

**St. Mary's Residential Care Services.**

**Centre No: OSV0000538**

**Fire Safety Legislation/Fire Strategy Requirements**

**Quality Improvement Report 2022.**

**Michael Seamus McCaul.**

**Director of Nursing. Person in Charge St, Mary's.**

**Jolly Varghese Person in Charge Boyne View House, A/ Director of Nursing**

**Eimear Hickey: Assistant Director of Nursing Louth Older Persons Services**

**Leenamma Varghese A/ PIC**



Fire is a real risk to the safety of people living in designated centres. The risk of injury and death from fire is significantly higher in older age groups and for people with disabilities, due to impaired mobility, cognitive disabilities, frailty and use of medication, amongst other reasons.

28. (1) Fire Safety of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 states that;

(1) The registered provider shall:

(a) Take adequate precautions against the risk of fire, and shall provide suitable firefighting equipment, suitable building services, and suitable bedding and furnishings;

(b) Provide adequate means of escape, including emergency lighting;

(c) Make adequate arrangements for:

*(i) Maintaining of all fire equipment, means of escape, building fabric and building services;*

*(ii) Reviewing fire precautions, and*

*(iii) Testing fire equipment.*

(d) Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

(e) Ensure, by means of fire safety management and fire drills at suitable intervals that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

(2) The registered provider shall make adequate arrangements for:

*(i) Detecting, containing and extinguishing fires;*

*(ii) Giving warning of fires;*

*(iii) Calling the fire service; and*

*(iv) Evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.*

(3) The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.

In January 2021, the Health Information and Quality Authority introduced the Fire Safety Handbook for Residential Care Services in Ireland. The legislative requirements as well as the standards set by

the Health Information and Quality have added much needed impetus in the importance of fire safety within this centre.

We wish to acknowledge all the help and support received over this past year in relation to fire safety within this centre from numerous bodies and agencies. We particularly wish to thank all residents' staff and visitors for their real meaningful input into ensuring that St Mary's is safe from fire and its effects.

Our goal is to ensure that we continue to improve, and while we have achieved a lot in 2021, we have also planned further improvements in relation to fire safety in 2022.

The action plan for fire safety during 2022 can be found within the body of this report.

## 1.0. Fire Safety Legislation.

### **Introduction**

1.1. The principle obligations in relation to fire safety in St. Mary's are derived primarily from the following legislation, the principle provisions of which are summarised below

- A. Building Control Act 1997 (updated 2020), Building Regulations 1997-2018 and Building Control Regulations 1997-2020
- B. Fire Services Act 1981 & 2003.
- C. Safety Health and Welfare at Work Act 2005 and Statutory Instruments 299 of 2007.
- D. Technical Guidance Documents issued under the Building Regulations.

1.1. Building Regulations 1997-2020 (Superseded B.Reg. 1991 & 1994) and Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013) These regulations also place responsibilities on Registered Providers to:

Under the Care and Welfare regulations, 2013, the registered provider shall:

(a) Take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings;

(b) Provide adequate means of escape, including emergency lighting;

(c) Make adequate arrangements for:

*(i) Maintaining of all fire equipment, means of escape, building fabric and building services;*

*ii) Reviewing fire precautions, and*

*iii) Testing fire equipment.*

(d) make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

2. (e) Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

(2) The registered provider shall make adequate arrangements for:

*(i) Detecting, containing and extinguishing fires;*

*(ii) Giving warning of fires;*

*(iii) Calling the fire service; and*

*(iv) Evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.*

(3) The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.

### **2.1. General Overview.**

2.0. The Building Regulations apply to premises constructed since the introduction of the Regulations on January 1 1992 or premises which have been subject to a “material change of use” as defined in the Regulations since 1992. A “material change of use of a building in the case of St. Mary’s is where there is change of usage of the building and/or room within the building from what it was originally intended at the planning phase. The aim of the building regulations is to provide for the safety and welfare of people in and about buildings. The building regulations apply to the design and construction of a new building, change of use or alterations to an existing building.

### **3.0. Part B Fire Safety**

In terms of Fire Safety, the guidance which is of concern is the requirements under Part B: Fire Safety of the Building Regulations, which sets out “functional requirements” of the regulations under five primary areas of concern. The Functional Requirements are

- **B1 There must be a means of Escape.**
- **B2 Internal Fire Spread (Linings)**
- **B3 Internal Fire Spread (Structure)**
- **B4 External Fire Spread (external walls).**
- **B5 Access and Facilities for the Fire Service.**

### **3.0. Fire Services Act 1981 & 2003.**

- 4.0. This Act is the primary piece of fire safety legislation in force in Ireland. The current structure of the Fire Service in Ireland is based upon the legislation of the Fire Services Act 1981 & 2003.
- 5.0. The Act has application to existing buildings. It places important fire safety obligations on the owners, management and occupants of premises and gives extensive powers to the Fire Authority where it becomes aware of fire safety deficiencies in premises which come within the scope of the Act

Section 18 (1) applies to premises or any part thereof put to any use particularly part b, an institution providing treatment or care. Section 18 (2) outlines that it shall be the duty of every person having control over a premises to;

1. Take reasonable measures to guard against the outbreak of fire on premises.
2. Provide fire safety measures and provide appropriate fire safety measures for ensuring the safety of persons on the premises.
3. Ensure that all fire safety procedures and measures are applied at all times.
4. Ensure as far as possible the safety of persons in the event of an outbreak of fire.

Section 19 defines what a potentially dangerous building is.

This includes;

1. Too many people in the building
2. The absence of adequate appliances or fittings to include
  - a. Fire fighting extinguishers
  - b. Lack of means of escape
  - c. Lack of automatic detection of an outbreak of fire
  - d. Lack of a warning system in the case of fire or smoke
  - e. Lack of securing the means of escape
  - f. Lack of emergency lighting
  - g. Flammable materials on the premises
  - h. Flammable nature of furniture, furnishings and fittings
  - i. Absence of adequate egress from the building
  - j. Lack of notices and instructions in the building.
  - k. The storage of flammable or explosive materials within the building
  - l. The fact that a fire could spread quickly through the building
  - m. Lack of lighting and emergency lighting in the event of fire
  - n. Defective ventilation systems

Safety Health and Welfare at Work Act 2005 & Safety Health & Welfare at Work (General Application) Regulations 2007 includes fire safety, The Act provides for the provision of:

- a. A Safe Place of Work.
- b. Implementation of appropriate policies, procedures, including evacuation procedures.
- c. Providing for adequate emergency routes and exits.
- d. Providing appropriate fire detection and firefighting systems.
- e. A standardised system of safety signs including fire safety and escape signage.

- f. Provision of adequate training to staff, including fire safety awareness and evacuation training.

For buildings constructed prior to January 1992, the introduction of Buildings Regulations in 1992, the relevant Minister published a series of Fire Safety Codes and Guidance Documents over the years under Section 37 of the Fire Services Act 1981 and 2003 to provide guidance for building owners and managers on meeting their statutory duties under Section 18 (23) of the Fire Service Act 1981 and 2003. The guideline published under the Act for Nursing Homes is “Guide to Fire Safety in

Existing Nursing Homes and Similar Premises (1996). <https://www.gov.ie/en/publication/b3449-guide-to-fire-safety-in-existing-nursing-homes-and-similar-type-premises-1996/>.

In January 2021, The Health Information and Quality Authority (HIQA) launched a fire safety handbook to help providers and staff of designated centres to meet their fire safety obligations. Designated centres are services the Chief Inspector within HIQA registers and inspects, which offer residential facilities for older adults, children and people with disabilities.

The potential impact from fire is greatly increased if providers do not mitigate against fire risk, and do not have suitable fire prevention and oversight measures in place in their centre.

The handbook aims to assist providers to develop, implement and sustain an effective fire safety programme, and to create a strong fire safety culture that drives quality improvement. The handbook also directs providers to relevant regulations and national standards, which should also be considered when developing a fire safety culture in a designated centre. <https://www.hiqa.ie/reports-and-publications/guide/fire-safety-handbook-guide-registered-providers-and-staff>

## **Overview of Fire Safety Strategy Considerations**

In terms of Fire Safety, the requirements under Part B: Fire Safety of the Building Regulations, sets out “functional requirements” of the regulations under five primary areas of concern.

- Requirement B1: Means of Escape
- Requirement B2 Internal Fire Spread.
- Requirement B3 Internal Fire Spread (Structure)
- Requirement B4: External Fire Spread.

Requirement B5: Access and Facilities for the Fire Service.

### **Means of Escape Considerations**

- Occupancy and dependency levels
- Number of escape routes and exits
- Planning of escape routes and exits
- Width of escape routes
- Corridors

- External; escape routes
- Evacuation considerations
- Doors on escape routes
- Floors of escape routes
- Lighting of escape routes
- Electrical installations
- Ventilation systems
- Refuse storage
- Fire detection and alarm systems
- Provision for people with disabilities
- Fire fighting equipment
- Heat producing appliances.
- Access and Facilities for the Fire Service.
- Fire Mains and sources
- Provision of access including high reach access.
- Boiler rooms
- Electrical rooms
- Ventilation of heat and smoke

### **Fire Safety Management and Emergency Plan.**

In 2022, the centre introduced a revised fire safety management plan that details our arrangements to implement, control, monitor and review fire safety standards and to ensure those standards are maintained. The plan describes the arrangements for effectively managing fire safety so as to prevent fire occurring and, in the event of fire, to protect people and property. The following information gives guidance without prejudice to anything which may be required by an enforcing authority.

**The plan specifies the planning, organisation, control, monitoring and review of the fire safety measures and fire safety provisions in the premises. For example: -**

#### **Planning**

##### **Adequate planning includes:**

- How the responsible person proposes to complete the fire safety risk assessment and determine priorities in eliminating any hazards and reducing risks to persons.
- Adopting a systematic approach for completing risk assessments to decide on priorities and to set objectives to eliminate or reduce risks.
- Selecting appropriate risk control measures.
- Establishing performance standards and implementing preventative and protective measures.

#### **Organization**

This details how the organization is structured and includes:

- How health and safety information is communicated to all employees.
- What employee's involvement has been in complying with all aspects of the fire safety risk assessment?
- Who will decide on the preventative and protective measures and those involved in implementing them?
- Effective communication systems to employees and other employers or other responsible persons.
- Securing competence by having adequate information, instruction and training.
- A fire safety risk assessment.
- An emergency / evacuation plan.
- Details of fire drills and practice sessions.
- Housekeeping and fire prevention measures.
- Arson prevention, not yet completed.
- Maintenance arrangements.
- Details of fire doors/protected areas.

### **Control**

Identify the people (at all levels) who may have responsibility for carrying out the fire safety issues throughout the premises.

Established control measures should:

- Clarify health, safety and fire safety responsibilities.
- Ensure those with responsibilities understand their roles and responsibilities.
- Set specific and measurable standards to judge performance.
- Ensure adequate supervision.

### **Monitoring**

Identify how the responsible person will measure the success of the fire safety policy. This includes regular checks of fire precautions, investigation of causes of incidents and the recording of other relevant information:



- Have a plan and make routine inspections to ensure measures are in place and are being maintained.
- Investigate all accidents to ensure lessons are learnt and procedures altered if necessary.
- Record our monitoring activities and processes.

### **Review**

Identify a regular review procedure to include any identified deficiencies and a process by which they can be rectified. The review:

- Has mechanisms to ensure remedial work is carried out.
- Has a system to ensure remedial work not done is prioritised and completed.
- Review the management systems to ensure they remain effective.

### **Fire Emergency Plan**

Also we in 2022, we reviewed our Fire Emergency Plan. As a service we are required to have an emergency plan for dealing with a fire situation. The purpose of an emergency plan is to ensure that residents, staff and all visitors to the premises know what to do if there is a fire and that the premises can be safely evacuated.

As a service we are required to give clear and relevant information and appropriate instructions to residents, staff and visitors, and the employers of other people working on these premises, such as contractors, about how to prevent fires and what they should do if there is a fire. We have co-operated and co-ordinated with other responsible people who use any part of the premises.

The emergency plan is based on the outcome of our fire safety risk assessment and is available for all residents, staff and their representatives (where appointed) and the enforcing authority.

In very small premises the emergency plan may be no more than a fire action notice. However, as this centre is a larger more complex premises the emergency plan has had to be more detailed and compiled after consultation with other occupiers and other responsible people, e.g. owners, who have control over the premises or building, such as TUSLA, Mental Health Services and CAMHS.

The emergency plan has been reviewed by the HSE fire safety Department and is viewed as appropriate to the premises.

It includes: -

- a) How many people will be warned if there is a fire?
- b) What staff should do if they discover a fire?
- c) How the evacuation of the premises should be carried out.

- d) Where people should assemble after they have left the premises and procedures for checking whether the premises have been evacuated;
- e) Identification of key escape routes, how people can gain access to them and escape from them to a place of total safety;
- f) Arrangements for fighting the fire;
- g) The duties and identity of staff who have specific responsibilities if there is a fire;
- h) Arrangements for the safe evacuation of people identified as being especially at risk, such as those residents who will require assistance in the event of an emergency.
- i) Any machines/appliances/processes/power supplies that need to be stopped/isolated if there is a fire such as gas and oxygen supplies;
- j) Specific arrangements, if necessary, for high-fire-risk areas;
- k) Contingency plans for when life safety systems such as fire-detection and warning systems, sprinklers or smoke control systems are out of order;
- l) How the fire and rescue service and any other necessary services will be called and who will be responsible for doing this;
- m) Procedures for meeting the fire and rescue service on their arrival and notifying them of any special risks, e.g. the location of highly flammable materials;
- n) What training employees need and the arrangements for ensuring that this training is given;
- o) Phased evacuation plans (where some areas are evacuated while others are alerted but not evacuated until later); and
- p) Plans to deal with people once they have left the premises.

As part of your emergency plan it is good practice to prepare post-incident plans for dealing with situations that might arise such as those involving: -

- (a) Unaccompanied children;
- (b) People with personal belongings (especially valuables) still in the building;
- (c) People wishing to re-join friends;
- (d) Getting people away from the building (e.g. to transport); and
- (e) Inclement weather.

### **1.1. Evacuation Strategies.**

The method of evacuation employed in this centre is progressive Horizontal Evacuation. The normal “self help” evacuation procedures, i.e. predominantly unassisted evacuation, implicit in phased and simultaneous evacuations strategies will be inappropriate in premises providing

residential care where residents may be totally dependent on the assistance of other people for evacuation.

As such consideration has been given to designing escape routes from St Mary's to facilitate the planned mode of evacuation necessary. This is based on the creation of a series of compartments within the building to allow for progressive horizontal evacuation to be made into the adjoining compartments.

The objective is to provide a place of relative safety within a short distance, from which further evacuation can be made if necessary but under less pressure of time.

## **1.2. Fire Doors**

A common misconception about fire doors is that the door leaf is seen as the only key component. In all fire safety guidance documents a fire door is intended to mean a complete door assembly, which includes the door leaf or leaves, the door frame, hinges, latches, closers and any seals where required between the frame and leaf or between leaves in the case of a twin-leaf door, and which is installed in a building and is capable of meeting the required performance. The performance of a fire door critically depends on the correct installation of the complete door assembly, strictly in accordance with the terms of the relevant test certification supplied by the door manufacturer.

### Key components of a fire door are:

Door Leaf

Frame/Lining or casing

Intumescent seals.

Smoke seals

Fire door glazing

Threshold seals

Signage

Hinges

Door closers

Latch or lock

Letter plates

Air transfer.

### Fire Door set certification

Fire door sets are designated FDx to achieve "x" minutes integrity rating to BS 476: Part 22: 1987 or I.S. EN 1634 (European Standard). Where doors are additionally prescribed as having "FDxS rating. This means that the doors shall have fitted smoke seals which limit the leakage past the

head and jambs to a value not exceeding 3m<sup>3</sup>/m/hour. All fire resisting door sets should have fitted approved self closing the door against any latches fitted to the door with the exception of doors to service ducts or cupboards which are normally kept locked shut.

Fire doors to cupboards and to service ducts should be marked on the outside, all other doors on both sides.

### **Doors on Escape Routes.**

In general, it is noted that all doors on escape routes are only to be fitted with simple fastenings that can be readily operated in the direction of escape without the use of a key.

Where access control is provided electrically powered locks should return to the unlocked position under any of the following conditions.

On operation of the fire alarm.

On loss of power or system error.

On activation of a manual door release positioned at the door on the side approached by people making the escape.

### **1.3. Escape Lighting.**

Emergency escape lighting should be provided in accordance with the relevant recommendations of I.S EN 1838.

Escape lighting is typically provided in the following areas.

Defined escape routes, corridors and lobbies in all buildings

Undefined escape routes.

Toilet and toilet lobbies.

Windowless accommodation.

Outside final exits and on external escape routes.

These systems are also subject to ongoing and very specific maintenance and testing regime, which can in part be undertaken in house, but annual certification of testing and maintenance must be undertaken by an approved contractor experienced in such work.

### **1.4. Lifts.**

There are no lifts in St. Mary's.

### **1.5. Fire detection and Alarm.**

Fire detection and alarm systems are installed. These systems should always be designed, installed and commissioned by appropriate qualified and competent persons in accordance with IS 3218: 2013 + A1 2019. Masterfire are the only qualified professionals who can provide the requisite

certification on completion of all works and on repair and ongoing checking of the system here in St Mary's.

#### 1.6. Provision for people with a disability.

Appropriate management arrangements should be put in place such that disabled occupants are afforded the necessary assistance in the event of building evacuation being necessary, based on the relevant recommendations of BS 5588 Part 12: 2004. This will necessitate the preparation of personal emergency evacuation plans (PEEPS) for specific individuals with either significant physical or cognitive impairment.

#### 1.7. First Aid Fire Fighting Equipment.

##### 1.7.1. Fire Extinguishers.

1.7.2. These are required in all buildings to be used by the occupants, with appropriate training and where it is safe to do so, in the early stages in the development of a fire. The number of fire extinguishers is dependent on the risk. For most cellulose fire risks such as paper, wood and normal combustibles, the total "A" rating of extinguishers required is 0.065A per m<sup>2</sup> of floor area. For example 1000m<sup>2</sup> would require 1000 x 0.065 = 65A. A TYPICAL 6 LITRE WATER OR AFFF has a 13 'A' rating and thus 5 extinguishers should be provided.

1.8. In addition to training of a compliment of staff in the safe use of extinguishers, testing and maintenance of these systems is essential.

#### 1.9. Selection of Portable Fire Extinguishers (PFE's)

### 5 Selection of PFEs

#### 5.1 Suitability

This Standard only covers PFEs fitted with a suitably sized pressure relief device on all types and sizes of PFEs to eliminate the potential injury or death from an exploding PFE as a result of heat such as that from a fire or by the over pressurisation of the PFE.

PFEs shall be provided to deal with any potential risks of fire identified in a risk assessment. The suitability of PFEs for dealing with different classes of fire is defined in I.S. EN 2, indicated by a letter and a pictogram marked on the extinguisher in accordance with I.S. EN 3-7.

#### 5.2 Classification of Fires

I.S. EN 2:1993 (as amended) classifies fires as follows;

- Class A: Fires involving solid materials, usually of an organic nature, in which combustion normally takes place with the formation of glowing embers,
- Class B: Fires involving liquids or liquefiable solids,
- Class C: Fires involving gases,
- Class D: Fires involving metals,
- Class F: Fires involving cooking media (vegetable or animal oils and fats) in cooking appliances.

See Annex A for pictograms for each fire classification.

1.10. NOTE There is no symbol for Class D Fires in I.S. EN 2.

#### 1.11. Inspection of PFE's.

All PFEs shall be subjected to a visual examination in accordance with this Clause to ensure that they are available for use if needed. Inspection intervals shall be no greater than monthly. Subject to a risk assessment and/or legislative/regulatory requirements, it may be considered that such inspection should take place more frequently.

## **8.2 Person responsible**

The responsible person, having control over fire safety provisions, shall be responsible for ensuring that PFEs are visually inspected according to this Standard. This person can nominate another to carry out the visual inspection e.g. their agent, an internal/external contractor appointed by them such as the supplier of the PFEs, a competent PFE maintenance agent etc.

**We have put in place the following checks on PFE's.**

### **8.3 Procedure for inspection of PFEs**

Installed PFEs shall be visually inspected regularly and the following checked as a minimum:

- a) each PFE is, in its designated location, outward facing and is correctly and suitably wall mounted or on a suitable stand/in a suitable cabinet,
- b) access to and visibility of each PFE is not obstructed,
- c) seal, tamper or a used indicator are not broken, missing or activated,
- d) any seal can be easily removed if required and will not interfere with the operation of any PFE in an emergency,
- e) readings of pressure gauges, where fitted, are in the operable range/position,
- f) there is no visible damage to the PFE,
- g) the PFE has no obvious defects such as a visually clogged nozzle, corrosion, leakage, a loose or damaged hose etc.,
- h) where fitted, the discharge hose/horn is properly secured,
- i) the operating instructions of each PFE are clear, legible and outward facing,
- j) the service label/record is correctly attached to the PFE showing the full information as required in Annex B.



# ▶ Fire Extinguisher – SAFETY CHECKS

### Pressure Gauge:

- ▶ Good condition and undamaged
  - ▶ Needle must be in 'green' area
- If needle not in green area, remove extinguisher for servicing

### General condition:

- The following must be in good condition and undamaged
- ▶ Handle
  - ▶ Hose
  - ▶ Cylinder body
  - ▶ Labels (dates and detail clearly visible)

### Suitability:

- Extinguisher must be suitable for:
- ▶ The size and type of the workplace
  - ▶ The type of fire that could happen



### Pull Pin:

- Must be:
- ▶ In good condition and undamaged
  - ▶ Securely fastened within handle
  - ▶ Held in place by tamper seal

### Maintenance:

- Extinguishers must be:
- ▶ Serviced annually
  - ▶ Marked with next due date OR maximum period of use (mm/yy). For example:

SERVICE RECORD			
NEXT DUE DATE	RECHARGED	PRESSURE TESTED	INSPECTED BY

### Access:

- Extinguisher must be kept in a location that is:
- ▶ Easily accessible
  - ▶ Kept clear
  - ▶ Marked with the appropriate signs

### **1.12. Fire Hydrants.**

Any building or group of buildings where the aggregate floor area exceeds 1000m<sup>2</sup> requires fire hydrants. The number of fire hydrants is 1 per 1000m<sup>2</sup> or part thereof.

Fire hydrants should be located such that;

- The distance from the building is not less than 6m or no more than 46 m.
- The distance from a hydrant to a vehicle access roadway or hard standing area for fire appliances is not more than 30 m.
- They are distributed around the perimeter of the building, having regard to the provision of access for fire appliances.
- Should be positioned in such a way that the parking, loading and unloading of vehicles is unlikely to obstruct them.

All hydrants should be conspicuously marked in accordance with BS 3251: 1976 specification of indicator plates for fire hydrants and emergency water supplies. Each hydrant must have a hydrant plate and each hydrant should have a canary hydrant yellow plate. The typical flow rates required is 35 litres per second.

### **3.0. Furnishings and Fittings.**

Furniture and fittings can have a major effect on fire spread. Attention is directed to the provisions of the “Code of Practice for Fire Safety of Furnishings and Fittings in places of Assembly” <https://www.gov.ie/en/publication/a546a-code-of-practice-for-fire-safety-of-furnishings-and-fittings-in-places-of-assembly-1989/>.

The Code of Practice makes specific recommendations in relation to the flammability of:

- Seating including upholstered seating and foam filling in seats, cushions etc.
- Curtains, drapes and blinds
- Floor covering
- Textiles, plastics and wood based materials.
- Moveable partitions
- Temporary decorations.

### **Review of 2022. Fire Safety St. Mary’s.**

The Health Information and Quality Authority (HIQA) published Fire Safety Handbook: A guide for providers and staff of designated centres (HIQA, 2021).

This Fire Safety Handbook applies to those designated centres currently regulated by the Chief Inspector of Social Services within the Regulation Directorate of the Health Information and Quality Authority (HIQA).



Fire is a real risk to the safety of people living in designated centres. The risk of injury and death from fire is significantly higher in older age groups and for people with disabilities, due to impaired mobility, cognitive disabilities, frailty and use of medication, amongst other reasons. While the needs of children living in designated special care units are different, they also face significant risks from fire. The potential impact from fire risk is greatly increased if providers do not mitigate against fire risk, and do not have suitable fire prevention and oversight measures in place in the centre. Experience from other jurisdictions has shown that implementing good fire safety management policies, effective fire precautions and comprehensive staff training will help to protect residents, and children, staff and visitors from the consequences of fire (HIQA 2021).

The introduction of the Fire Safety Handbook has alerted all staff within St. Mary's of the serious risk of fire in residential care services. It has also raised added awareness of the systems and processes in place to prevent fire through risk assessment and also draws attention to closely monitor the fire safety design strategies present in St Mary's.

The legislation is outlined above. In line with the different Acts and associated Regulations, the first area of improvement in St Mary's in 2022 was to ensure compliance with evacuation of residents in the event of fire. Also central to this was the Safety Health and Welfare at Work Act 2005 & Safety Health & Welfare at Work (General Application) Regulations 2007 in order to ensure the safety of staff involved in fire evacuation and the safety of visitors on the premises. The provider must pay particular attention to the safety of staff who are expected to coordinate and complete the evacuation before anyone is harmed. Such staff may be required to repeatedly return to the location of a progressively growing fire to complete the evacuation of residents or children from the compartment in which the fire has started (HIQA 2021).

In February 2022 we commenced a quality improvement plan for the safe evacuation of residents and staff in the event of fire and smoke. The following is an outline of the process of evacuation we developed.

A Pre Fire Planning meeting was held with the Fire Services from Louth County Council on October 28<sup>th</sup> 2021. This involved an assessment of the building, fire hydrants, oxygen points, gas cut off points and main catering areas. Outcomes and issues identified are documented within the Fire Risk Assessment for St. Mary's.

A full Fire risk assessment was completed by an independent contractor through HSE Estates in November 2021.

**Staff Fire Notice** High fire risks or large premises will need a more detailed emergency evacuation plan which takes account of the findings of the [fire risk assessment](#), e.g. the staff significantly at risk and their location. In addition notices giving clear and concise instructions of the routine to be followed in case of fire were introduced and updated and were prominently displayed.

In May of 2021 we introduced the term Fire Marshall and these came from staff themselves.

**Fire Marshalls** are responsible for:

1. Carrying out their duties in the event of an emergency as described in these procedures
2. Attending a debrief following any emergency evacuation drill
3. Reporting to the Person in Charge any observed fire or evacuation hazards or unsafe conditions
4. Attending Fire Warden Training. Training was provided for fire supervisors in December 2022. Additional training will be provided in February 2023.

In addition we introduced Fire Supervisors who are responsible for ensuring and reinforcing that:

All personnel are responsible for ensuring the following fire hazards are eliminated.

- a. Exit lights burnt out - Report emergency.
- b. Fire extinguishers (CO2 and dry chemical) with seals broken.
- c. Obvious fire hazards as: Accumulation of combustibles, plastics domestic waste or cardboard boxes or inappropriate storage of chemicals etc. in uncovered containers.
- d. Smoking in unpermitted areas - Ensure that smoking regulations are obeyed.
- e. Electrical equipment left on - Ensure you turn off electrical equipment as soon as it is finished with.
- f. Obstructions. Ensure that all doors, exits, corridors and stairways are free from obstructions.
- g. Doors not closing properly.
- h. Checking daily fire safety checks in their own area and reporting any hazards in relation to fire.
- i. Defective electrical wiring.

**IMPORTANT POINTS. Fire Supervisors Must:**

1. Pay scrupulous attention to good housekeeping. Report fire hazards whenever or wherever you discover them.
2. Pay strict attention to the use of matches and smoking.
3. Know your duties in case of fire and ensure your colleagues know.
4. Know location and operation of fire extinguishers in your area.
5. Know location of all building exits.

6. Keep calm - use your common sense.
7. Take part in fire drills.
8. A list of residents residing in each Unit must be made available See daily updates for PEEPS.
9. Staff in other units, departments must be available to assist in fire area if necessary.
10. Be alert to the use of oxygen in your area.
11. Be familiar with all exits.
12. Always be alert for signs of fire and the smell of smoke.

**This is the fire evacuation procedure in the event of smoke or fire in Saint Mary's introduced in to the centre in 2022.**

#### **Fire Procedure.**

1. Alarm Activation When there are visible flames, visible smoke, smell of smoke, unusual heat, or other indications of fire – even if uncertain if the conditions are caused by a fire – employees and staff shall activate the BREAK GLASS SYSTEM and dial 999 or 112.
2. In the event of detection of fire or smoke, the fire alarm activation alarm will sound. This will alert all residents, staff and visitors within the premises at that time.
3. A staff member from catering, Meadowview and Sunnyside should make their way quickly to the fire alarm panel.
4. At the fire panel, check which Zone is activated.
5. The fire panel will also indicate which room number is activated.
6. Cross reference this information on fire panel with the FIRE ZONE plan displayed beside the fire panel.
7. This is to confirm the search area and room.
8. Return to Unit and describe the area being alarmed to other staff members on duty.
9. Retrieve the fire extinguishers.

**What is a foam fire extinguisher used for?**

**Foam**

**Fire**

**Extinguisher**

**Uses:**

- Fires involving flammable solids, such as paper, wood, and textiles ('class A' fires)
- Fires involving some flammable liquids, such as petrol, diesel, and paint ('class B' fires)

CO2 extinguishers are mainly used for **electrical fire risks** and are usually the main fire extinguisher type provided in computer server rooms. They also put out Class B fires which are fires involving some flammable liquids, such as petrol, diesel, and paint. CO2 extinguishers suffocate fires by displacing the oxygen the fire needs to burn.

The senior nurse on duty should put on the fire hi-vis vest.

Staff will come across a closed fire door.

Conduct a back of door check through any fire door you meet on way to the area .before proceeding through the fire door.

A back of door check is. Use Acronym **S H E S**

**S** STANDS FOR SMOKE AT THE BOTTOM OF THE DOOR AND THE SURROUNDING SEAL.

**H** STANDS FOR HEAT. RUN YOUR HAND OVER THE DOOR FOR ANY RADIATED HEAT.

**E** STANDS FOR ELECTRICITY. AN EXPOSED WIRE IS A RISK FOR ELECTROCUTION. CHECK THE DOOR HANDLE FOR ANY ELECTRICAL CHARGE USING THE BACK OF THE HAND.

**S** stand back and crouch low and use the wall to shield user to protect from gases or smoke and open the door slowly.

If a door check shows the presence of smoke or fire, it may not be safe to open the door.

Remember your safety always comes first.

If safe to do so:

1. Carefully open the door.
2. IF A RESIDENT IS IN THE ROOM THE **R A C E S** PROCEDURE IS ACTIVATED STRAIGHT AWAY.

## **R A C E S**

**R** Stands for **REMOVAL** of resident which is the priority from the room. Elderly residents with dementia may become anxious and try to hide from fire so search the room thoroughly including behind curtains, toilets, wardrobes to ensure that no one else is left behind.

**A** Stands for **ALERT** the emergency services as quickly as this is crucial.

Provide information to the emergency services by outlining;

1. Location of the building. St. Mary's Hospital Dublin Road Drogheda. Eircode A92 X862.
2. Who is involved? Example we have 30 residents and four staff on duty.
3. What is causing the fire? Television mattress, curtains on fire or smoke.
4. Under no Circumstances - will any employee, except the Nurse in charge, use outside lines during the state of emergency or while necessary action is being taken following the emergency.

**C** stands for **CONTAIN** the smoke and fire. Attempt to extinguish the fire if it is safe to do so.

It also means closing the door after the room has been thoroughly checked. Roll up towel at the base of the door to create a smoke seal.

Place fire extinguisher in front of door to identify which room the fire or smoke is in.

**E** stands for **EVACUATE** by getting as many residents as possible out of the fire compartment as quickly as possible.

The Fire Marshall using the PEEPS will instruct on evacuation to a different Zone through horizontal evacuation or evacuation to the outside assembly point at all times during evacuation.

**S** stands for **SWITCH OFF**. Switch off the gas mains and oxygen mains.

Switch off gas mains in main kitchen.

Switch off oxygen at panel in Sunnyside Unit.

Start also to move residents closest to the room where fire or smoke is visible or can be smelled involved first.

A pillow or towel is placed in front of each door that has been evacuated to indicate that the room has been checked or cleared.

The Fire Marshall clearly indicates to all other staff where residents are to be assembled.

It is important that all staff are directed to the assembly point at mental health assembly point via an exit door or in adjoining Zone 1 ZONE 2 Zone 3 or Zone 4 or Zone 5 depending on which Zone the smoke or fire is in.

A roll call is undertaken by the Fire Marshall of all residents and all staff.

If a resident is missing conduct a secondary sweep of the zone if it is safe to do so.

Check linen cupboards and all rooms.

The Fire Marshall must give a detailed handover to the chief fire officer on arrival. They will expect a situation report. Account that all residents are accounted for or that a staff member is doing a secondary sweep of building/Zone.

Outline where the suspected fire or smoke is coming from and where there is smoke build up from.

Go through the map with the fire officer.

Outline the location of the main electrical switch board, fire hydrant and portable oxygen.

Outline the location of oxygen bay.

Outline where the sprinkler controls are in main kitchen and the automatic CO2 dispensers are in Boiler room.

The fire service will now take control of the building and all staff should take direction from fire personnel.

**Remember anyone can assist in helping in a fire evacuation once they are trained with RACES.**

**REMOVE**

**ALERT**

**CONTAIN**

**EVACUATE**

**SWITCH OFF**

**Phased Horizontal evacuation.**

Phased Horizontal Evacuation is the method of moving people away from the area of danger to a safer place on the same floor. This type of evacuation is usually required where a resident cannot use exit stairs to get outside and must remain on a particular floor until assistance arrives. This is one reason why using fire doors properly is so important, as they help to create fire resistant compartments. The Centre is divided into Zones from Zone One to Zone Five. These are in essence compartments divided by 60 minute fire doors.

#### **IF AN EVACUATION IS NECESSARY**

- a. Move residents horizontally away to a safe place.
- b. Move ambulatory residents first, having them join hands and lead them out safest exit.
- c. Remove wheel chair residents next, then the totally dependent, working in pairs when possible to carry these people from danger. Do not move beds.
- d. Have individual staff members assigned to move severely disturbed residents, if possible.
- e. Have staff members assigned to supervise evacuated patients.
- f. The Nurse Supervisor is responsible for the safety of the Residents Kardex and, where possible, the removal of residents charts.
- g. Once residents are removed, close all fire doors to prevent spread of flames or the sudden return of residents to the danger area.

**Evacuation Equipment** The Nurse in charge of each unit shall see that all necessary equipment is ready for transfer to fire area when requested.

#### **Fire Doors**

A full assessment of Fire doors was undertaken in March 2023. A report on same is accessible through the Person in Charge. In addition, all doors have been assessed and documented in the Fire Register as 30 minute or 60-minute smoke and fire resistant. All fire doors are due upgrade works completed in February 2022. A full listing of all fire doors and their Fire Rating is found in Appendix One of this document.

#### **Escape Lighting.**

**An outline of all the emergency lights in place is found in Appendix Two of this document.** These systems are also subject to ongoing and very specific maintenance and testing regime, which can in part be undertaken in house, but annual certification of testing and maintenance must be undertaken by an approved contractor experienced in such work.

### **Servicing of the emergency lighting**

The following outlines the dates of servicing of emergency lighting throughout 2023.

24.03.2023 first quarterly inspection

21.06.2023 second quarterly inspection

13.10.2023 and systems check also performed 13.12.2022.

### **Fire detection and Alarm.**

Fire detection and alarm systems are installed. These systems should always be designed, installed and commissioned by appropriate qualified and competent persons in accordance with IS 3218: 2013 + A1 2019. Masterfire are the only qualified professionals who can provide the requisite certification on completion of all works and on repair and ongoing checking of the system here in St Mary's.

### **Quarterly Servicing**

Quarterly Servicing was carried out on the fire alarm and detection systems on

**10.02.2023.**

**24.05.2023.**

**21.09.2023.**

**13.12.2023.**

Certificate of compliance in relation to alarms was issued on **13.12.2022.**

An outline of all the Fire Alarm systems and detection systems is found in **Appendix Three.**

### **Escape Routes.**

We ensure inspection of escape routes to ensure that:

- All escape routes are kept un-obstructed and immediately available for use.
- Escape routes are clearly indicated, signposted and adequately illuminated by the main and emergency lighting systems.
- Exit doors are capable of being readily opened at all times.
- Doors across escape routes are secured in a manner that they can be easily and immediately opened by persons on the premises.



- Curtains, drapes or hangings are not placed across or along an escape route in a manner which would impede or obstruct escape.
- Mirrors are not placed across or along an escape route or adjacent to an exit in such a way as to confuse the direction of escape.
- floor coverings, rugs and mats are fixed or laid so that people will not slip or trip on them during an evacuation, and they are not used to prop open doors.
- fire resisting door sets along escape routes are kept closed at all times, unless where they are held open with electro-magnetic devices linked to the fire alarm system during the day and closed at night.
- external areas at or near exits are kept free of vehicles, portable cabins, excavations and or other obstructions, so as to allow unimpeded escape to a place of safety. Further work in this area is required at front of centre in 2022, and a plan is in place to remove the clinical waste area along the evacuation footpath at front of building.

We have ensured that during building works along the front of the Centre that, the termination of an escape route from this building gives direct access to a street, passageway, walkway or open space, and sited to ensure the rapid dispersal of persons from the vicinity of a building so that they are no longer in danger from fire and/or smoke.

### **Fire Doors**

All fire doors should be inspected every six months. In particular, it should be ensured that:

- a) Heat-activated seals and smoke seals are undamaged;
- b) Door leaves are not structurally damaged or excessively bowed or deformed;
- c) Gaps between the door leaf and the frame are not so small as to be likely to bind, or so large as to prevent effective fire and smoke-sealing;
- d) Hanging devices, securing devices, self-closing devices and automatic release mechanisms are operating correctly.

Fire door sets are fire doors that are pre-assembled in their frame, and include all the correct components such as ironmongery and seals. This guarantees that the entire door set, including the individual components, will match the tested design. Six monthly checks are undertaken by a competent person from Masterfire, but in addition are now regularly checked by staff using a pre-determined checklist, contained in **Appendix Four** of this document.

### **Provision for people with a disability**

#### **– The role of building management**

- Good management is essential to the effective functioning of a building.
- Good management pays particular attention to the maintenance of accessibility to all building users, regardless of age, size, ability or disability, and to those features of a building that are critical to maintaining accessibility. A well-managed building is welcoming, safe and convenient for everyone to use. Good management and effective customer service can improve the accessibility and usability of even a badly-designed building.

By contrast, poor management and a lack of attention to customers' need can compromise the most accessible venue.

### **Staff training**

Everybody in an organisation contributes to the efficient running of a building. All members of staff in an organisation, including volunteer staff, are recommended to undertake appropriate training to know and understand what are the difficulties faced and what facilities or measures promote access to all, regardless of age, size, ability or disability.

This training could be one-to-one training by a supervisor, use of video or eLearning tools, contractors, or formal classroom training. Staff and volunteers should be fully aware of features within buildings and environments that help to facilitate universal design for people, such as unobstructed circulation routes, the availability of suitable seating and clear signage.

Staff should also be aware that certain actions may inadvertently create barriers to access, such as placing large waste bins in the transfer area of an accessible toilet, removing or covering signage during redecoration, or obstructing circulation routes with boxes or surplus furniture.

### **Checklist – Emergency evacuation**

- Ensure policies, procedures and equipment are in place to facilitate safe evacuation for everyone.
- Aim to facilitate independent evacuation wherever possible.
- Consider procedures and routes for emergency evacuation at the design stage.
- Consider fire engineering technologies and fire safety systems from the outset.
- Continuously review emergency evacuation procedures in existing buildings.
- Ensure evacuation procedures include the needs of individual visitors to a building.
- Consider the best means of evacuating people from floor levels other than the exit storey.

Additional to all the legislation previously introduced, regarding to people with disabilities, there are some legislations on Equality and Disability Legislation:

- Employment Equality Act (1998/2004),
- Equal Status Act (2000/2004)
- Disability Act (2006)
- Safety, Health and Welfare at Work Act (2006)

Appropriate management arrangements should be put in place such that disabled occupants are afforded the necessary assistance in the event of building evacuation being necessary, based on the relevant recommendations of BS 5588 Part 12: 2004. This will necessitate the preparation of personal emergency evacuation plans (PEEPS) for specific individuals with either significant physical or cognitive impairment.

In line with Fire Safety Handbook: A guide for providers and staff of designated centres (HIQA, 2021). In deciding on what fire precautions are necessary, the provider must consider in detail the care, welfare, support, assistance and evacuation needs of the residents in St. Mary's.

Many people other than wheelchair users are considered to have mobility impairments.

This category includes people who can mobilise or use steps but might not be able to reach a place of ultimate safety in the normal movement times used to calculate evacuation times.

Assumptions should not be made about the abilities of wheelchair users and their ability to leave a building safely. As a result, a **Personal Emergency Evacuation Plan (PEEP)** has been produced.

Where this is not possible and general arrangements need to be made, horizontal escape is the most suitable evacuation method, possibly to another fire compartment, if direct escape to a place of ultimate safety is not possible.

An appropriate management strategy is required for further evacuation from the building to a place of ultimate safety. Personal Emergency Evacuation Plans (**PEEPs**) are recommended for all people requiring assistance to leave the building. Through the recording of **PEEPs**, the management team are aware of the amount of staff support required for each evacuation.

As a result, in conjunction with all residents, a personal emergency egress plan has been drawn up for each residents during 2022. An outline of the PEEP is contained in Appendix Four of this document. The contents of the individual PEEP is known and drawn up with the resident. All staff on duty are required to know in detail each individual PEEP. An example of the PEEPS is contained within **Appendix Five**.

PEEPs should always be prepared in direct consultation with the individual to whom it relates and it should be tailored to meet the individual's particular capabilities.

The PEEP should be developed within the context of the organisation's emergency management systems and should take into account the characteristics of the building and its safety systems.

A PEEP is not a transferable document – a person cannot take their PEEP from a particular place of work and expect it to be applied without modification to another building or another organisation. PEEPs are entirely specific to an individual, to a particular building and within a particular management system.

There are no internal refuges in the building for people with disability, Refuges are places of Relative Safety where people whose abilities or impairments might result in delayed evacuation can await assistance from building management with the next part of their movement to a place of Ultimate Safety. This is possible during 2023 particularly where there is phased horizontal evacuation.

**PEEPs for visitors to the premises who will make themselves known to staff, such as relatives/visitors.** Visitors requiring assistance in the event of an evacuation should be encouraged to make themselves known to staff on arrival.

Management should be encouraged to have available, especially at reception, staff who are trained in disability awareness. This will be further developed in 2023.

Blind and partially sighted people can best be guided on level surfaces by allowing them to take a helper’s arm and follow the helper.

On stairways the helper should descend first and the blind or partially sighted person follow with a hand on the helper’s shoulder.

If a blind or partially sighted person is accompanied by a guide dog, the person should be asked how best the animal can be helped.

Some guide dogs follow on their owner’s command but generally, if a helper is leading a blind or partially sighted person, the guide dog should be held by the leash, rather than the harness.

The following are being explored for 2023.

Disability	Considerations
Wheelchair users	Refuges, Evacuation Lifts, Horizontal Evacuation
Hearing Impairments	Flashing beacons, vibrating pagers or pillows back up by fire plan, buddy system,

Blind or partially sighted	Orientation clues, tactile information, audio signals, good colour contrast and step edge marking; tactile information will also be of use to those people who have no sight at all, separation from guide dog
People with Cognitive disabilities	Trained staff and orientation information

### **Fire Hydrants.**

If the Fire service are responding to St. Mary's building, one of the most critical requirements is water supply. If the Fire Service are responding to an incident close to this building, they may require to use the water supply also.

There are three fire hydrants available to St. Mary's. There is a fire hydrant available on footpath on way to entrance of St. Mary's and two the rear of the building. These are painted canary yellow with an H sign and an actual signage giving the distance from the building and the pressure flow from each of the valves.

Under Part B If the water supply is below 1220 Litres per minute, Static Storage is required. However in the case of St. Mary's, the Fire Authority have in place arrangements that extra storage water will be delivered through two extra tankers.

The following checks are made on the fire hydrants.

#### **Daily/ Weekly Check.**

- Is the Fire Hydrant unobstructed?
- Is the cover and frame canary yellow?

Six Monthly Inspection

#### **The Hydrant Pit:**

- Confirm the surrounding surface paving sound?
- Confirm the cover free from vegetation and or debris?
- Confirm the cover and frame sound?
- Confirm the cover painted Canary Yellow?

- Confirm the cover need repainting?
- Confirm the pit structurally sound?
- Confirm the pit dry and free draining?

**The Hydrant Valve:**

- Is the outlet is fitted with a cap
- Does the standpipe screw correctly onto outlets threads?
- Is a frost valve is fitted?

Is a false spindle fitted?

**Electrical supplies**

Electrical installations, if not properly maintained, can kill, injure and cause serious property damage. In Ireland, people are killed almost every year from contact with, or as a result of electricity.

The requirement for periodic inspection testing and reporting is set out in Regulation 89 of the 2007 Safety Health and Welfare at Work (General Application) Regulations (S.I. No 299 of 2007) as amended by the Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2007 (S.I. No. 732 of 2007)), which states that “an employer shall ensure that—

(b) an existing electrical installation is tested by a competent person in an appropriate manner—  
(i) from time to time where required having regard to the nature, location and use of the installation,” and that

(d) “All defects found during the testing and inspection of an electrical installation are rectified promptly so as to prevent danger and a report of the test is completed by the competent person carrying out the test,”

We undertake periodic inspections and report is issued. The report will have a list of remedial works that are carried out carried out by a competent person.

The last periodic inspection of electrical installations was in October 2020. Remedial work commenced in Jan 2022 and completed.

**Simulated evacuations.**

The goal of fire drills are to have a planned, controlled, safe, evacuation of the building. The type of evacuation used in St Mary's is progressive horizontal evacuation. Progressive horizontal evacuation is the principle and process of moving residents and staff from the area of fire origin, which is compromised from a fire safety point of view, through a fire-resistant barrier, to a safe area on the same level. In St. Mary's we use the egress time model, which examines:

- Fire - Available Safe Egress Time (ASET).
- Required Safe Egress Time (RSET)

As well as evacuation staff during simulated evacuations practice:

- Floor Sweep - Check Toilets - Server Rooms - Canteen - Confirm to Fire Marshal "Floor is swept and clear"

Simulated fire evacuations were held at least monthly involving all staff throughout 2022. These are available for review.

### **The Key Learning**

When the evacuation started staff forgot to bring the PEEP with them.

In the early stages there were errors in removing the sledge.

Also in the early stages of undertaking the simulate evacuations, there was some confusion as to how to use the sledge.

Staff were not familiar with where the PEEP was stored and kept.

Some staff were not familiar with PEEP's or what they contained.

Staff were unfamiliar with gas cut off points and gas cut off points.

### **End of Year Review**

PEEP working very well.

Fire Marshalls and staff much more confident in their roles.

Fire supervisors trained in their roles.

Purchase of fire safety vests

Visit by Fire Brigade services.

Meeting with other stakeholders on site.

Development of door checks.

Development of daily and weekly alarm monitoring checks

Checking of doors using SHES working very well.

Very familiar with using fire extinguishers using PASS acronym.

Also very used to sweeping the room on entry especially if residents have dementia.

Fire Marshall is taking control and contacting the Fire Brigade.

Catering staff all now joining in on simulated evacuations.

Students and visitors now all included.

Residents included and involved.

We have now developed a new fire drill tool kit which is contained in **Appendix Six**.

**Other areas of improvement based on risk can be found in Appendix Seven.**

#### **Priority Actions for 2022.**

1. Monitor closely all fire safety arrangements within new build.
2. Complete updated fire safety plan by March 20 2022.
  - a. Ensure all fire hydrants are marked with canary yellow.
  - b. Fire lighting systems to be updated.
  - c. Continue to train more fire supervisors and ensure Fire Marshalls receive updated training.
  - d. Continue all mandatory fire training and internal simultaneous evacuations.
  - e. Continue to involve residents and relatives in evacuations.
  - f. Draw up safety guidelines on electrical\| charge points in car park
  - g. Continue to work proactively with other service users on site
  - h. Continue to engage with local fire services ion Drogheda.
  - i. Obtain fire lighting certificate
  - j. Obtain fire safety certificate for the building.



**Appendix One. Fire Doors.**

<b>Location</b>	<b>Door Number</b>	<b>Type of Fire Door (E30SA or E60SA)</b>
<b>ZONE 1</b>	4	E30SA
	2	E30SA
	1	E30SA
	3	E30SA
	3A	E30SA
	<b>ENTRANCE TO MEADOWVIEW</b>	<b>E60SA</b>
<b>ZONE 2</b>	5	E30SA
	6	E30SA
	7	E30SA
	8	E30SA
	9	E30SA
	12	E30SA
	13	E30SA
	14	E30SA
	15 AND 15A	E30SA
	16	E30SA
	18	E30SA
	21	E30SA
	23	E30SA
	65	E30SA
	66	E30SA
	<b>DOORS FROM ZONE 2 TO ZONE 3</b>	<b>E60SA</b>
<b>Zone 3</b>	25	E30SA
	26	E30SA
	27	E30SA
	28	E30SA
	28 A	E30SA
	28B	E30SA
	28C	E30SA
	28D	E30SA
	28E	E30SA
	28F	E30SA
	29	E30SA
	30	E30SA
	31	E30SA
	32	E30SA
	33	E30SA
	<b>Doors from ZONE 3 TO ZONE 4</b>	<b>E60SA</b>
<b>Zone 4</b>	45	E30SA
	47	E30SA
	44 and 44	E30SA
	43	E30SA

	42	E30SA
	41	E30SA
	38	E30SA
	37	E30SA
	36	E30SA
	35	E30SA
	34	E30SA
	50	E30SA
	52	E30SA
	53	E30SA
	<b>Door to fire exit at kitchen</b>	E30SA
	57	E30SA
	58	E30SA
	<b>Doors from ZONE 4 to Zone 5</b>	<b>E60SA</b>
<b>ZONE 5</b>	59	E30SA check
	60	E30SA
	<b>Fire doors corridor to dining room zone 5</b>	<b>E60SA</b>
	<b>Fire doors corridor from dining room zone 5</b>	<b>E60SA</b>
	<b>59</b>	<b>E60SA</b>
	63	E30SA
	64	E30SA
	<b>From ZONE 5 BACK TO ZONE 2</b>	<b>E60SA</b>

## **Appendix Two. Emergency Lighting.**

The emergency lighting installation is inspected and maintained in accordance with I.S. 3217.

Location of Equipment

### **Zone 1.**

**3 emergency lights**

**2 emergency exit lights.**

**2 external Emergency Lights**

### **Zone 2**

**20 emergency lights**

**4 emergency exit lights.**

### **Zone 3**

**6 Emergency Lights**

**2 emergency exit lights**

### **Zone 4**

**Emergency lights 20**

**Exit lights 6**

### **Zone 5**

**Emergency lights 15**

**Exit lights 4.**

### **Zone 6.**

**One.**

### **Appendix Three. Fire alarm and detection Systems in St. Mary's.**

The fire detection and alarm system should be inspected and maintained in accordance with I.S. 3218.

#### **Location of Main Fire Alarm Panel and any repeater panels.**

The Main Fire Alarm Panel is located in **FRONT ENTRANCE HALLWAY TO ST MARY'S**

The location of the repeater panel is located in sitting room of **SUNNYSIDE UNIT.**

**Number of ZONES in Saint Mary's IS 6.**

**The number of detectors for the six zones is 64.**

**The number of manual call points is 10.**

**A ZONAL DIAGRAM IS INSTALLED AT THE MAIN FIRE ALARM PANEL IN THE FRONT HALL AND IS ALSO INSTALLED WITHIN EACH ZONE OF THIS BUILDING,**

**Zone number 1** covers the main front entrance hall, the administration reception office, the office of the person in charge and the I.T control room. It ends on entrance to Meadowview Unit.

**Zone 2** covers all of Meadowview. It commences at the entrance double doors to Meadowview and ends at the doors going into the back corridor at nursing station in Meadowview Unit.

#### **Oxygen is supplied to all bedrooms in this Zone**

This includes Rooms 5, 6 7 8, 9, 12, 16, 23. It also includes toilets and two bathrooms as well as a visitor's room and an electrical panel.

**Zone 3** covers the corridor along the rear of the building from Meadowview to Sunnyside Unit.

This area contains store rooms, sluice rooms, a wash room containing washing machine and tumble dryer, hygiene storage room, and assisted bathroom, extra storage presses for residents valuables,

**Zone 4** is all of Sunnyside Unit. It commences from fire doors at staff room on Sunnyside to the doors entering Zone 3 at nursing work station.

This includes rooms 34, 35, 36, 37, 38, 41, 45, 52. It also includes toilets and two bathrooms as well as an office and an electrical panel. It also contains currently a staff rest room beside room 34.

**Oxygen is supplied to all bedrooms in this Zone. The main internal cut off point for oxygen is in this area. OXYGEN CUT OFF IS BY UNLOCKING WITH KEY OR IN AN EMERGENCY BREAK GLASS.**

**Zone 5** commences at staff toilet and ends at entrance to Zone 4. This area contains the main kitchen, catering food store room, catering staff toilet, Residents main dining room and room which is currently in use as an oratory as well as two toilets.

**Zone 6** is external to the building in terms of accessibility and contain the main electrical panel to the building as well as main gas fired boilers to the rear of the building.

#### **Appendix Four. Fire Door Checklist.**

##### **Fire Door Checks.**

**Date:** \_\_\_\_\_ **Final Exit** The termination of an escape route from a building giving direct access to a street, passageway, walkway or open space, and sited to ensure the rapid dispersal of persons from the vicinity of a building so that they are no longer in danger from fire and/or smoke.

**Fire Door** Fire door sets are fire doors that are pre-assembled in their frame, and include all the correct components such as ironmongery and seals. This guarantees that the entire door set, including the individual components, will match the tested design.

<b>Component</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>The fire door leaf is in good condition</b>			
<b>The door is not structurally damaged or excessively bowed or deformed</b>			
<b>The glass in the vision panels is stable, the glass is in good order and the beading is not loose</b>			
<b>Hanging devices, securing devices, self closing devices and automatic release mechanisms are operating correctly</b>			
<b>The door is returning snugly against the frame</b>			
<b>Are intumescent seals/smoke seals located in the door edge or frame</b>			
<b>Is the gap greater than 3 ml</b>			
<b>Are there any doors propped open</b>			
<b>Are the termination escape routes giving direct access to outside space</b>			
<b>Are protected exits and lobbies free from obstruction/</b>			

**Signature** \_\_\_\_\_

**Appendix Five. Personal Emergency Egress Plan PEEPS.**

**PERSONAL EMERGENCY EGRESS PLAN**

**NAME:**                      **DOB:**

**ROOM NUMBER:**

**ASSESSED ASSISTANCE REQUIRED:**

**ASSISTANCE METHOD/TECHNIQUE DAY AND NIGHT:**

**DAY:**

**NIGHT:**

**General instructions for Evacuation:**

- 
- 
- 
- 
- 
- 
- 
- 

**EQUIPMENT THAT WOULD BE REQUIRED IF EVACUATION WAS REQUIRED,  
(E.g.: CONTINUOUS OXYGEN, PEG NUTRITION, and SUBCUTANEOUS FLUIDS):**

Completed by:

Date:

**Appendix Six. Fire drill tool kit.**

**Fire Drill Tool Kit.**

**Premises.** \_\_\_\_\_

Date of Fire Drill. \_\_\_\_\_

**Before.**

- |                                                                                 |           |
|---------------------------------------------------------------------------------|-----------|
| 1. Is the weather suitable to conduct an evacuation safely?                     | Yes       |
| No                                                                              |           |
| <b>During</b>                                                                   |           |
| 2. Has the appropriate persons been informed about the evacuation               | Yes       |
| No                                                                              |           |
| Record the manual call point used                                               | Yes    No |
| 3. Did you brief your team of the plan for the evacuation?                      | Yes       |
| No                                                                              |           |
| Activate the manual call point                                                  | Yes    No |
| 4. Did you review who needs assistance to evacuate including visitors and staff | Yes       |
| No                                                                              |           |
| Confirm the panel displays the correct zone                                     |           |
| 5. Did you check if there are any contractors/visitors on site                  | Yes       |
| No                                                                              |           |
| 6. Have you considered what effects the fire alarm activation will have?        | Yes       |
| No                                                                              |           |
| <b>After.</b>                                                                   |           |
| 7. Have you checked all the escape routes are clear and unobstructed?           | Yes       |
| No                                                                              |           |
| Did each staff member supervisor report to                                      |           |
| 8. Have you checked that the exit doors are opening freely?                     | Yes       |
| No                                                                              |           |
| the fire Marshall when they have completed a                                    |           |
| 9. Are the exit routes externally clear and unobstructed?                       | Yes       |
| No                                                                              |           |
| sweep of the building?                                                          |           |
| 10. Have you simulated loss of one Exit Route?                                  | Yes       |
| No                                                                              |           |
| Timer should be stopped when it is confirmed                                    |           |
| 11. Do you have a spare break glass for the manual call point?                  | Yes       |
| No                                                                              |           |
| everyone is out                                                                 |           |
| 12. Do you have the appropriate key to activate manual call point?              | Yes       |
| No                                                                              |           |
| 13. Do you have a stop watch?                                                   | Yes       |
| No                                                                              |           |

**Fire Marshall.** \_\_\_\_\_ Staff who attended

Method of Alarm Activation \_\_\_\_\_

Start Finish Time \_\_\_\_\_

Evacuation Time \_\_\_\_\_

**Weather Conditions (circle)**





What went well?

What can be improved?

Actions Required.

**Appendix Seven. Fire Risks and Action Plans.**

**Fire Safety Risk Assessment Saint Mary's.**

Date of Assessment: 20.09.2021. Updated 09.10.2021, UPDATED 11.10.2021. Updated 22.10.2021 UPDATED 29.10.2021. Updated 02.02.2022.

Risk	Controls	Date Achieved	Update.
Oil Tank outside Child and Family Centre has nothing on outside to identify that diesel is stored in same.	No signage label on tank to identify oil.	08.10.2021	08.10.2021 signage placed on Tank.
Door to oratory not closing properly 25.01.2022	Masterfire to be contacted Masterfire contacted 25.01.2022	22.09.2021	28.01.2022. Bolt had slipped but repaired 22.01.2022
Fire Door from Zone 2 to Zone 3 found to be sticking	Masterfire to be contacted	22.09.2021	
No signage on fire extinguishers	Completed 24.09.2021	24.09.2021	08.10.2021 Completed
Room Zone signage removed during pandemic	<b>All rooms to have Zone Number and directional evacuation signage placed</b>	06.10.2021	COMPLETED
Fire exit signage on Meadowview and Sunnyside	Christopher to move same.	01.10.2021	
Oxygen turn off point signage Some staff not aware of where cut off point was situated Some staff not aware that this is a break glass area.	Signage has been removed Oxygen cut off point to be added to daily check list for staff	Oxygen turn off signage put in place on 07.10.2021	
Gas cut off point not identifiable	All staff need to be aware of where gas is turned off	01.09.2021	
Fire assembly point needs to be lifted to make more visible	Raised up pole	22.09.2021	22.09.2021 resolved
Three hydrant points identified but only one hydrant marked		Meet with Fiona Flood 14.10.2021	
ESB in hallway, door locked and key could not be found	C Woods to get new lock for this door		08.10.2021 resolved

ESB certificate for fire panel	Safety checks for certification commenced	Commenced 23.09.2021	Week of 04.10.2021 this work being undertaken by Clarkes Electrical on behalf of estates.
No signage oxygen bay room	Signage to be placed on this area.		
Fire doors checked at same time as alarm is activated to ascertain full closure of same	All doors are closing One door found not to be fully closing	Masterfire contacted and door issue resolved 21.09.2021	
Curtains on window Query if fire retardant	Christopher Woods to check with Porterhouse.		
Training of Fire Wardens	Shane to come back with dates for training		
Cigarette butts found in ESB room	Strictly no smoking in this area	11.10.2021	
ESB room has holes in ceiling and light from ceiling being held up with wire	John McCrea contacted on 12.10.2021 to get this room snagged and maintained		Met with John McCrea and Broomfield as well as estates personnel on Friday 22 <sup>nd</sup> of October. Fire resistant panelling to be placed above this ceiling space to make fire resistant ceiling and holes will be fully sealed.
4 sledges in St Mary's	Christopher to order three more sledges		
Sledges facing wrong way	Sledges faced properly and raised with staff	10.10.2021	
Chemical storage	Check that all chemicals are stored properly	01.10.2021	
No petrol stored on site			
No flammable signs of hand decontamination equipment	Erika to get signage for same	01.11.2021	01.11.2021
Plan for fire safety of Christmas trees and other Christmas lights and decorations	Christopher to source ant flammable spray for trees.		completed

Fire plan zones had all been removed from walls during pandemic	All re drawn and restored back to each area.	05.10.2021	
Boiler house, too much debris and rubbish from salt bags.	Cleaned out and brushed out.	11.10.2021	
During simulated evacuation fire door 42	Spoke with Mark from Masterfire. To meet with Fiona Flood 14.10.2021 to finalise repairs of all doors as per 6 monthly door inspection		Schedule of fire door checking by competent person due in February 2022
Alarm activated on Thursday 14.10.2021 test alarm	All doors closed except door from zone 2 to zone closed. This door closed but not tightly		Met with Mark Crosby on 14.10.2021. Plan put in place to commence inspections of compartmentalised doors. Await plan from Mark.02.02.2022 see above re fire door maintenance checks
Emergency test lighting activated	Some of emergency evacuation lights are flickering and some have blown		Luke to be contacted from Masterfire to repair those that are blown. Check with Fiona Flood re obtaining the installation of more emergency evacuation lighting signage. Update from HSE Fire estates and meeting with Shane. Scheduled for new lighting in St Mary's
Emergency door at catering area found to be sticking on concrete	Same raised off ground. Area to be grinded down by angle grinder If this fails again new door to be installed.	01.09.2021	PIC has spoken to Mark from Masterfire on same.01.09.2021. Repaired.

Emergency lighting at rear fire exit are all blown externally.			Luke from Masterfire to replace.
IT room. Equipment stored here that was combustible. Air conditioning unit not functioning, and ceiling door open	Room cleaned and equipment stored 210 <sup>th</sup> of October 2021		Met with John McCrea and Broomfield as well as estates personnel on Friday 22 <sup>nd</sup> of October. Latch to be installed in ceiling and wire ducting to be sealed. Air conditioning Unit now operating.
Doors of new presses along corridor in Zone 1 has large opening of greater than 4 mm.			20.10.2021. Sealed by Broomfield construction and new sealants applied after the adjustment of doors.
Pre fire planning meeting with Louth Fire Brigade Services	<ol style="list-style-type: none"> <li>1. Create a new FIRE ASSEMBLY POINT.</li> <li>2. ESB signage to be placed on ESB room and internal rooms.</li> <li>3. Gas signage to be placed on boiler house door.</li> <li>4. Liaise with Broomfield to ensure access to fire brigade at rear of building at child and family centre.</li> <li>5. In event of contact with fire brigade, stay on telephone until emergency services state that you can</li> </ol>		<p>New Fire assembly notices ordered.  New ESB and Gas symbols ordered.  Alan McCartney to liaise with John McCrea to ensure site at rear is tidy and accessible to fire services.  Alan liaising with Gas company.  Rectified November 2021</p>

	<p>now hang up call.</p> <ol style="list-style-type: none"> <li>6. Ensure that there is someone at door to meet fire brigade on arrival outlining how many residents have been evacuated and how many staff on site.</li> <li>7. Ensure that PEEPS is given to Fire services on arrival.</li> <li>8. Check and see if there is an automatic cut off for gas.</li> <li>9. Check and see if there is an automatic cut off for oxygen</li> </ol>		
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**FIRE SAFETY CHECKLISTS ANNUAL REVIEW**

**St Mary's Hospital**

NO.	Question	Yes	No	Comment	Actions to be included in action plan Y/N
1.	Were the daily fire checks completed daily with any faults/areas requiring attention highlighted and addressed ASAP	Yes		Alarm checks Sensor checks Fire escape doors Changes in residents and PEEPS Students/work experience New visitors	Yes
2.	Were the weekly fire checks completed with any faults/areas requiring attention highlighted and addressed ASAP	Yes		Weekly fire door checks	
3.	Have all staff received fire and safety training in the last year?	Yes		72 staff trained in fire and nine trained as fire supervisors. All staff completed Fire training in the year of 2022. 2023 Fire training scheduled for 4 different dates between Jan –April 2023, 2 sessions/day Person in charge currently undertaking Level 7 Fire Safety Management Course with Letterkenny IT.	
4.	Is the fire Marshall/Warden training up to date?	Yes		72 staff trained in fire and nine trained as fire supervisors.  Person in charge currently undertaking Level 7 Fire Safety Management Course with Letterkenny IT.	
5.	The adequacy and effectiveness of the fire training has been assessed including any gaps in knowledge.	Yes		Fire evacuation procedure is monitored ongoing during simulated evacuations.	
6.	Were there any incidences/near misses regarding fire in the last year?		No		
7.	Were the actions required to mitigate against any reoccurrences	NA			

	completed and any further actions outstanding in relation to Q6.				
<b>8.</b>	All staff attending a fire drill in the last year?	Yes		2023 Fire training has been arranged for Jan – April, 4 dates are booked.	
<b>9.</b>	The adequacy and outcome of fire drills has been assessed in the last year?	Yes		Training is inclusive of fire prevention control of fire and evacuation of the premises. See body of report on learning post simultaneous evacuations	
<b>10.</b>	Servicing and maintenance records for the emergency lighting system are available for the last year and all actions have been addressed?	Yes		Overall fire safety assessment of Building undertaken in November 2022 Servicing and maintenance records and certification available for Extinguishers. Alarm and fire sensors. Emergency lighting	
<b>11.</b>	All fire doors have been assessed by a suitable company and any necessary repairs completed?	Yes		Completed in 2022.	
<b>12.</b>	All fire extinguishers have been serviced in the last 12 months and any actions addressed?	Yes		All checked in January 2022. Weekly checklist now developed for fire extinguishers.	
<b>13.</b>	A period inspection report on the electrical installation has been completed in the last 5 years	Yes		Periodic inspection completed in October 2022	
<b>14.</b>	The extract fans, hoods and ducts have been cleaned within the last year to the TR/19 Guide to Good Practice	Yes		Extract fan and hood cleaned November 2022. Is on contract for cleaning.	
<b>15.</b>	Has there been any changes to the layout of the building, fixtures and fittings, introduction of new	Yes		Toilet changed to wash room for catering purposes. Material change of use of building passed through HSE Fire Officer.	



	equipment over the last year?				
16.	Has there been an increase in the storage of dangerous chemicals in the last year?		No		
17.	Have any recurring fire incidences been identified/reviewed?	Yes			
18.	Any changes to current best practice or work practices?	Yes		Introduction of Fire Marshall Introduction of Fire Supervisors Much more awareness in relation to parking, hydrants, internal and external areas of fire evacuation. Much more awareness of gas cut off points and oxygen cut-off points. New arrangements introduced in relation to responding to fire alarms	
19.	Has there been any feedback on fire safety from staff, Residents, families or visitors?	Yes		All positive feedback from residents. Involvement of residents at all stages in the development of procedures. Relatives have also joined fire simulated evacuations.	
20.	Has there been any recommendations on improvements from a person competent in fire safety?	Yes		Very good relationships have been developed with HSE Fire Safety Department as well as with personnel from Masterfire who have provided continuous advice and support.	
21.	Has a fire safety risk assessment been completed	Yes			
22.	Is the fire hydrant visible and all staff are aware of its location?	Yes		Checking of hydrants and its locations are now part of simultaneous evacuations.	
23.	Are all oxygen cylinders stored safely as per policy?	Yes		Manual cut off point now identified for all staff	
24.	Any other areas identified as requiring attention?	Yes		See Action Plan for 2023	

#### Appendix 8. List of Fire Extinguishers.

## 1.1. Fire fighting Equipment

Fire extinguishers should be inspected and maintained in accordance with I.S. 291.

No. of water extinguishers **0**                      No. of foam extinguishers **9**

No. of CO2 extinguishers **14**                      No. of powder extinguishers **0**

Number of Hose Reels **One but not used**

Number of Fire Blankets **2**

Number of fixed suppression systems

**One (R102 Wet Anusul system) (eg kitchen canopy suppression system)**

**One automatic CO2 6 kgs in zone 6 in BOILER ROOM IN ADDITION TO 1 CO2 EXTINGUISHER.**

### Location of Equipment

**Zone 1** 2 CO2 and 1 Foam. One CO2 PIC Office and 1 CO2 and Foam at Fire Panel.

**Zone 2** 2 CO2 AND 2 Foam. One CO2 and 1 Foam at fire exit doors and 1 CO2 and One Foam at entrance to garden

**Zone 3** 1 CO2 and 1 Foam. Based on corridor from Meadowview

**Zone 4** 4 CO2 AND 3 FOAM PLUS ONE FIRE BLANKET IN STAFF ROOM.

**Zone 5** 2 CO2 AND 2 FOAM PLUS FIRE BLANKET MAIN KITCHEN. **One Foam and One CO2 in dining room.**

**Zone 6 One automatic CO2 6 kgs in zone 6 in BOILER ROOM IN ADDITION TO 1 CO2 EXTINGUISHER.**

**Two CO2 (6KGS AND 2KGS IN ESB Electrical room)**



### 1.3. Fire Extinguishers.

Fire Extinguishers should be inspected and maintained in accordance with B.S. 9990. Inspection and testing should be carried out every 6 months. Evidence of the inspections should be detailed in the Fire Log Book in Main Reception Area.

#### Location of CO2 / FOAM Extinguishers

Location	CO2	Foam
ZONE1	2	1
ZONE 2	2	2
ZONE 3	1	1
ZONE 4	4	3
ZONE 5	2	2
ZONE 6	1 CO 2 plus two automatic fire extinguishers, 6 kgs in both automatic fire extinguishers.	

Signed: *Michael McCaul*

Date 21.02.2023.