Fire precautions in general-practitioner premises

G. S. ADAMS, *T.D.*, F.R.C.G.P., Medical Director
Executive Adviser, The Cardew Stanning Foundation, London

This is a subject to which most general practitioners give little attention other than taking out an insurance policy against it and even this probably does not give adequate cover. It is very much cheaper to prevent a fire than to suffer the damage it inflicts.

Causes of fires

No cause is identified in about half the number of fires that occur. In the other half the commoner causes are:

1. Faulty electrical wiring.
2. Faulty electrical equipment.
3. Unguarded fires whether electric, gas, oil or solid fuel.
4. Careless dropping of lighted cigarettes or matches.
5. Scorching of beams projecting too close to open hearth fires. This is a particular hazard when new grates are installed in old houses.
6. External causes such as:
   (a) Sparks from adjacent buildings or chimneys on fire, sometimes incinerators and bonfires.
   (b) Vandalism.

Simple rules

The following few simple rules should prevent many fires from occurring.

Wiring

Electrical wiring should be carefully checked at regular intervals of about ten years and may require replacing about every 20 years. It may be in good condition at this interval of time unless it has been disturbed by additions or alterations when the insulation which has become brittle may crack. Fuses should also be inspected regularly to ensure that the correct rating of fuse wire is being used and has not been replaced by a heavier gauge. Electrical appliances should be inspected regularly to ensure their safety too.

It is wise to switch off as many appliances as possible before leaving a building. Plugs and sockets should be inspected regularly and if found warm or worn replaced immediately.

Fires

Where open fires are used they should be adequately guarded by firmly fixed guards so that clothes cannot come in contact with the bars of the electric fire or flame of the gas fire or oil stove, especially in what may be described as a public room, i.e. waiting or office, in which much movement takes place.

In the case of electric and gas fires there are regulations laying down rules for some guarding of the flame to be built into the design of the fire, but this gives limited protection only. Electric fires can be mounted out of reach on a wall.

Both electric and gas fires are normally firmly fixed but oil stoves are usually free standing and are liable to be tipped over, so the best prevention is to get rid of them.

Cigarettes

It is fairly easy to stop patients smoking on the premises for, apart from the propaganda about the health hazard, they are only in the building for a short time. But the staff who are present for anything up to eight hours cannot be denied 'their death wish' so suitable ashtrays should be provided. These should be substantial, stable, container shaped and made of metal.

Rubbish

Rubbish is always a potential fire hazard. While the working parts of medical establishments will be scrupulously clean it is important to watch the storage and cleaners' cupboards, the boiler house and in older premises, under the stairs and in the outbuildings.

Liquids and gases

Volatile liquids and gases are a particular hazard in medical premises. They should be clearly labelled and should not be mixed or sited near oxidising substances. There should be an edge to the shelves on which they are stored or they should be in locked cupboards, again clearly labelled.

The increase in the size of group practices and health centres inevitably leads to more stringent fire precautions being taken. This is particularly pertinent when the practices are situated above ground floor level.

Fire procedures

I suggest that fire standing orders are issued and fire drills are practised at regular intervals. When sharing a multi-story building in which one has no control over the occupants of the other floors it is important to co-ordinate the fire drill with them.

Establish fire points, buckets of sand and one of the approved fire extinguishers.

It should be remembered that the fire brigade are willing to advise on fire precautions when called upon to do so, apart from their statutory duty to inspect public buildings.

Smoke

Smoke causes suffocation and carbon monoxide poisoning so it should be contained in one room by keeping the doors shut. It is a good rule to close all doors when leaving the building.

Protection

If prevention fails then protection can be sought by:

1. Ensuring the safety of the people in the building.
2. Limiting the fire as much as possible.
3. Fighting the fire.
4. Insurance.

1. *Evacuation*

If a fire occurs the building should be evacuated as quickly as possible. This may require the provision of external stairs or chutes to enable people to reach the ground floor.

2. *Limiting the fire*

One of the main hazards of a fire is smoke, so when this is discovered close all doors to shut it in. This will also cut down ventilation. It is suggested that in a large building special fire resistant doors should be incorporated in the design. If one rushes out of the building leaving the doors open the increased draught will fan the flames.

3. *Fighting the fire*

When the fire is discovered, attempt to extinguish it by smothering it with clothing, blankets, sand, water or chemicals from an extinguisher.

4. *Insurance*

If a fire partially damages a building the insurance company's liability is assessed in the proportion which the part damaged bears to the whole. Therefore if the building is underinsured the refund will be considerably less than the cost of the replacement. Another point is that if the use of the building is denied by such damage, as it is imperative that work continues, suitable insurance should be obtained to cover the additional cost of hiring suitable premises. So take another look at your insurance policy.

FIRE INSTRUCTIONS TO STAFF

A person discovering a fire should:

1. Make sure that nobody is in immediate danger.
2. Give the alarm of fire by sounding the fire alarm.
3. Endeavour to extinguish the fire with available appliances, if it is beyond control, evacuate the rooms closing as many doors as possible.

On the sounding of the fire alarm:

1. Members of the staff should, if necessary, see that everyone is evacuated from the building and a roll call taken.
2. A responsible person should be detailed to call the fire brigade in accordance with the instructions shown against the telephone.

NOTE: The fire brigade should always be called to any fire however small.

FIRE INSTRUCTIONS

HOW TO CALL THE FIRE BRIGADE

Exchange telephone

Lift the receiver and dial '999'.

When the operator answers give your telephone number and ask for 'FIRE'.

When the fire brigade reply give the call clearly and distinctly—"Fire at ....."

Do not assume the call has been received until this wording has been correctly repeated.

Types of appliances

1. Water type (for general fires). Conical and cylindrical shape. This produces a jet of water about seven metres (20 feet) long.
2. Foam (for fat or oil fires). These have a cylindrical shape and produce a jet of foam.
3. Carbon dioxide (for electrical fires) which have a narrow cylindrical shape with trigger control and discharge hose.
4. B.C.F. (for electric fires). This has succeeded carbon tetrachloride. The fumes are slightly toxic.

SIGNIFICANCE OF LITERACY

The 'literacy' of a fresh intake of medical students as measured by standard vocabulary tests has been measured and correlated with examination performance during the first year. Although most students lacked an upper social class upbringing, medical parents, or a classical education, the group performed to a high standard in the tests, comparable with an English honours intake.

On the other hand, there appears to be no correlation between an extensive working vocabulary and the ability to perform well in any aspect of the course, apart from community studies. A qualification in Latin confers no advantage at all on the aspiring doctor.

Diack, H., Olson, I. A. and Harrold, Pamela (1973). *British Medical Journal*, **1**, 282–284.