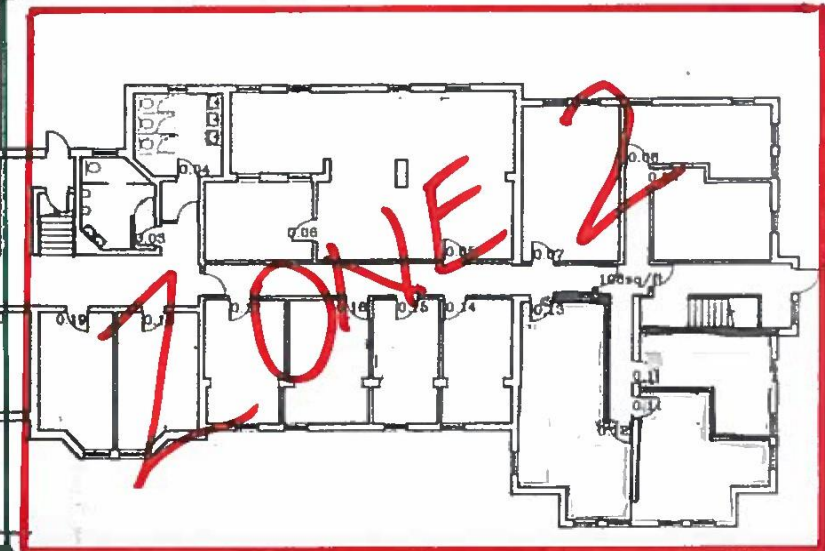
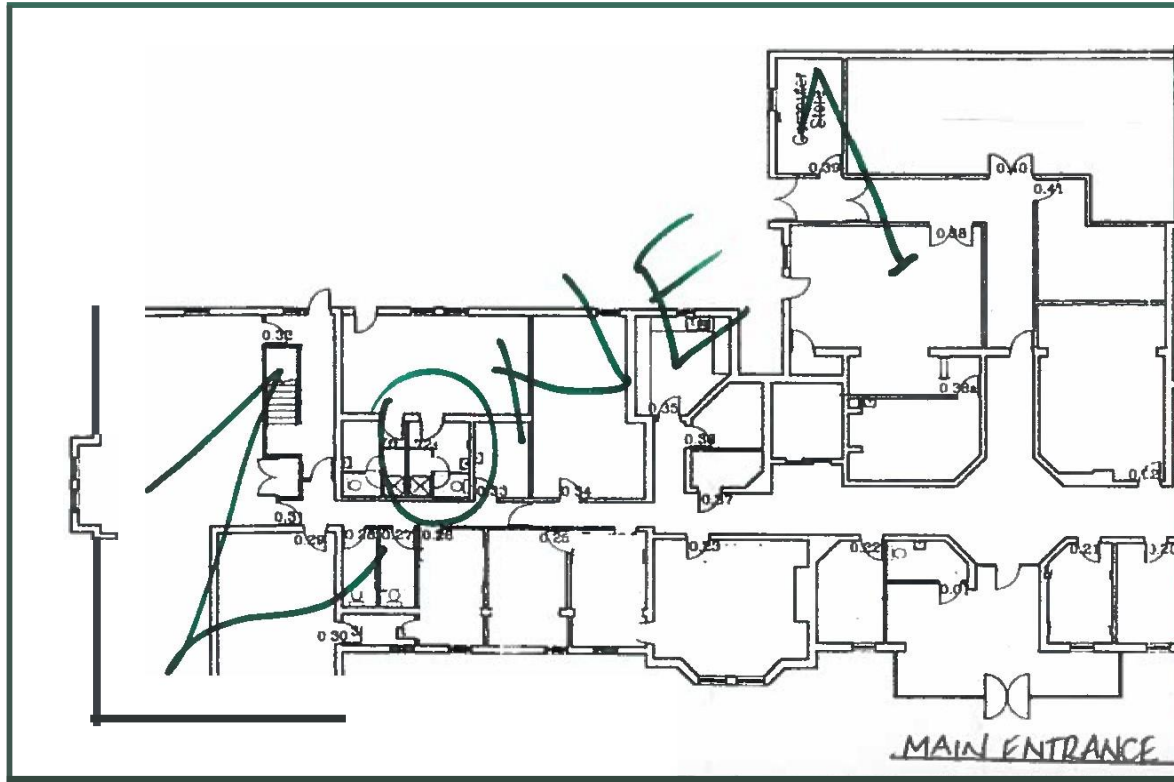
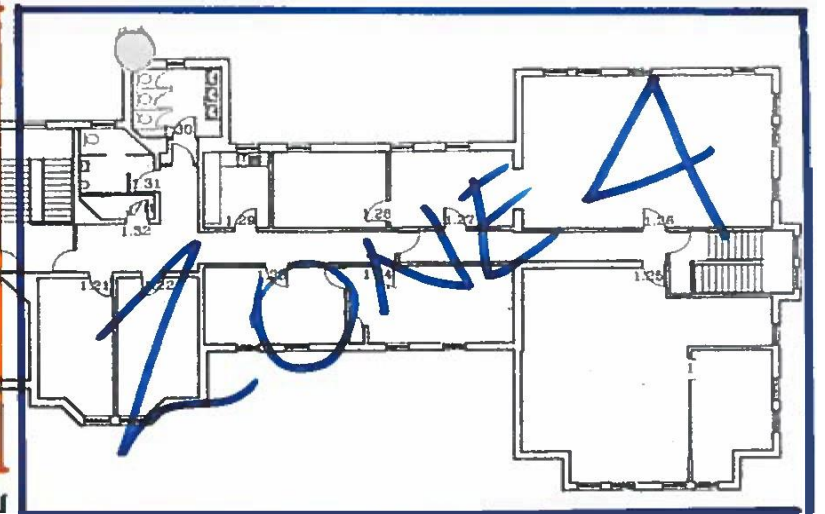
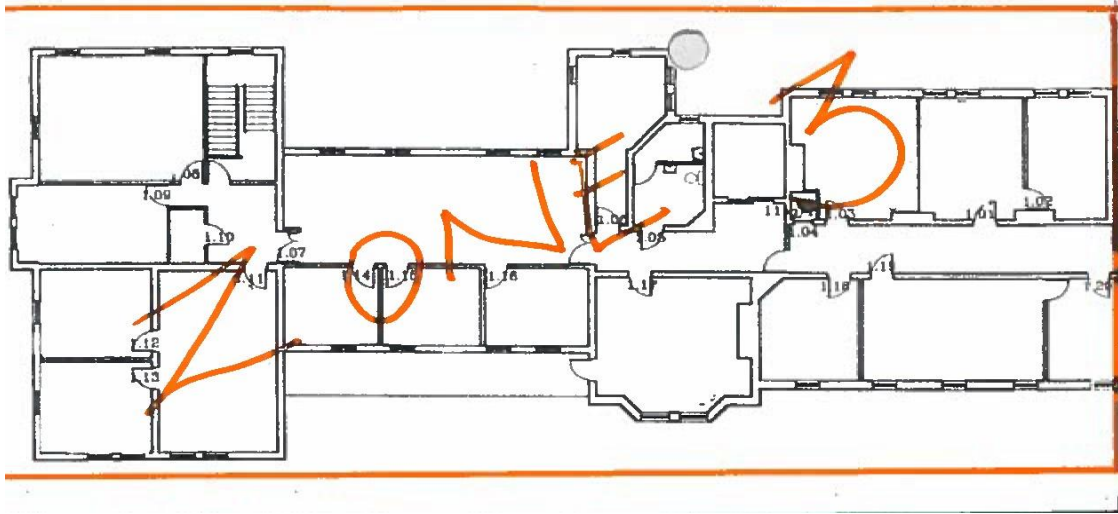
The Responsible Person/Senior Manager will then take on the role as described in Part A above.

### **Evacuation Procedure outside “normal” working hours**

NHS Property Services advise that Health Place is opened by the security company at 07:00 and closed again at 19:00.

Normal working hours are deemed as. 08.30 to 17.00

- If staff are working out of normal working hours they should be aware to ring NHS PS On Call on 0300 303 8590 should the alarm activate outside of these hours as no fire wardens will be in situ.



# Personal Emergency Evacuation Plan (PEEP)

## **Evacuation of Mobility-Impaired and/or Disabled Persons**

### **Mobility Impairment and the Law**

The Regulatory Reform (Fire Safety) Order 2005 places a legal duty on those with 'responsibility' over the management and operation of premises to provide adequate means for emergency escape in the event of fire for all building occupants. The same rights in law apply to those members of staff or visitors in a building who for whatever reason suffer from some degree of mobility impairment. The Order requires fire risk assessments to be undertaken as the means by which a 'responsible person' can identify and manage fire risks. The provision of facilities for the safe emergency evacuation of those with mobility impairments should be considered an important part of the fire risk management process.

### **What is a Mobility Impairment?**

As with many aspects of fire safety, the degree to which an individual is affected by mobility impairment and the conditions of building access and occupation together constitute a life risk that may be unique to that individual's circumstance. A mobility impairment definition can be applied to any individual who is unable, or finds it difficult to move over the potential evacuation distance without the assistance of others, or at such a pace that would impede others escaping at a normal speed. In effect, the definition can be extended beyond the wheelchair user to elderly persons, those with breathing difficulties, those with temporary conditions such as pregnancy, or those injuries affecting their mobility. It could also affect those with a visual impairment, who move slowly because they cannot easily see the means of escape. In short, any individual who is unable to evacuate with the main body of able-bodied occupants.

### **Other Disabilities**

Other disabilities may also affect a person's ability to evacuate as quickly as required. These include, but are not limited to:

Hearing impairment, where somebody is unable to hear the fire alarm sounders, or is unable to hear guidance instructions given by members of staff, either with or without the added interference of alarm sounders;

Learning disability, where somebody cannot understand what is being told to them, does not understand the gravity of the situation, or moves in unpredictable directions;

Poor Mental Health, where a person may intentionally or otherwise act in an unpredictable manner, and possibly impede the progress of others.

## **What are the Fire Risk Moderating Options?**

Over recent times the law concerning access discrimination against those with disabilities has extended to include all service providers and employers. In meeting the freedom of access laws, the potential exists to contravene fire safety law and this is where fire risk assessment plays its part. Strategies and procedures associated with managing the safe evacuation of mobility impaired persons involve physical fire safety provisions and fire safety management provisions. Physical provisions need to be suitable for all classifications of mobility impairment. They usually consist of a combination of evacuation lift provision and protected stairways with carry chairs, both provided with refuges to protect occupants from the effects of fire whilst they wait for assistance. Refuges need to be clearly recognisable and if we are to ask a mobility impaired person to wait whilst others evacuate, we must ensure that a means for these persons to communicate with the building management is available. Ideally, this should not be by means of a 2-way radio, as the person awaiting assistance may encounter additional stress levels, worrying about how to use the radio. There is the added problem of battery-charging, and security of the equipment. A better solution is a simple to use intercom system, between the refuge area, and the final exit area. This should be at a height suitable for wheelchair users as well as others.

## **Fire Safety Management of Mobility Impaired Persons**

Anyone who needs assistance to safely evacuate the building will require a plan. It is the responsibility of premises managers to ensure that the uniqueness of an individual's mobility impairment is properly coordinated with the physical provisions for their escape. The system normally applied is known as the Personal Emergency Evacuation Plan (PEEP). It is a system that constitutes a contract between the individual and the organisation that sets expectations from the individuals' point of view concerning what support he or she can expect and from the organisations perspective, applies reasonable conditions on occupation.

Where possible, the PEEP should be developed in conjunction with the individual to agree what action will be taken. For example, a person with a visual impairment may need to be escorted from the premises in case of a fire and a staff member should be nominated for this activity.

Once a PEEP has been established, arrangements should be put in place to ensure that these are practiced and it is recommended that these are carried out separately to the standard test evacuation. The needs of the individual should be considered and therefore it may be inappropriate for the individual to be involved in the test evacuation. In these cases, a volunteer to take their place should be identified.

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

### **Aim**

The aim of a PEEP is to provide people who cannot get themselves out of a building unaided with the necessary information and assistance to be able to manage their escape to a place of safety and to ensure that the correct level of assistance is always available.

### **Responsibilities**

It is the responsibility of Responsible Person / fire warden representative to talk to disabled staff, service users, and visitors to assess whether they require any assistance in the event of an emergency. If someone believes they might require assistance, the PEEP Questionnaire should be completed. This should be completed by the Responsible Person or their nominated representative and, if possible, in liaison with the individual who has the disability / mobility impairment.

### **Writing the PEEP**

From the information gathered in the questionnaire, a PEEP should be developed.

Given the unique characteristics of buildings and the need for a PEEP to take account of an individual's capabilities, disabled persons who regularly use different buildings may have to have a separate PEEP for each building.

If assistance with 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. It is necessary to ensure that there is cover for absences, and the assistants may require training.

### **Evacuation in an Emergency**

#### **Assisting wheelchair users down stairs**

Where disabled persons are located above the ground floor there are a number of considerations. In all the following cases Evacuation Lifts (where fitted) or Refuges should be identified and clearly marked

#### **Temporary Refuges -**

Health Place does not have satisfactory places of refuge therefore all Staff and visitors must evacuate the building immediately.

## **Lifts -**

Most lifts cannot be used in an emergency. Any lift used for the evacuation of disabled people should be an “evacuation lift.” The individual lift servicing contractor, or a Specialist Fire Safety Advisor, will be able to tell you if, and in what circumstances, a lift may be used in the event of a fire.

## **Safe Routes -**

A PEEP should contain details of the necessary escape route(s). Clear unobstructed gangways and floor layouts should be considered at the planning stage.

It is especially important to ensure that security devices on doors, etc, are all able to be operated by the evacuating persons.

It is also necessary to ensure that there are (as many as possible) alternative routes and that the routes are not excessively long.

## **Deaf and Hearing Impaired persons**

Generally, most deaf people alongside hearing work colleagues, relatives or carers will not require special equipment, providing they have been made aware of what to do in the event of a fire. They will be able to see and understand the behavior of those around them.

However, deaf or hearing impaired persons working alone may need an alternative method of being alerted to an emergency. For example many alarm systems have visual indicators in the form of a flashing light, or vibrating pager systems can be used.

## **Blind and Partially-sighted persons**

Staff, service users, regular visitors, etc should be offered orientation training and, where applicable, this must include alternative ways out of the building. If a blind person uses a guide dog it is important that the dog is also given ample opportunity to learn these routes.

## **Training**

To be effective, any Emergency Plan depends on the ability of staff to respond efficiently. Staff will therefore receive instructions, practical demonstrations and training appropriate to their responsibilities. This may include some or all of the following elements:

- Fire drills for staff, services users, regular visitors, etc.

- Specific training/instruction for Fire Wardens



## **PEEP Questionnaire for Disabled People**

This questionnaire is intended to be completed by disabled people to assist the development of a Personal Emergency Evacuation Plan (PEEP). Please provide as much information as you can to enable us to develop a suitable plan.

Once developed, the PEEP will be used to assist escape in the event of an emergency (including drills). If the practice drills identify concerns in the implementation of the evacuation, then please contact NLCCG Risk Manager

### **1. Why you should fill in the form**

We have a legal responsibility to protect you from fire risks and ensure your health and safety. The PEEP will be developed based on the information you provide.

### **2. What will happen when you have completed the form?**

You will be provided with any additional information necessary about the emergency evacuation procedures in the building(s) you attend.

If you need assistance, the “Personal Emergency Evacuation Plan” will specify what type of assistance you need. There may be some parts of the most appropriate premises where safe evacuation cannot yet be provided without alterations to the building/structure. In these circumstances the way forward will be discussed with you.

Name: \_\_\_\_\_

**1. Location:**

1.1 Which part of the building do you normally work in / visit ?

Please name: the building, the floor and the room.

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1.2 Do you routinely use more than one location in this building?

YES  NO

If you feel it is necessary, please provide further details below. (Please list the floors and rooms you use in each building)

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**2. Emergency Procedures**

2.1	Are you aware of the emergency evacuation procedures which operate in the building(s) you attend?	YES	NO
2.2	Do you require written emergency evacuation procedures?	YES	NO
2.3	Do you require written emergency procedures to be supported by British Sign Language interpretation?	YES	NO
2.4	Do you require the emergency evacuation procedures in Braille?	YES	NO
2.5	Do you require the emergency evacuation procedure to be on tape?	YES	NO
2.6	Do you require the emergency evacuation procedures to be in large print?	YES	NO
2.7	Are the signs which mark emergency	YES	NO

routes and exits clear enough?

### 3. Emergency Alarm

3.1 Can you hear the fire alarm(s) in YES NO Don't Know  
Your place(s) or work?

3.2 Could you raise the alarm if you YES NO Don't Know  
Discovered a fire?

### 4. Assistance

4.1 Do you need assistance to get out YES NO Don't Know  
Of your place of work in an emergency?

4.2 Is anyone designated to assist you YES NO Don't Know  
in an emergency?

If YES give name(s) and location(s)

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4.3 Is the arrangement with your assistant(s)  
a formal arrangement ? (A formal  
arrangement is one specified for them by  
a senior person, or written into their job  
description or by some other procedure.) YES NO Don't Know

4.4 Are you always in easy contact with those designated to help you? YES NO Don't Know

4.5 In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located? YES NO Don't Know

## 1. Getting Out

5.1 Can you move quickly in the event of an emergency ? YES NO Don't Know

5.2.1 Do you find stairs difficult to use? YES NO Don't Know

5.3 Are you a wheelchair user? YES NO

Thank you for completing this questionnaire.

The information you have given us will help us to meet any needs for information or assistance you may have.

Once completed please return electronically to: Gary Johnson – Risk Manager NLCCG [garyjohnson@nhs.net](mailto:garyjohnson@nhs.net)

## Personal Emergency Evacuation Plan

Name \_\_\_\_\_

Department \_\_\_\_\_

Building \_\_\_\_\_

Floor \_\_\_\_\_

Room \_\_\_\_\_

### Awareness of Procedure

The disabled person is informed of a fire evacuation by:

existing alarm system

pager device

visual alarm system

other (please specify)

### Designated Assistance:

(The following people have been designated assist me to evacuate the building in an emergency).

Name \_\_\_\_\_

Contact details \_\_\_\_\_

Name \_\_\_\_\_

Contact details \_\_\_\_\_

Name \_\_\_\_\_

Contact details \_\_\_\_\_

**Methods of Assistance:**

(e.g.: Transfer procedures, methods of guidance, etc.)

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**Equipment Provided (including means of communication):**

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**Evacuation Procedure:**

(A step by step account beginning from the first alarm)

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**Safe Route(s):**

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**Date of agreement** \_\_\_\_\_



## APPENDIX C – Fire Drill Report Sheet

### FIRE DRILL REPORT SHEET

Building name		Health Place – Wrawby Road Brigg DN20 8GS			
Drill type		Unannounced		Announced	
Drill date		Weather conditions			

#### DRILL EVALUATION

Alarms working and audible?	Yes/No
Was building swept by Fire Wardens?	Yes/No
Did staff meet at correct assembly point?	Yes/No
Were egress routes clear and passable?	Yes/No
Did electronic doors release on activation?	Yes/No

#### DRILL TIMES

Alarm was activated at	
Time all persons accounted for	Eg. 2 ½ minutes evacuated building, 15 minutes to account for all persons
Approx number of staff/patients involved	??? staff

#### DRILL RATING

Speed of evacuation	Good		Satisfactory		Unsatisfactory	
Communication during drill	Good		Satisfactory		Unsatisfactory	
Efficiency of roll call	Good		Satisfactory		Unsatisfactory	

#### DRILL RECOMMENDATIONS/COMMENTS/ACTIONS

Eg Fire Wardens carried out duties efficiently and effectively-good practice
Ground floor staff evacuated quickly on alarm activation-good practice
General: Vehicles attempting to exit car park whilst drill still in progress – no vehicle movement within car park (other than emergency vehicles) whilst drill or evacuation in progress


THE FOLLOWING ESTATES ISSUES HAVE BEEN REPORTED TO NHS PS TO BE INVESTIGATED/RECTIFIED

Issue	Job number	Date logged

DRILL CONTROLLERS


Fire Warden	Position	Date

**NLCCG Risk Manager to complete Annex C above and keep an electronic copy for inclusion in the Quarterly H&S report.**

**A Record of the incident will be placed on the NLCCG Incident APP for trend & Theme purposes**

# INTEGRATED IMPACT ASSESSMENT

Policy	Fire Safety Policy	
Date of analysis:	20/11/2017	
Type of analysis completed	Quality	x
	Equality	x
	Sustainability	x
What are the aims and intended effects of this policy/project or function?	To Ensure compliance with National Legislation and promote a safe environment for CCG Staff and visitors	
Please list any other policies that are related to or referred to as part of this analysis	Fire Evacuation Procedures Fire Policy Business continuity Policy	
Who does the policy affect?	Employees	X
	Service users	N/A
	Members of the public	X
	Other (please list)	Visitors to the building

## QUALITY IMPACT

	Please 'X' ONE for each			Brief description of potential impact	Mitigation strategy and monitoring arrangements	Risk 5 x 5 risk matrix)	
	Chance of Impact on Indicator					Likelihood	Consequence
	Positive Impact	No Impact	Negative Impact				
	X	X	X				
<b>PATIENT SAFETY</b>							
Patient safety /adverse events		X					
Mortality position		X					
Infection control MRSA/CDIFF		X					
CQC status		X					
NHSLA / CNST		X					

Mandatory/statutory training	X			Staff are identified and trained in additional duties			
Workforce (vacancy turnover absence)		X					
Safe environment	X			Ensures staff have a safe environment to work in			
Standard & suitability of equipment	X			Ensures staff have a safe environment to work in			
<b>CLINICAL EFFECTIVENESS</b>							
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia		X					
Patient related outcome measures		X					
External accreditation e.g. professional bodies ie RCN		X					
CQUIN achievement		X					
<b>PATIENT EXPERIENCE</b>							
Will there be an impact on patient experience if so how		X					
Will it impact on carers if so how		X					
<b>INEQUALITIES OF CARE</b>							
Will it create / reduce variation in care provision?		X					
<b>STAFF EXPERIENCE</b>							
What is the impact on workforce capability care and skills?	X			Staff are identified and trained in additional duties			
Will there be a change in working practice, if so, how?		X					
Will there be an impact on training	X			Staff are identified and trained in additional			

				duties			
<b>TARGETS / PERFORMANCE</b>							
Will it have an impact on performance, if so, how?		X					
Could it impact on the achievement of local, regional, national targets, if so, how?		X					
<b>EQUALITY IMPACT</b>							
Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green
Approved by:	CCG Lead for this Policy	Gary Johnson			CCG lead for E&D:		
	Date	20/11/2017			Date		
<b>Local Profile Data</b>							
General	Total number of employees in the North Lincs CCG 65						
Gender (Men and Women)	78% staff employed are female 22% staff employed are male						
Race (All Racial Groups)	82% of staff employed in the CCG are White 5% of staff are Asian 13% staff have not stated or defined their ethnicity						
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	82% did not declare /undefined 18% of staff employed declared themselves as having no disability No staff declared a disability						
Religion or Belief	11% of staff are Christian 89 % of staff are recorded as did not wish to respond/undefined						
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	11% of staff are Hetrosexual 89% of staff are recorded as did not wish to respond /undefined						
Pregnancy and Maternity	No information yet as the CCG has not been established long enough to build meaningful data						
Transgender	Nil information yet						

Marital Status	61% of employees are married. 26% of staff reported that they were single 11% of employees are divorced 2% of employees are in a civil partnership
Age	5% of staff are under 30 72% of staff are aged 30-55 23% of staff are over 55

### Equality Data

Is any equality data available relating to the use or implementation of this policy, project or function?	Yes
List any consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function.	Staff Consultation H&S Group Quality Group
Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	This Policy does not directly promote inclusivity, but provides a clear framework for Fire Safety. The advantage of a written policy is that it will help to ensure that the Fire Safety provisions are applied consistently across the organisation which helps towards promoting equality and diversity

### Equality Impact Risk Assessment test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy

Race (All Racial Groups)	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	X	x		The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy –However in a positive sense Staff are asked to complete a PEEP for evacuation purposes should they deem themselves disabled.
Religion or Belief	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy
Pregnancy and Maternity	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy
Transgender	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy
Marital Status	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy
Age	x			The advantage of a written policy is that it will help to ensure that the Fire Safety Policy is applied consistently across the organisation. No detrimental impact on this group is identified in the policy

### Action Planning

As a result of performing this Equality Impact Analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Identified Risk:	Recommended Action:	Responsible Lead	Completion Date	Review Date
<b>None Identified</b>				

## SUSTAINABILITY IMPACT

Staff preparing a Policy are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG key Strategies and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	Negative Impact	No Specific Impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	



Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	