HEALTHCARE FIRE RISK ASSESSMENT

Editable assessment template for healthcare premises in England

IMPORTANT: COMPETENCE AND LEGAL RESPONSIBILITY

This template must only be completed or reviewed by a person with sufficient training, knowledge, experience and other qualities appropriate to the premises, its fire hazards and the dependency of its occupants. The template does not make its user competent. The Responsible Person retains legal responsibility for ensuring the assessment is suitable and sufficient and that all required precautions are implemented. Where competence is lacking, or the premises is complex, appoint a competent fire risk assessor with suitable healthcare experience.

Premises	Click or type here
Full address	Click or type here
Responsible Person	Name, role, organisation and UK address
Assessor	Name and organisation
Assessment date	DD / MM / YYYY
Review due	DD / MM / YYYY
Document reference / version	Click or type here

1. How to use this assessment

This document is designed for non-residential premises in England whose main use is the provision of healthcare, including GP practices, dental practices, medical centres, outpatient clinics and similar services. Complete it through a physical inspection, staff consultation and review of records. Do not complete it as a desk exercise.

For care homes, nursing homes, residential treatment, sleeping accommodation or premises where healthcare is not the main use, use the sector-specific Home Office guide and adapt the assessment accordingly. For hospitals and other complex healthcare premises, use the primary and secondary assessment structure in HTM 05-03 Part K and obtain specialist advice.

Assessment method

Step	Required activity
1	Identify fire hazards: sources of ignition, fuel and oxygen or oxidising agents.
2	Identify people at risk, including those who may need assistance or whose behaviour, treatment or location increases risk.
3	Evaluate risk; remove or reduce hazards; assess fire precautions, evacuation and the likely consequences of fire.
4	Record the assessment and fire-safety arrangements; plan, inform, instruct and train.
5	Review the assessment and controls, keeping them current after changes, incidents or evidence of failure.

Evidence to obtain and check

Evidence group	Examples to review
Building	Current plans, fire strategy, Building Regulations fire-safety information, compartmentation and fire-door surveys, alterations and fire-stopping records
Systems	Alarm, detection, emergency lighting, extinguishers, fixed systems, smoke control, lifts, dry/wet risers and maintenance certificates where applicable
Operations	Occupancy and dependency data, staffing levels, treatment activities, medical gas and flammable-substance arrangements, contractor and hot-work controls
Management	Policy, emergency plan, PEEPs/GEEPs, training needs analysis, training records, drill reports, false alarms, incidents, near misses and outstanding actions
Shared duties	Lease or responsibility matrix, landlord/managing agent information and evidence of co-operation with every other Responsible Person or Accountable Person

Assessor competence and declaration

Assessor name	
Organisation	
Relevant qualifications	
Training and healthcare fire experience	
Professional body / third-party scheme	

Limitations or specialist advice required	

Declaration: I confirm that I have recorded the scope and limitations of this assessment, inspected the premises and considered the information reasonably available to me. To the best of my knowledge, the findings reflect conditions at the time of assessment. I understand that signing this declaration does not transfer the Responsible Person's statutory duties.

Assessor signature		**Date**	
Responsible Person acceptance		**Date**	

2. Legal and guidance framework

Status of this section

This is a practical summary, not legal advice. Legislation, statutory guidance, building use and enforcement circumstances must be checked for the specific premises. British Standards and manufacturer requirements should be confirmed in their current editions.

Legislation	Relevance to this assessment
Regulatory Reform (Fire Safety) Order 2005, as amended	Primary fire-safety law for workplaces in England and Wales. Requires suitable and sufficient assessment; general fire precautions; effective arrangements; detection and warning; escape; emergency procedures; maintenance; competent assistance; information, instruction, training; and co-operation/coordination.
Building Safety Act 2022, section 156 amendments	Since 1 October 2023, Responsible Persons must record the fire risk assessment and fire-safety arrangements in full, record the identity of anyone engaged to undertake or review it, keep contact information, identify and cooperate with other dutyholders and pass relevant fire-safety information to an incoming Responsible Person.
Fire Safety Act 2021	Clarifies, where the Fire Safety Order applies to a building containing two or more sets of domestic premises, that structure, external walls and relevant doors fall within scope. Consider if the healthcare premises is within or connected to such a building.
Fire Safety (England) Regulations 2022	Adds duties for certain buildings containing two or more domestic premises, with enhanced duties for high-rise residential buildings. Record applicability or why it is not applicable.
Building Regulations 2010, including Approved Document B and Regulation 38	Relevant to new buildings and material alterations. Fire-safety information must be handed over where Regulation 38 applies. The risk assessment is not a design certificate and does not replace Building Control approval.
Health and Safety at Work etc. Act 1974 and Management Regulations 1999	Support the wider duty to manage workplace risk, appoint competent assistance, establish emergency arrangements and provide information and training. The HSE process of identifying, assessing, controlling, recording and reviewing risk is applied here.
DSEAR 2002 and COSHH 2002	Relevant where flammable, explosive, oxidising or hazardous substances are stored or used, including alcohol products, solvents, laboratory materials and medical gases. A separate DSEAR assessment may be required.
Equality Act 2010	Evacuation arrangements must not disadvantage disabled people. Personal or generic emergency evacuation arrangements should be planned, resourced and tested without relying on fire and rescue services for routine evacuation.

Legislation	Relevance to this assessment
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	CQC-regulated providers should consider Regulations 12, 15, 17 and 18: safe care and treatment; suitable and maintained premises/equipment; governance and records; and suitably trained staff.
CDM Regulations 2015 and other specialist law	Building works and maintenance can create fire risk and compromise compartmentation. Electrical, gas, pressure systems, work equipment and hazardous processes must also comply with their applicable legal regimes.

Healthcare guidance applied

Guidance	How it is used
Home Office: Fire safety risk assessment - healthcare premises	Article 50 guidance and the core sector benchmark for less complex premises whose main use is healthcare.
HSE: risk assessment and emergency procedures	Used to structure hazard identification, people at risk, existing controls, further action, ownership, deadlines and review.
HTM 05-01: Managing healthcare fire safety (2026)	Applied proportionately to governance, roles, policy, records, emergency planning and assurance. Full structures are most relevant to complex organisations.
HTM 05-02	Relevant to the design and functional fire precautions of healthcare premises and to significant alterations or questions about the building's fire strategy.
HTM 05-03 Part A (Training)	Used for the training-needs analysis, local induction, role-based training, exercises, records and audit.
HTM 05-03 Parts B, C and F	Considered for detection/alarm and unwanted fire signals; textiles/furnishings; and arson prevention.
HTM 05-03 Part K (2024)	Used for the 5 x 5 life-safety risk matrix and complex-premises principles, including primary/secondary assessments and occupant dependency.

3. Premises, activities and scope

Premises name and address	
Owner	
Occupier / employer	
Landlord / managing agent	
Responsible Person(s)	Name, organisation, UK address and extent of control
Other dutyholders	Other Responsible Persons / Accountable Persons and contact arrangements
Enforcing authority	Usually the local fire and rescue authority
Assessment scope	Whole building / demised area / named departments / external areas
Areas excluded and reason	
Information unavailable / assumptions	

Building profile

Year built / converted		**Construction type**	
Floors above ground		**Basements**	
Approx. floor area		**Building height**	
Single / multi-occupancy		**Listed / historic**	
Fire strategy available	Y / N	**Current plans available**	Y / N
Sleeping accommodation	Y / N	**Higher-risk building issues**	Y / N / N/A

Healthcare use and operating pattern

Healthcare services and treatments	Include procedures, sedation, surgery, diagnostics, decontamination and laboratory activity
Opening hours and out-of-hours use	
Maximum staff / patients / visitors	
Minimum staffing level	Include evenings, nights, weekends and lone working
High-risk rooms or processes	
Medical gas systems / cylinders	Type, quantity, location and isolation arrangements
Flammable / oxidising substances	Type, quantity, location and DSEAR status
Recent or planned building work	
Previous fires, false alarms or near misses	

Evacuation strategy

Strategy	Simultaneous / progressive horizontal / phased / other	**Assembly / receiving area**	
Evacuation lifts	Y / N / N/A	**Refuges / EVC**	Y / N / N/A
Staff assistance required		**Strategy confirmed by**	Fire strategy / competent person / other

4. People at risk

Record everyone who may be affected, not only employees. Occupant numbers, location, familiarity, mobility, cognition, treatment, medication, sensory needs, communication and staffing must be considered together. In healthcare settings, classify patient dependency as independent, dependent or very high dependency where applicable.

Group	Relevant circumstances	Max. number / location	Assistance / PEEP / control	Action ref
Patients - independent	Can evacuate without staff assistance or with minimal assistance and can understand wayfinding			
Patients - dependent	Need staff assistance, equipment, guidance or additional time			
Patients - very high dependency	Clinical condition or treatment creates major evacuation difficulty or immediate clinical risk			
Disabled staff / visitors	Mobility, sensory, cognitive, communication or non-visible impairments			
Children / babies / older people	Include accompanying adults and supervision needs			
Mental health / learning disability / dementia	Potential distress, delayed response, restricted movement or behaviour affecting evacuation			
Sedated, medicated, anaesthetised or intoxicated people	May be unable to recognise alarm or self-evacuate			
People in isolation or controlled areas	Infection control, secure doors, diagnostic areas, toilets and changing rooms			
Lone, night, bank, agency or temporary staff	May be unfamiliar or have limited support			
Visitors, contractors and delivery staff	Unfamiliar with routes and local procedures			
People with language or literacy barriers	May not understand alarms, signs or verbal instructions			
People outside / adjacent / above / below	Neighbours, other tenants and anyone affected by smoke, fire or evacuation			

PEEP / assisted evacuation assurance

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
P1	A process identifies staff and known regular visitors who require a personal emergency evacuation plan (PEEP).	Y / N / N/A	

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
P2	Arrangements address short-term needs, including injury, pregnancy, treatment effects and temporary reduced mobility.	Y / N / N/A	
P3	Generic arrangements cover patients and visitors whose individual needs are not known before arrival.	Y / N / N/A	
P4	Evacuation aids are suitable, accessible, maintained and supported by enough trained staff on every relevant shift.	Y / N / N/A	
P5	Refuges and emergency voice communication systems, where provided, are understood and maintained; refuge use does not depend on rescue by the fire service.	Y / N / N/A	
P6	PEEPs and generic plans are practised or safely simulated and reviewed when needs, staffing or the building changes.	Y / N / N/A	

5. Step 1 - Identify fire hazards

Inspect normal operations, foreseeable misuse, abnormal conditions, maintenance, power loss and building works. Medical oxygen and other oxidisers are not fuels, but can greatly intensify combustion and must be assessed with ignition sources and combustible materials.

5.1 Sources of ignition

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
I1	Fixed electrical installation is inspected and maintained; defects, overheating and unauthorised work are controlled.	Y / N / N/A	
I2	Portable and clinical electrical equipment is selected, used, checked and maintained according to risk and manufacturer instructions; adapters and extension leads are controlled.	Y / N / N/A	
I3	Charging of phones, clinical devices, mobility equipment and lithium-ion batteries is supervised and located away from escape routes and combustible storage.	Y / N / N/A	
I4	E-bikes, e-scooters and removable high-capacity batteries are prohibited or subject to a specific safe charging and storage arrangement.	Y / N / N/A	
I5	Portable heaters and fans are prohibited or strictly controlled, positioned safely and switched off when unattended.	Y / N / N/A	
I6	Cooking, microwaves, toasters, vending machines and staff kitchens are suitably located, cleaned, supervised and isolated after use.	Y / N / N/A	
I7	Boilers, plant, generators, UPS/battery systems and mechanical equipment are maintained and plant rooms kept clear.	Y / N / N/A	

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
I8	Hot work, soldering, welding, grinding and contractor activities use permits, isolation, fire watch and post-work checks.	Y / N / N/A	
I9	Clinical ignition sources such as lasers, electrosurgery/diathermy, fibre-optic lights and heated instruments are identified and procedure-specific controls are in place.	Y / N / N/A	
I10	Smoking and vaping are effectively controlled, including external areas, oxygen users and evidence of illicit smoking.	Y / N / N/A	
I11	Arson and deliberate ignition risks are controlled through security, access, waste placement, lighting and reporting.	Y / N / N/A	
I12	Lightning, static electricity and other specialist ignition risks have been considered where relevant.	Y / N / N/A	

5.2 Sources of fuel and oxidising agents

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
F1	Paper records, stationery, packaging and general storage are minimised and not stored in escape routes or against ignition sources.	Y / N / N/A	
F2	Clinical and domestic waste is removed frequently; bins and external waste stores are secure and safely separated from the building.	Y / N / N/A	
F3	Textiles, curtains, blinds, upholstered furniture, mattresses and privacy screens are suitable for their location and condition.	Y / N / N/A	
F4	Clean and used linen/laundry is stored safely and accumulation is controlled.	Y / N / N/A	
F5	Alcohol hand rubs, solvents, aerosols, cleaning products, laboratory chemicals and other flammables are limited, labelled and stored appropriately.	Y / N / N/A	
F6	Flammable liquids and dangerous substances have a suitable DSEAR/COSHH assessment, with ventilation, separation and spill/emergency controls.	Y / N / N/A	
F7	Medical gas cylinders are secured, segregated, labelled, ventilated and protected from heat, damage, theft and incompatible materials.	Y / N / N/A	
F8	Oxygen enrichment is prevented; leaks, tubing, masks, oxygen tents and patient use are controlled and ignition warnings are clear.	Y / N / N/A	
F9	LPG, fuels and other gases are absent or subject to a specific competent assessment and safe external/internal storage controls.	Y / N / N/A	
F10	High fire-load areas such as stores, archives,	Y / N / N/A	

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
	pharmacies, laundry, server rooms and roof/plant spaces are identified and suitably protected.		
F11	Decorations, displays, seasonal items and notices do not increase fire load, obscure signs or compromise fire doors and detection.	Y / N / N/A	
F12	Combustible external wall, roof, cladding, insulation or void materials are known or investigated where relevant.	Y / N / N/A	

5.3 Hazard locations and activities

Clinical treatment / procedure risks	
Operating / laser / endoscopy / dental / decontamination risks	
Medical gas manifold, cylinder store and isolation points	
Laboratory, pharmacy and chemical storage	
Plant, electrical, server, UPS and generator rooms	
Kitchen, laundry, waste and external storage	
Roof, basement, voids and concealed spaces	
Other significant hazards	

6. Step 3 - Evaluate, remove, reduce and protect

For each question, record evidence rather than relying on a tick. A 'Yes' should mean the measure is suitable for the actual risk, occupants and evacuation strategy. A 'No' should link to the action plan and, where necessary, immediate interim controls.

6.1 Fire-safety management and prevention

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
M1	A current fire safety policy identifies accountability, competent assistance, local roles and reporting lines.	Y / N / N/A	
M2	Fire-safety arrangements are recorded in full and proportionate to the size, complexity and risk of the premises.	Y / N / N/A	
M3	Routine workplace inspections control housekeeping, storage, waste, ignition sources and escape routes.	Y / N / N/A	

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
M4	Defects and impairments to fire precautions are reported, risk assessed, prioritised, tracked and closed.	Y / N / N/A	
M5	Contractors receive local fire information and are controlled through permits, supervision and handover.	Y / N / N/A	
M6	Building changes, penetration of fire-resisting construction and installation works are approved, documented and fire-stopped by competent persons.	Y / N / N/A	
M7	Shared-premises responsibilities are documented and Responsible Persons cooperate on alarms, escape, drills, maintenance and information.	Y / N / N/A	
M8	Security measures do not prevent immediate escape and arrangements address deliberate fire-setting.	Y / N / N/A	

6.2 Means of escape and evacuation

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
E1	The evacuation strategy is documented, compatible with the building fire strategy and suitable for patient dependency and staffing.	Y / N / N/A	
E2	There are enough escape routes and exits of suitable capacity, length and direction for the occupancy and risk.	Y / N / N/A	
E3	Escape routes, stairs and exits are available, unobstructed, adequately protected and lead to a place of relative or ultimate safety.	Y / N / N/A	
E4	Final exits open easily without a key or specialist knowledge and security-release arrangements fail safe where required.	Y / N / N/A	
E5	Travel distances, dead ends, inner rooms and alternative routes have been assessed against appropriate healthcare/building guidance.	Y / N / N/A	
E6	Doors on escape routes open in an appropriate direction and sliding, automatic, revolving or access-controlled doors have safe emergency arrangements.	Y / N / N/A	
E7	Lifts are not relied on unless specifically designed and managed for evacuation; evacuation lifts and refuges are controlled by the plan.	Y / N / N/A	
E8	External escape routes and assembly/receiving areas remain usable in all expected conditions and do not expose people to traffic or fire spread.	Y / N / N/A	
E9	Staffing, equipment, compartment capacity and transfer arrangements are adequate for assisted or progressive horizontal evacuation.	Y / N / N/A	
E10	The plan covers people in toilets, treatment rooms, isolation, imaging, secure areas and any location where an alarm may not be heard or understood.	Y / N / N/A	

6.3 Passive fire protection

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
C1	Compartmentation and sub-compartmentation are appropriate to the evacuation strategy and free from unsealed penetrations or uncontrolled damage.	Y / N / N/A	
C2	Fire-resisting walls, floors, ceilings, shafts, ducts, service risers and cavity barriers are known and maintained.	Y / N / N/A	
C3	Fire doors are correctly specified, fitted, labelled where appropriate and free from damage, excessive gaps or unauthorised alteration.	Y / N / N/A	
C4	Self-closing devices, hold-open/release devices, hinges, latches, glazing, intumescent strips and smoke seals operate and are not painted over or damaged.	Y / N / N/A	
C5	Fire doors are not wedged open; staff understand their purpose and any hold-open device releases on alarm or power failure as designed.	Y / N / N/A	
C6	Hazard rooms, plant rooms, stores, laundries, kitchens, laboratories and gas/chemical areas have suitable fire separation and doors.	Y / N / N/A	
C7	Dampers, fire curtains, shutters and smoke-control measures are accessible, tested and included in maintenance.	Y / N / N/A	
C8	External walls, roofs, canopies, temporary structures and adjacent premises do not create unacceptable external fire spread or escape risk.	Y / N / N/A	

6.4 Fire detection, alarm and communications

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
A1	The fire detection and alarm category/design is documented and appropriate for the building, occupancy, clinical risk and evacuation strategy.	Y / N / N/A	
A2	Manual call points, automatic detectors, sounders, visual devices and interfaces provide effective coverage and warning.	Y / N / N/A	
A3	Alarm signals can be heard, seen or otherwise perceived throughout occupied areas, including high-noise, isolated and accessible facilities.	Y / N / N/A	
A4	Zoning, indication and address information allows staff and the fire service to identify the affected location quickly.	Y / N / N/A	
A5	Alarm interfaces operate as intended, including door releases, access control, lifts, ventilation, smoke control, gas systems and remote monitoring.	Y / N / N/A	
A6	False alarms and unwanted fire signals are recorded, investigated and reduced without compromising detection or staff response.	Y / N / N/A	

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
A7	Weekly user tests and competent servicing are completed at the intervals required by the system standard, design and manufacturer.	Y / N / N/A	
A8	Any alarm impairment has a documented risk assessment, interim measures, escalation and restoration process.	Y / N / N/A	

6.5 Emergency lighting, signs and firefighting facilities

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
Q1	Emergency lighting covers escape routes, exits, changes of level, signs, fire equipment, alarm points and high-risk task areas as required.	Y / N / N/A	
Q2	Emergency lighting is function-tested and full-duration tested at appropriate intervals, with defects recorded and corrected.	Y / N / N/A	
Q3	Escape and fire-safety signs are consistent, visible, illuminated where required and understandable to occupants.	Y / N / N/A	
Q4	Fire action notices are current, site-specific and positioned where staff and relevant visitors will see them.	Y / N / N/A	
Q5	Portable extinguishers are appropriate, correctly located, unobstructed, signed, visually checked and maintained.	Y / N / N/A	
Q6	Only staff expected to use extinguishers under the emergency plan receive suitable practical training; no one is expected to fight a fire or place themselves at risk.	Y / N / N/A	
Q7	Fixed firefighting systems, sprinklers, hose reels, wet/dry risers, suppression and smoke control are maintained where provided.	Y / N / N/A	
Q8	Firefighter access, appliance routes, hydrants, inlets, keys, lifts and information are available and unobstructed where relevant.	Y / N / N/A	
Q9	A current premises information plan identifies hazards, medical gases, isolation points, high-risk patients/areas and firefighting facilities where appropriate.	Y / N / N/A	

6.6 Maintenance and testing evidence

System / item	Benchmark to verify - not a substitute for the applicable standard	Last completed / evidence	Defect / action ref
Fire alarm user test	Common benchmark: weekly, rotating call points		
Fire alarm competent inspection/service	System standard, risk and contract; commonly six-monthly		

System / item	Benchmark to verify - not a substitute for the applicable standard	Last completed / evidence	Defect / action ref
Emergency lighting function test	Common benchmark: monthly		
Emergency lighting full-duration test	Common benchmark: annually		
Portable extinguisher visual check	Local routine, commonly monthly		
Portable extinguisher competent service	Relevant standard/manufacturer; commonly annually		
Fire doors and escape routes	Risk-based local checks and periodic competent inspection		
Fixed systems / smoke control / lifts / risers	Relevant standard, manufacturer and fire strategy		
Electrical / gas / clinical equipment	Statutory, risk-based and manufacturer requirements		

Maintenance caution

Intervals above are commonly used benchmarks, not universal legal frequencies. Confirm the current British Standard, fire strategy, manufacturer instructions, contract and risk assessment. Portable appliance testing is risk-based; an automatic annual PAT rule should not be assumed.

7. Emergency plan and fire procedures

7.1 Emergency plan assurance

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
EP1	The alarm-raising method and action on discovering fire are clear, including activation of the alarm and immediate call to 999.	Y / N / N/A	
EP2	The person/role responsible for calling the fire and rescue service is identified without creating delay or reliance on one individual.	Y / N / N/A	
EP3	Staff actions are clear for alarm investigation, evacuation, sweep/search, reception, assembly, roll call and liaison with firefighters.	Y / N / N/A	
EP4	Procedures reflect the actual evacuation strategy, patient dependency, clinical priorities and safe movement to compartments or final exits.	Y / N / N/A	
EP5	Medical gas isolation, electrical shutdown and clinical equipment actions are only allocated to trained persons where safe and authorised.	Y / N / N/A	
EP6	Arrangements cover lone work, reduced staffing, evenings, weekends, temporary staff, contractors and loss of key personnel.	Y / N / N/A	

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
EP7	Plans address blocked routes, smoke spread, failure of alarm or lighting, fire-system impairment, severe weather and inaccessible assembly areas.	Y / N / N/A	
EP8	No plan relies on staff re-entering the building, using unsuitable lifts or attempting firefighting beyond their training and safe capability.	Y / N / N/A	
EP9	Critical information is available to the fire service, including persons unaccounted for, hazards, oxygen/gas locations and isolation points.	Y / N / N/A	
EP10	Post-incident arrangements include clinical continuity, relocation, notification, preservation of evidence, debrief and review of risk controls.	Y / N / N/A	

7.2 Local emergency arrangements

Method of raising alarm	
999 call responsibility	
Evacuation lead / incident controller	
Fire warden / sweep arrangements	
Patient movement and clinical support	
Assembly / receiving areas	
Roll call / patient and visitor accounting	
Fire service reception and information	
Medical gas / utilities isolation	Only if safe, trained and authorised
Out-of-hours / lone-working procedure	
Emergency contacts	
Business continuity / relocation	

8. Staff information, instruction, training and exercises

Article 21 of the Fire Safety Order requires adequate safety training when staff are first employed and when they are exposed to new or increased risks. Training must be suitable, sufficient, repeated periodically where appropriate, adapted to changed risks and delivered during working hours. HTM 05-03 Part A expects a role-based training needs analysis (TNA), practical activity where needed, fire drills, records and evaluation.

8.1 Training assurance

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
T1	All staff, including temporary, bank, agency, contractors and volunteers as relevant, receive fire-safety information before working unsupervised.	Y / N / N/A	
T2	Initial organisational induction and local workplace-specific induction cover the actual alarm, routes, exits, strategy, hazards and responsibilities.	Y / N / N/A	
T3	A documented TNA maps each staff group to the knowledge, practical skills and refresher interval required by its role and workplace.	Y / N / N/A	
T4	Training is refreshed when roles, work equipment, technology, processes, risks, premises or emergency arrangements change.	Y / N / N/A	
T5	Patient-facing staff are competent to assist the expected occupant dependency using the equipment and staffing available on every shift.	Y / N / N/A	
T6	Staff responsible for medical gases understand fire behaviour, cylinder safety, oxygen enrichment, alarms and authorised isolation/emergency actions.	Y / N / N/A	
T7	Fire wardens, incident leads, evacuation teams and any staff expected to use extinguishers receive additional role-specific and practical training.	Y / N / N/A	
T8	Training covers prevention, alarm response, calling 999, containment by closing doors, escape, PEEPs, visitors, no re-entry and local reporting.	Y / N / N/A	
T9	Attendance, date, duration, content, trainer and competence/evaluation outcomes are recorded and available to managers.	Y / N / N/A	
T10	The training programme is audited annually and its effectiveness is formally evaluated at intervals determined by risk, normally no less often than every two years for the programme evaluation described in HTM 05-03 Part A.	Y / N / N/A	

8.2 Training needs analysis

Enter the locally determined interval. The examples are starting points only and must be adjusted by risk assessment. HTM 05-03 Part A allows face-to-face general training for some self-evacuating groups to extend up to 36 months only where annual basic awareness and a successful unannounced drill occur in intervening years.

Staff group	Initial induction	Local induction	Refresher starting point	Drill / exercise	Role-specific content
All staff	On starting work	Before unsupervised local work	Usually annual awareness; interval set by TNA	Participate at least annually	Local hazards, alarm, escape, 999, doors, assembly
Patient-facing clinical staff	On starting work	On starting in area	Normally at least annual	At least annual / risk-based	Assisting patients; dependency; equipment; clinical

Staff group	Initial induction	Local induction	Refresher starting point	Drill / exercise	Role-specific content
					hazards
Fire wardens / sweep staff	Before role	Area-specific	Normally annual and after change	Practical role in drills	Sweep, reporting, route alternatives, no personal risk
Evacuation / response team	Before role	Area-specific	Normally annual or more often by risk	Practical exercises	Assisted/progressive evacuation and incident roles
Medical gas users / porters	Before task	System and area-specific	Normally annual or by TNA	Include relevant scenarios	Cylinder handling, oxygen risks, alarms, authorised isolation
Operating theatre / high-risk clinical staff	Before task	Procedure-specific	At least annual or more often by risk	Practical simulation	Surgical fire prevention, extinguishing and patient evacuation
Facilities / maintenance / contractors	Before access/task	Permit and area-specific	At change / periodic	Relevant exercises	Impairments, fire stopping, hot work, alarm interfaces
Managers / incident command	Before role	Site plan and escalation	Periodic and after change	Tabletop and live exercises	Decision-making, escalation, continuity and fire-service liaison

8.3 Fire drills and exercises

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
D1	At least one drill is conducted each year and more often where indicated by turnover, shift patterns, patient dependency, risk or previous performance.	Y / N / N/A	
D2	Drills test relevant shifts and teams; where patient safety prevents live movement, safe simulation, desktop exercises and walkthroughs are used.	Y / N / N/A	
D3	The scenario tests realistic challenges, including an unavailable route where safe, without creating danger, panic or unacceptable clinical risk.	Y / N / N/A	
D4	Observers record alarm response, staff actions, communications, patient assistance, evacuation/transfer time, roll call and interface with other occupants.	Y / N / N/A	
D5	Each drill is promptly debriefed, lessons and actions are recorded, responsible owners and deadlines are assigned, and the plan/TNA is updated.	Y / N / N/A	

8.4 Latest drill / exercise record

Date and time		**Announced / unannounced**	
Scenario / blocked		**Areas / shifts**	

route		**involved**	
Staff / patients / visitors involved		**Observers**	
Alarm to response time		**Completion time**	
Outcome	Successful / partial / unsuccessful	**Action references**	

9. Risk evaluation and significant findings

Use professional judgement and record the reasoning. Score the likelihood of fire (L) and the life-safety consequence if fire occurs (S). Multiply L x S. This matrix follows the structure in HTM 05-03 Part K. It does not replace specialist fire engineering or a Part K primary/secondary assessment where required.

9.1 Likelihood and consequence descriptors

Value	Likelihood	Value	Life-safety consequence
1	Rare - few ignition sources, low fire load, highly controlled	1	Negligible - negligible harm
2	Unlikely - very well controlled environment	2	Low - minor injury / first aid
3	Possible - typical healthcare fire load with controlled ignition	3	Moderate - injury needing medical attention / partial evacuation
4	Likely - significant weaknesses in ignition or fire-load control	4	High - hospitalisation / complete evacuation
5	Almost certain - immediate or uncontrolled ignition risk with fuel	5	Catastrophic - major loss of life

9.2 Risk matrix (L x S)

S \ L	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
Catastrophic 5	5	10	15	20	25
High 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Low 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

9.3 Risk bands and action

Score	Band	Required response
1	Trivial	No additional action required; maintain controls.
2-3	Tolerable	No major additional controls normally required; consider minor improvements and review at the next assessment.
4-9	Moderate	Reduce risk within a defined period through programmed management or maintenance.
10-16	Substantial	Implement interim controls immediately and full controls as soon as practicable;

Score	Band	Required response
		consider whether affected activity/area can safely continue.
20-25	High	Cease the activity or use of the affected area until additional controls reduce the risk.

9.4 Overall assessment

Initial likelihood (L)	1 / 2 / 3 / 4 / 5	**Initial consequence (S)**	1 / 2 / 3 / 4 / 5
Initial score and band		**Interim controls required**	Y / N - see action plan
Residual likelihood (L)	1 / 2 / 3 / 4 / 5	**Residual consequence (S)**	1 / 2 / 3 / 4 / 5
Residual score and band		**Overall risk acceptable**	Y / N - rationale below
Assessment rationale	Explain how hazards, people, protection, management and evacuation lead to the rating		

10. Significant findings records

Create one record for each material hazard, deficiency or control issue. Add or duplicate records in the editable document as needed. Immediate danger must be acted on at once and must not wait for routine action planning.

Finding 1		Location / activity	
Hazard / deficiency			
People at risk / consequence			
Existing controls and evidence			
Further controls / interim measure			
Initial L / S / score		Residual L / S / score	

Finding 2		Location / activity	
Hazard / deficiency			
People at risk / consequence			
Existing controls and evidence			
Further controls / interim measure			
Initial L / S / score		Residual L / S / score	

10. Significant findings records - continued

Finding 3		Location / activity	
Hazard / deficiency			
People at risk / consequence			
Existing controls and evidence			
Further controls / interim measure			
Initial L / S / score		Residual L / S / score	

Finding 4		Location / activity	
Hazard / deficiency			
People at risk / consequence			
Existing controls and evidence			
Further controls / interim measure			
Initial L / S / score		Residual L / S / score	

10. Significant findings records - continued

Finding 5		Location / activity	
Hazard / deficiency			
People at risk / consequence			
Existing controls and evidence			
Further controls / interim measure			
Initial L / S / score		Residual L / S / score	

Finding 6		Location / activity	
Hazard / deficiency			
People at risk / consequence			
Existing controls and evidence			
Further controls / interim measure			
Initial L / S / score		Residual L / S / score	

11. Prioritised action plan

Link every action to a finding. Record interim controls separately from the final remedy. The Responsible Person should monitor completion, verify effectiveness and recalculate residual risk. High and substantial risks require immediate management attention.

Ref	Finding / action required	Interim control	Initial risk	Owner	Due date	Completed / residual risk / verification
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Action plan review

Reviewed by		**Review date**	
Overdue actions escalated to		**Next review date**	

12. Records, assurance and review

12.1 Record and assurance check

Ref	Assessment point	Y / N / N/A	Evidence, observations, deficiencies and action ref
R1	The full fire risk assessment, not only significant findings, is retained and available.	Y / N / N/A	
R2	The identity and organisation of everyone appointed to undertake or review the assessment is recorded.	Y / N / N/A	
R3	The Responsible Person's fire-safety arrangements, contact details and extent of responsibility are recorded.	Y / N / N/A	
R4	Relevant information is shared with other Responsible Persons/Accountable Persons and handed to an incoming Responsible Person.	Y / N / N/A	
R5	A fire logbook or equivalent contains alarm tests, emergency lighting, equipment checks, door checks, maintenance, impairments and defects.	Y / N / N/A	
R6	Training, induction, drills, exercise outcomes and competence records cover all shifts and worker types.	Y / N / N/A	
R7	False alarms, fires, near misses, enforcement contact, insurer requirements and lessons learned are recorded and acted on.	Y / N / N/A	
R8	Building plans, fire strategy, Regulation 38 information, maintenance manuals and fire-stopping evidence remain current and accessible.	Y / N / N/A	
R9	The action plan is monitored by senior management and completion is verified rather than accepted without evidence.	Y / N / N/A	
R10	The assessment is under continual review and formally reviewed at least annually, in line with HTM 05-03 Part K's recommended maximum review period for complex healthcare assessments.	Y / N / N/A	

12.2 Review triggers

Trigger	Examples
Change	Building works, layout, occupancy, service, treatment, equipment, medical gases, substances, hours, staffing, evacuation strategy or Responsible Person
Evidence	Fire, near miss, false alarm trend, failed drill, defect, audit, enforcement visit, complaint or new technical information
People	New dependency pattern, disability need, PEEP, lone working, young person, temporary workforce or reduced staffing
Time	The locally set review date; for this template a formal review at least every 12 months is recommended

12.3 Review history

Version	Review date	Reason / trigger	Changes and actions	Assessor	Responsible Person approval
1					
2					
3					
4					
5					
6					
7					
8					

12.4 Final approval

Responsible Person decision	Assessment accepted / returned for amendment / specialist review required		
Immediate restrictions or controls			
Resources authorised			
Communication to staff and other dutyholders			
Name and role		**Signature**	
Date		**Next review**	

Appendix A - Premises plan and fire-safety information

Insert or attach a clear plan showing, as relevant: escape routes and final exits; compartments and sub-compartments; refuges and evacuation lifts; call points, alarm panel and zones; extinguishers and fixed systems; emergency lighting; medical gas stores/manifolds and isolation points; dangerous substances; plant and utility isolation; fire-service access, hydrants, risers and information box; assembly or receiving areas.

INSERT PREMISES PLAN HERE

Appendix B - Principal sources and disclaimer

Sources checked for this template on 18 August 2026. Users should check for later amendments, replacement guidance and site-specific enforcement requirements.

The Regulatory Reform (Fire Safety) Order 2005 (as amended)
https://www.legislation.gov.uk/uksi/2005/1541/contents

Building Safety Act 2022, section 156
https://www.legislation.gov.uk/ukpga/2022/30/section/156

Home Office - A guide for persons with duties under fire safety legislation
https://www.gov.uk/government/publications/people-with-duties-under-fire-safety-laws/a-guide-for-persons-with-duties-under-fire-safety-legislation-accessible

Home Office - Fire safety risk assessment: healthcare premises
https://www.gov.uk/government/publications/fire-safety-risk-assessment-healthcare-premises
Article 50 healthcare guidance for less complex premises whose main use is healthcare.

HSE - Risk assessment: steps needed to manage risk
https://www.hse.gov.uk/simple-health-safety/risk/steps-needed-to-manage-risk.htm

HSE - Emergency procedures
https://www.hse.gov.uk/workplace-health/emergency-procedures.htm

NHS England - HTM 05-01: Managing healthcare fire safety
https://www.england.nhs.uk/publication/managing-healthcare-fire-safety-htm-05-01/
2026 edition; apply proportionately to the organisation's size, complexity and risk profile.

NHS England - HTM 05-03: Fire Safety in the NHS - Operational provisions
https://www.england.nhs.uk/publication/fire-safety-in-the-nhs-health-technical-memorandum-05-03/
Includes Part A training, Part B alarm systems, Part C textiles, Part F arson prevention and Part K complex healthcare fire risk assessment guidance.

CQC - Regulation 15: Premises and equipment
https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-15

Disclaimer

READ BEFORE USE

This template is general information and a structured recording aid. It is not legal advice, a fire-engineering design, a certificate of compliance, a substitute for a physical inspection or a substitute for competent professional judgement. Completing every field does not prove that the assessment is suitable and sufficient. The Responsible Person must ensure that the assessor and anyone implementing preventive or protective measures is competent for the premises and task; verify current legislation, guidance and standards; act immediately on serious risk; consult other dutyholders; and obtain specialist advice whenever the building, occupancy, clinical activity, fire strategy or deficiency falls outside the user's competence. CQCConsultancy.net accepts no responsibility for decisions made solely by relying on an unadapted or incompletely verified template.

Complex-premises escalation test

Obtain specialist healthcare fire-safety advice and consider the full HTM 05-03 Part K primary/secondary methodology where any of the following applies: hospital or multi-building campus; inpatient, sleeping, secure or mental health accommodation; dependent or very high dependency patients; progressive horizontal evacuation; complex compartmentation; high-rise or higher-risk building interfaces; operating theatres, oxygen-enriched or high-risk clinical environments; extensive medical gas systems; engineered fire strategy; combustible external wall concerns; major alteration; repeated system failure; enforcement action; or uncertainty about structural fire protection.