

Fire Safety and emergency evacuation

Policy statement

We ensure our premises present no risk of fire by ensuring the highest possible standard of fire precautions. Elisa Hunt (Proprietor) and Nicole Grimston (Manager) are familiar with all current legal requirements and make sure that staff are aware of these requirements. Where necessary we seek advice from a competent person including Fire Officer or Fire Safety Consultant.

Procedures

- The basis of the fire safety is a completed in the form of a risk assessment by the person who is opening the nursery in the morning; Manager, Deputy Manager or Supervisor.
- Fire doors are clearly marked, never obstructed and easily opened from the inside.
- Smoke detectors/alarms and firefighting appliances conform to BS EN standards, with fittings being in place in the appropriate high risk areas with regular checks by the responsible manufacturer.
- The emergency evacuation procedure are displayed around the premises and explained to new members of staff, volunteers and parents.
- The procedure is practiced on a regular basis to ensure staff and children are familiar with the procedure; with records of the fire safety procedure being filed away.

Evacuation procedure

- Calmly raise the alarm on discovering a fire by smashing the nearest point which is situated at various areas of the premises on the wall.
- Immediately evacuate the building under the guidance of the management team.
- Use the nearest exit, lead the children to the assembly point which is the car park (with a member of staff shutting the gates before the children move onto the car park to ensure they maintain in the grounds of the nursery).
- Management to inspect each room including toilets, kitchen and outdoor areas to ensure the building is empty.
- All doors are to be closed.

Legal Framework

- Regulatory Reform (Fire Safety) Order 2005

Further guidance

- Fire Safety and Risk assessment – Educational Premises (HMG 2006)

This policy was adopted by _____ *(name of provider)*

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____