



Health Protection Agency

Chemical Hazards and Poisons Division (London)

London

WC1V 7PP

24 Hr On Call: 0870 606 4444

NON DOMESTIC FIRE CHECKLIST

Non domestic fires result in significant hazards and risks. The following checklist covers many of the issues these fires have presented and recommendations are based on observed best practice and lessons learned from past incidents.

This checklist is designed for agencies involved in the response to minimise public health risks.

However you may not need to use more than a small part of this checklist in responding to a fire. Remember you can call CHaPD for help at any time.

CHECKLIST CONTENTS

1. Acute phase response for CCDCs
2. Post-acute phase actions – recommendations for incident management team
3. Incident Information Requirements

KEY ACTION POINTS FOR CCDCS IN THE ACUTE PHASE

1. Where is the fire?
2. When did it start?
3. What is burning?
4. What are the toxic hazards to air, water and land?
5. In what direction is the plume moving?
6. What is the population at risk?
7. What are the potential health effects?
8. Is advice on sheltering or evacuation required?
9. Alert key groups including dCHP, NHS organisations (PCT, HPU, A&E, GPs, NHS Direct, neighbouring CCDCs), and Local Authority.

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Other points to consider:

- Contact DCHP for advice and information
- Identify affected casualties
- Consider taking biological samples from exposed cases
- Consider environmental sampling in collaboration with the local environmental health department and/or the Environment Agency.

2. Post-acute phase actions – recommendations for incident management team

Assessment (key-page 1)

Environmental Health/Local Authority to confirm that they can or have

- Attended scene of fire to gather extra information and possibly undertake sampling?
- Contacted Environment Agency and/or Water Utility to warn of potentially contaminated run-off water entering drains or sensitive water courses
- Contacted the Food Standards Agency to warn of any secondary contamination to food sources from plume deposition.

Ambulance and A&E to confirm that they can or have

- Recorded all names of patients or enquiries with address, post code and telephone numbers. Follow up may be required
- Activate plans as appropriate with the aim to minimise secondary exposure and contamination; confirm staff are using appropriate personal protective equipment
- If contaminated try to prevent any patient entering ambulances or A&E without appropriate decontamination if practicable
- Remove and bag patients' clothing as soon as possible, store in a safe place away from staff and patients
- Assess and manage affected cases according to hazard exposure and consider taking biological samples from any affected sentinel cases
- Check water used in decontamination is contained and disposed of safely - consider contacting the Environment Agency and local water utility
- Manage those exposed who may resist decontamination or follow up if they have symptoms



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PCTs and NHS Direct to confirm that they can or have

- Identified those exposed, recorded any reported adverse health effects and passed this information to public health
- Provided a helpline/information source; provide them with any information on clean up recommendations

Public Health to confirm that they can or have

- Ensure 'at risk' groups of patients, especially those with pre-existing respiratory disease are alerted
- Provided information to GPs/NHS Direct etc on clean up recommendations

Environmental sampling

Consider developing a sampling strategy. Where relevant and following discussion with Health Protection Unit(s), Primary Care Trust(s), Local Authority(ies) and DCHP, environmental samples required may include, if safe to collect, the following:

- At time of fire (in order to identify products of combustion) air sampling within the plume, under the plume and/or at plume grounding, if safe and feasible fire water run off samples
- After the fire is contained and controlled (in order to identify other contaminants such as asbestos), collect from:
 - *fire site* to possibly include air samples, debris samples and soil samples
 - *area of plume deposition* to possibly include window sill wipes and gutter run off samples, particulate and debris samples, food samples including allotment samples and soil samples

Consider having a 'chain of custody' for sample collection, and document laboratory UKAS accreditation and share results between the Health Protection Unit, DCHP and others in incident team

Consider having those samples which may have an impact on clean up analysed urgently, many of the other samples may be held and only analysed if required

Assessment (key-page 1)



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Clean up

- Contain fire site – children have been found playing on these sites – site security is essential
- Check no further contamination is likely to spread from fire site when fire contained - consider recommending use of water or tarpaulins to maintain dust and debris control
- Clean up must be carried out by appropriately trained and protected staff - consider seeking advice from Health and Safety Executive (HSE)
- Information on clean up needs to be implemented quickly - consider providing public information with the help of the local media which can be followed up by letter drops
- Asbestos must be identified urgently - follow advice from HSE and do not let untrained and unprotected staff remove debris
- Depending on the reported health effects and the products of combustion, it may be appropriate to consider advising local inhabitants on issues including the following:
 - preventing children playing with any debris
 - consider keeping pets indoors until clean up complete
 - do not mow lawns until clean up complete
 - depending on safety consider asking adults to wear thick plastic gloves and collect debris in gardens, etc. and place in clearly marked containers
 - consider setting up a help line to provide assistance for the elderly or those with disabilities or impaired vision
- Depending on safety consider asking adults to wear thick plastic gloves and collect debris from gardens, etc. and place in marked containers



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3. Incident Information Requirements

- Data from DCHP fact sheets and any literature review
- Data from hospital and GP attendance. Even negative reports are valuable to show minimal harm from fire and mitigation. Any surveillance data should be undertaken and analysed in conjunction with DCHP
- Data from environmental sampling, including sampling strategy, laboratory UKAS accreditation and results
- Request copy of Fire Brigade report, photographs, video and other relevant material
- Request copy of any CHEMET or other modelling information if not already provided
- Consider requesting copies of Police report, Environment Agency report, MAFF report or others
- Copies of any media reports
- Copies of Health Protection Unit reports to be provided to DCHP for data records

Assessment (key-page 1)