

Procedure Index

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1. Introduction

Fire is recognised as a major hazard within care homes as people are particularly vulnerable to the effects of smoke and fire when they are asleep. An outbreak of even a small fire at one of our care homes creates significant risks to residents and employees. If good practice is followed the chances of a fire starting are relatively low and if the building is properly maintained the immediate effects should be contained.

2. What the Regulations require

One of the main duties under the Regulatory Reform (Fire Safety) Order 2005 is that a suitable and sufficient fire risk assessment has been carried out and implemented. Additional managerial duties required include ensuring that there are adequate fire procedures, maintenance and fire training for employees.

3. Assessing the risk - the fire risk assessment

Each home requires a documented fire risk assessment that reviews all parts of the home (HSP 11B). The risk assessment identifies the fire hazards and assesses the physical and managerial controls in place to reduce the fire risks to as low as reasonably practicable. It is focussed towards saving lives (rather than property protection).

The risk assessment follows the standard format of PAS 79 and is completed by either the Health & Safety Manager or a nominated competent fire consultant. Copies of the latest risk assessment are stored on EFHL's intranet and as a hardcopy in the Fire folder. Visiting Fire & Rescue Services will request seeing a copy of the fire risk assessment for the premises.

The fire risk assessment must be reviewed annually or if any significant change occurs in the home (Home alterations, staffing numbers or ways of working).

4. Fire hazards

A number of fire hazards exist within the care homes. For each hazards suitable controls have been identified to reduce the overall fire risk These are : -

Fire hazard	Hazard detail	Controls in place
Electrical sources of ignition	Fixed permanent wiring.	5 year fixed electrical testing
	Electrical appliances	Portable Electrical testing (PAT) of all items every 1 -4 years (dependent on risk).
Smoking	Discarded cigarettes.	No smoking buildings – Residents / staff not allowed to smoke within building. All rooms (except bathrooms) have smoke detectors. Dedicated external smoking locations for staff. Resident smoking risk assessments.
Emollient use	Avoidance of naked flame with emollients.	Resident smoking risk assessments.

		Laundry procedures – cleaning and storage of bed linen. ICare PEEPs RAG 30 Resident use of emollients
Cooking	Fire whilst cooking	Ductwork cleaned annually. Kitchens not left unattended. Kitchens not used at night. Specialist fire extinguishers
Arson	Deliberate setting fire	Absence of unnecessary fire load in close proximity to building.
Contractors	Hazards via contractors work	Permits for high risk activities – hot work. Induction / review of Risk assessments.
Lightning	Lightning strike to building	Lightning protection installed and inspected annually,
Dangerous substances	Cleaning chemicals Oxygen	Chemicals stored in dedicated areas. Controls around storage & use (no naked flames or flammables)

5. Fire protection measures

The care home has been designed with a number of fire protection measures which will detect and protect in the event of fire. All these protection measures require regular inspection.

Fire alarm panel

A wall mounted fire alarm panel located at front entrance of the home which identifies detectors or fire zones that have been activated. Some homes also have additional mimic panels located at the nurse stations. There is also a requirement to have accurate zonal plans of the building available adjacent to any fire panel.

Detectors & sounders

Smoke detectors are located on the ceiling of all rooms and storage cupboards (with the exception of bathrooms). In kitchens heat detectors are installed as they are less prone to false alarms in kitchen environments. Activation of the detectors is denoted by a continuous red light. Hidden detectors (in lofts and locked cupboards) often have a display located within view. Sounders are also evenly spread throughout the home.

Fire doors

The care home is sub-divided into fire compartments to prevent the spread of fire. Fire doors are 30 minutes fireproof and should fit closely into the frame when closed. They should also have smoke seals around the top and sides. Fire doors should be fitted with a closure that is activated when the fire alarm is triggered if usual position is to leave open. Cupboards should be either secured closed or locked when not in use.

6. Fire training

Fire training is required for all employees and is completed at the following times during their employment:

Fire induction training

All new employees must complete fire induction training within first two days of employment.

Induction training should be a basic instruction concerning escape routes, fire procedures, fire alarms and include an orientation tour of the home.

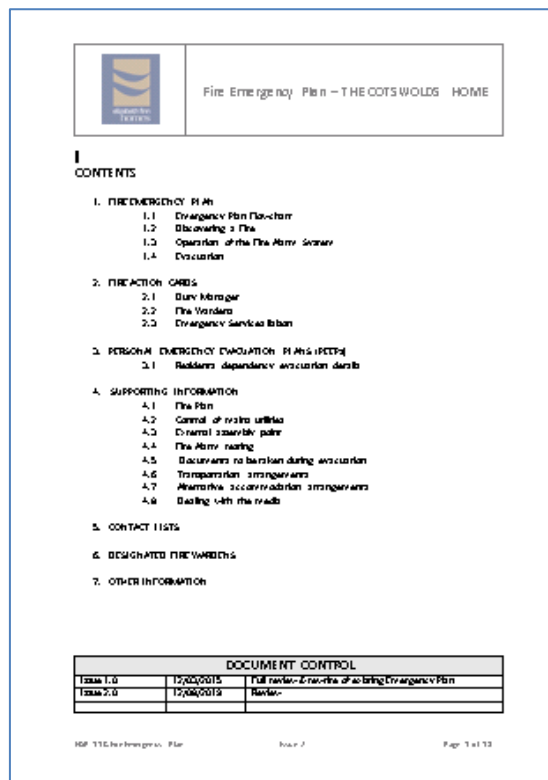
General Fire training

All staff should complete general fire training. This is completed either by H&S Manager or via an external training company. It should where possible include a practical demonstration of fire extinguishers.

The main object of fire training is to raise the awareness of employees around fire and specifically the local actions to take in case of fire. The training should include the following elements; Means of escape, action in the event of fire, means of raising alarm, location and use of fire extinguishers.

7. Fire Emergency Plan

Each home should have an up to date Fire Emergency plan which details actions to take in an emergency. Each resident and any disabled staff should have an individual Personal Emergency Evacuation Plan (PEEP). This should list in detail what measures are necessary to evacuate the person, how many staff needed and equipment required.



8. Fire drills

Fire drills are a useful means of reinforcing evacuation procedures and ensuring competency of staff. Fire drills are primarily for staff, the involvement of residents is at the discretion of the

General Manager. The aim of the fire drill should be to demonstrate evacuation is possible within 2 ½ minutes of alarm activation. There should be a drill every 6 month intervals with at least two within a 12 month period and a record should be kept in the fire log book.

The following information should be recorded about the fire drills:

- The drill scenario (location of fire)
- The evacuation time
- Number of employees involved
- Learning points identified at de-brief.

9. Fire Documentation

There are a number of associated fire documents that the care home needs to have available. Table below summarises this documentation.

Reference	Title	Description of document	Location of document
HSP 11A	Fire Log Book	The Log Book is a formal way to keep fire records for the home. It is a series of record keeping forms available in loose leaf format kept in the care homes red fire folder. It must be kept readily available for inspection. Within the Log Book there are a number of associated forms (HSP 11A1 to HSP 11A10).	Red folder at Reception.
HSP 11B	Fire Risk Assessment	Formal assessment of fire arrangements for the building. Completed by H&S Manager.	Within Red Fire folder at Reception. Electronic version on H&S home page.
HSP 11C	Fire Emergency Plan	Site specific Emergency plans for the home.	Within Green Emergency folder at Reception
HSP 11D	Personal Emergency Evacuation Plans (PEEP's)	Personal evacuation Plan guidelines	Within Green Emergency folder at Reception
HSP 11E	Residents Smoking risk assessment	Residents Smoking risk assessment	Guidance for Care plan notes

8. A Summary of the main points

Check that:

- A fire risk assessment has been completed as is still relevant for the care home.

- Regular fire checks are being completed and recorded.
- Fire drills are conducted at frequency of twice a year.
- A record of fire checks is recorded in the Fire Log Book kept in a red fire folder.
- Emergency fire plan is still valid.

9. Associated documents

- HSP11A Fire Log Book
 - HSP11A1 Fire alarm weekly records
 - HSP11A2 Fire alarm activation
 - HSP11A3 Fire drill records
 - HSP11A4 Emergency lighting inspection records
 - HSP11A5 Fire extinguisher records
 - HSP11A6 Fire Warden checks
 - HSP11A7 Visits by the Fire & Rescue Service
 - HSP11A8 External Fire escape Inspections
 - HSP11A9 Fire Non Conformances
 - HSP11A10 Fire Induction training records
 - HSP11D PEEPs
 - HSP11E Resident smoking
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- RAG11 Fire precautions
 - RAG12 Fire electrical

10. Document history

Author	Steve Andrews (Health & Safety Manager)
Date of Implementation	29/03/2017
Date of next full review	01/01/2027

Issue	Date	Author	Reason
1.0	29/03/2017	Steve Andrews	Updated document replaces old HSP11.
2.0	19/06/2017	Steve Andrews	Updated section on PEEP's.
2.1	10/01/2018	Steve Andrews	Full document review – no changes.
3.0	07/01/2021	Steve Andrews	Full document review – removed reference to Fire Warden training after decision all staff to complete same training. Updated Section 9 fire documentation.
4.0	21/01/2024	Steve Andrews	Full document review – Added additional Section 9 (associated documents).
4.1	27/03/2025	Steve Andrews	Added information around risk of emollients.