

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Fire Incident and Evacuation Procedure

Effective: March 2010

Review: March 2013

### 1. Fire Alarm System

The fire alarm system comprises automatic heat and smoke detectors, manual glass call points, with audible siren or bell type sounders. Visual indicators incorporated with sounder are located in areas to assist the evacuation of individuals.

Fire detectors are actuated by either the detection of particles as in smoke detectors or by the detection of heat as with heat detectors and by

An alarm of fire can be raised by actuation of a manual glass release call point or by detection by automatic detectors as

The system is a two stage fire alarm in that it operates in the following way:

- **Continuous sounding of the fire alarm**

*This indicates a fire event in the immediate zone or compartment*

- **Intermittent sounding of the fire alarm**

*This indicates that the system has detected a fire event in the adjacent zone or compartment*

Zone and Compartment fire alarm sounds vary (as detailed above) but usually indicate relationship to a particular ward or department. Zones remote to the fire may remain silent.

Information with regard to the fire zone is shown on the fire panels which are situated throughout the Hospitals.

The system has a series of repeater panels to give information at remote locations to the main panel.

The main switchboard operator will confirm actuation of the fire alarm to the fire authority via the '999' system.

A weekly audible test of the fire alarm system is carried out. This is to confirm that the system is operational and that the break glass release call point tested is operational.

Staff should contact the Estates Department (Ext 25910) if they suspect the system is not working correctly, e.g. failure of the sounders.

If the alarm sounds for longer than 30 seconds, refer to the bullet point above (Continuous sounding). Action to start the evacuation should commence, as in a real fire situation, there are no exception to this rule.

## 2. Action to be taken on Discovering a Fire

It is important that on discovering a fire, the alarm is raised on every occasion.

If a fire is suspected and following a quick search (not more than one minute) and you still believe there to be a possible fire, operate the fire alarm via a break glass release call point.

Delaying the actuation of the fire alarm places other staff and patients at increased risk and should be avoided on all occasions. It will also delay attendance of the Emergency Services.

The provision of fire fighting equipment is mandatory; however, a delay in raising the alarm whilst attempting local fire fighting may place persons in danger, both at the fire scene and in adjacent areas.

If in doubt raise the alarm at the earliest opportunity.

Remember the basic procedure:

- **Raise the alarm**  
Always your first action
- **Move person(s) from immediate danger where appropriate**  
Usually through two sets of fire doors
- **Evacuate the ward or department**  
Instigate, decide, evaluate
- **Close all doors and windows behind you**  
But don't delay or put lives at risk
- **If safe to do so, tackle the fire**  
If you are trained and have the correct extinguisher for the job
- **Get out and stay out**  
Assist in evacuation of patients and visitors, remember your part in the evacuation plan – if in doubt ask!

**Remember:**

### **DO NOT**

- Use lifts
- Enter the building, zone or department when the alarm is ringing
- Allow others to enter even if they insist

### **DO**

- Go to the **assembly point** if this is within your evacuation procedure and stay there until told to return to the building.

In relation to persons who require assistance to escape for whatever reason, the following procedure should be adopted in all circumstances:

- Within ward areas, the normal procedure will be Phased Horizontal and Progressive Evacuation, to an area behind two fire doors remote from the fire.

These areas are also where bed evacuation takes place and should be used for disabled persons where mobility may be a problem.

In areas where those who are disabled and require assistance and Phased Horizontal Evacuation is an appropriate means to escape, the following system will be introduced (following agreement with the Department Head and the Fire Safety Manager who will consult with the Trust Fire Safety Advisor).

In non-patient areas a system of refuges could be provided within the staircase enclosure. This area will be signed and classed as a refuge area, (sometimes known as waiting spaces where full phased horizontal evacuation does not take place). The areas will be within the staircase enclosure and should provide a refuge for a minimum of one hour's fire resistance.

Those being assisted to the refuge should not be left unattended at any time. The Fire Authority have been informed about the method of evacuation and the senior person present should make them aware of anyone held in the above areas.

## **2.1 Action by Staff in the Fire Area**

You will be in the **area of a continuous alarm**: this indicates you have to react in accordance with the stated fire procedure and evacuation procedure.

The senior person on duty will take charge upon activation of the fire alarm and be responsible until relieved by the **Fire Control Officer**.

**If the fire is not clearly visible or cannot be seen then an investigation must take place.**

This should not prevent the first steps of the fire procedure being put in place by:

- No new procedures being commenced
- No new admissions being allowed
- Reducing staff numbers
- Preparing to start moving patients

All staff will follow the instructions of the senior person present and assist in the various tasks required at this time by assisting evacuation, reassuring patients and visitors as appropriate.

Tackle the fire, if safe to do so, using the equipment provided:

- Ensure the fire alarm has activated
- Select extinguisher
- Ensure your exit is clear and can be reached at all times
- Never open a door to investigate a fire

Assist as directed in any further evacuation of the premises using the Progressive Horizontal Evacuation technique.

Close all doors and windows as required without placing yourself in further danger or delay.

The support team will arrive and report to the senior person present at the incident. The team will consist of:

- Fire Officer
- Estates Department (Engineers)
- Portering Services
- Patient Services Representative (PSC)

The Fire Control Officer will take over the evacuation and fire control until the arrival of the Fire Brigade. The Coordinator will then act as a liaison point between the Emergency Services and the Hospital.

## **2.2 Action by Staff Not in the Fire Area – (Intermittent Alarm)**

This indicates that you are not in the fire area, but are receiving a pre-warning of the need to start an evacuation or other actions required should the need arise.

An intermittent sound of the alarm occurs in the next compartment or fire zone.

The actions required within the intermittent zone are as follows:

- Send one member of staff to the Fire Assembly Point indicated in the Fire Evacuation Plan, or as directed by the Fire Control Officer.
- A staff member should be sent to the nearest repeater panel to ascertain the location of the fire zone activating. **(on no account should the internal telephone system be used for locating the scene of the fire – it may be required to deal with more urgent calls.)**

In general, telephone traffic should be reduced during these times.

- All staff should be aware that they may be needed to evacuate patients in the fire zone.
- Staff in the area where the fire alarm is sounding intermittently, should be aware of the need to prepare for the next action in the fire plan, this may involve evacuation. Therefore the need to reduce admissions, or the starting of new procedures which may incapacitate patients should be considered.

## **2.3 Assembly Points**

### **2.3.1 Phased Horizontal Evacuation**

The Hospital Evacuation Plan involves Progressive Horizontal Evacuation in patient areas via a compartment barrier into a separate fire compartment on the

same level. Movement will be horizontally via two fire doors should the need arise. Only as a last resort would consideration be given to vertical movement.

**Please note: the point beyond two fire doors would be considered the temporary assembly point which will not require an assembly point sign.**

### 2.3.2 Assembly Point Signs

These are provided at locations for staff assembly in the event of a bed evacuation. This assembly point will be under the control of the Fire Control Officer.

### 2.3.3 Total Evacuation

Where the procedure is for total evacuation, on activation of the fire alarm, all persons are to report to the fire assembly point indicated on the fire action notices.

Fire evacuation assembly points where total evacuation is considered appropriate are areas in a place of ultimate safety, where persons can assemble until permitted to re-enter the building.

Assembly points are indicated by signs with a green background and white lettering, usually in the open air away from the building

On arrival at the fire assembly point the Fire Control Officer will check to ensure all persons are accounted for. Any person reported as missing will be reported to the Senior Fire Brigade Officer upon arrival of the Fire Brigade.

## 2.4 Action in Unoccupied Area

The Fire Brigade on its arrival will deal with any report of fire from an area, which is not occupied.

Staff should not enter the area under any circumstances.

To gain entry into secure areas, the senior person present will arrange for the entry keys from the Nominated Key Holder, Department Head or Portering & Security Officer as appropriate.

Entry to any unoccupied areas, service tunnel or plant by members of staff will only be carried out under the control of the Fire Brigade.

## 2.5 Action by Specified Staff

On hearing the fire alarm, the Duty Manager (senior person holding the appropriate DECT phone) will receive a DECT message giving the location of the fire; they should then proceed to the fire location to act as Fire Control Officer.

The Fire Control Officer will take the following action:

- Make contact with the senior person within the ward area or department to assess the situation.
- Don the identification tabard.
- Request specialist assistance from medical or other staff as required.
- Take control of the situation until the arrival of the Fire Brigade. This handing over must be done officially.
- Assist the Fire Brigade as required with regard to liaison with other members of staff.
- Authorise silencing of the fire alarm when appropriate.
- Resetting of the fire alarm is to be authorised when confirmation is received from the Fire Service. The system is to be reset by electricians from the Estates Department or Facilities staff – dependent on location.
- Arrange for the reoccupation of the ward or department if required.
- Arrange for all the persons held at the fire assembly point to be stood down and returned to their respective departments.
- Confirm with the switchboard that the system has been reset and give brief details of the incident.
- Complete the Fire Incident Report and forward to the Fire Safety Advisor.
- Assist or lead as required in any fire investigation and subsequent reports.

#### 2.5.1 NUTH Switchboard

Switchboard staff will take the following action:

- Following the initial alarm via the automatic fire detection system, or by running call, contact the Fire Brigade by using the '999' system. Give additional information if available as to the precise location and any information forwarded by the Fire Control Officer.
- Contact the fire group by voice message on the bleep system.
- In the event of fire, other than false alarms, inform the Fire Safety Manager and the Fire Safety Advisor by the quickest means possible.
- Log all details of the incident.

#### 2.5.2 Portering

Following notification of the incident from the Switchboard, the Porters to attend the following:

- Where the area is known to be unoccupied, arrange for the keys to open the secured doors to the area. Entry will only be undertaken when the Fire Brigade arrive.
- A Porter will proceed to the fire alarm area and assist the Fire Control Officer.
- With placing themselves in danger and where necessary remove medical cylinders to a safe area.
- A porter will be directed to the entrance indicated to guide the Fire Brigade.

#### 2.5.3 Member of Estates Department

On notification from the DECT message go to the fire indicate area:

- Report to the Fire Control Officer.
- Determine nature of incident and possible requirements to the Fire Control Officer.
- Respond to requests from the Fire Control officer or Fire Brigade as to any isolations or disconnections of either medical gases, or utilities such as electricity supply etc.
- Reset the fire alarm system as instructed by the Fire Control Officer.
- Complete the Fire Panel Log Book.
- Liaise with the Fire Control Officer by giving information or advise with regard to the Fire Incident Report Form.

#### 2.5.4 Senior Person at Incident Initially

- Determine location and extent of the fire.
- Take charge of the situation until the arrival of the Fire Control Officer.
- Implement the Fire Procedure and Evacuation Procedure as required.
- Ensure reassurance is given to patients in ward or patient area.
- Prevent fire spread by closing all doors and windows, without putting nominated persons at risk.
- Organise fire fighting attempt, but only if safe to do so. Hand over control to the Fire Control Office and give further assistance as required.

### 3. Duties of the Trust Nominated Officer (Fire)/Deputies

The Trust Fire Safety Manager for the Trust is the Operational Services Manager and is appointed by the Chief Executive to implement the Trust Fire Policy.

The Fire Safety Manager has appointed sufficient deputies, (Patient Services Coordinators and Fire Advisors), to ensure that a deputy is always available in his absence. He/She will coordinate and direct staff in a fire emergency ie, establish a control point, provides contact with the Fire Brigade, coordinate evacuation of patients, visitors and staff. The duties may be shared by the Fire Advisor, if in attendance.

On receipt of the location of the incident, via DECT system, report to the incident and assume charge until the arrival of the Fire Brigade.

**Confirm fire or false alarms to the Switchboard** - (Telephone 333), who will then inform the fire assembly point controllers via the DECT phone.

On arrival of the Local Authority Fire & Rescue Service, relay any information to the Officer In-Charge ie, action already taken and if there is anyone at risk. Be prepared to offer your expertise especially in regard to patients and co-ordinating Hospital staff.

Liaise with the Duty Engineer and other Fire Team members. Out of normal working hours the Duty Engineer can be contacted via the Switchboard. (Telephone 333)

**If it is necessary to evacuate**, the Fire Safety Manager/Deputy should organise the evacuation. This will include making arrangements to receive patients in a safe section of the Hospital and the organisation of assistance as required.

Additional staff will be available from the assembly points. (Telephone 333)

On completion of the incident, the Fire Safety Manager/Deputy should contact the Switchboard who will communicate with the assembly points and instruct staff to stand-down.

**The fire alarm can only be silenced on the instructions of the Fire Brigade Officer, or the Fire Safety Manager/Deputy.**

The fire alarm system can only be reset on the authority for the Fire Brigade.

Should the incident be prolonged and staff are still assembled at the fire assembly points, arrange for them to be kept informed and release them as soon as possible, via the Switchboard. (Telephone 333)

The Fire Safety Manager/Deputy must complete an Incident Form on DATIX. Copies of this report will then be available to the Fire Safety Manager and the Fire Advisor (Trust Lead).

The Fire Safety Manager and Fire Advisor (Trust Lead) will be informed of all serious fire incidents and should attend all fires involving death, serious injuries, closure and/or significant damage to parts of the Healthcare premises or its contents.

#### **4. Responsibility of Directorate Managers and Senior Staff for Fire Safety**

**All Trust ITUs, HDUs and Theatres have local Evacuation Procedures, which must be studied by all relevant staff.**

All Heads of Departments and other Senior Staff have a responsibility for fire precautions on their particular Department or Ward. They must ensure that specific fire safety instructions are brought to the attention of and observed by their own staff. They should arrange specialist advice on fire precautions necessary in their own workplace. They should ensure that those staff with special responsibilities receive appropriate instructions and follow the correct procedures to enable them to carry out their duties adequately. Fire precautions training can be carried out by managers and supervisors at the workplace, due to their knowledge of the working environment and in particular fire hazards within their Departments.

This can be ensured by:

- a. All new staff receiving fire instructions on appointment through attendance at the Trust Staff Induction Course.
- b. New and transferred staff being given fire procedure instructions and local induction training as per of the workplace.
- c. Staff undertaking 'online' fire training at least once per year and participate in fire drills at least once a year.
- d. A record is kept of staff compliance with fire training and fire drills on the Ward/Department.

All staff co-operate with fire safety procedures as follows:

- All fire incidents and false alarms must be reported.
  - No smoking is allowed on site and No Smoking policy enforced.
  - Escape routes are kept free of obstruction.
  - Fire Action Notices are prominently displayed.
  - Rubbish is not allowed to accumulate.
  - Flammable liquids are used with care, and only permissible quantities stored in non-flammable containers.
  - Minimum numbers of medical gas and industrial gas cylinders are held and are correctly stored and maintained (wherever appropriate).
  - Fire alarms and extinguishing equipment are maintained, available and ready for use.
  
  - Fire doors are not wedged open or obstructed, so that they will operate efficiently. Defects to such doors should be reported immediately through the Estates Helpdesk. Fire doors held open on magnetic devices are to be released and checked for closing operation during weekly testing.
  
  - Report any fire hazards or deficiencies in fire safety arrangements to the Fire Safety Manager or Fire Advisor (Trust Lead).
- e. Ensuring staff under their control should work in a safe and proper manner and do all that is possible to minimise the risk of fire.
- f. All fire incidents in there are of responsibility are reported using the DATIX incident system

**Fire Hazards should be brought to the attention of the Fire Safety Manager or Fire Advisor (Trust Lead).**

## **5. Responsibility of Employees for Fire Safety**

All employees have a duty to familiarise themselves with the Trust Fire Policy. Including Fire Precautions Systems and Procedures wherever they work. All new staff will receive general fire awareness training when they attend the Trust's Induction Course.

- a. All staff employed within the Trust are required to comply with the instructions of the Fire Safety Manager/Deputy in carrying out their tasks and responsibilities under this Procedure.
- b. Staff involvement in fire prevention must be considered as a basic duty and their commitment and awareness of this duty must be maintained.
- c. Fire prevention awareness should be part of the normal routine of all staff in order to ensure the safety of patients, visitors and themselves in the event of a fire.
- d. In the event of an outbreak of fire, staff should be prepared to respond promptly and effectively in accordance with Fire Procedures and fire training.
- e. Staff should bring fire hazards or concerns to the attention of their Head of Department/Person In-Charge in the first instance.

- f. Staff should advise the Estates Department of any defects in fire precautions or in association with equipment eg, checking doors held on magnets operate safely when the fire alarm sounds.

## **6. Horizontal and Progressive Evacuation**

This is the movement of patients to a place of safety (immediate safety and finally ultimate safety) in hospital premises.

### **6.1 A Place of Safety Could Be:**

- Away from the location of the fire – this could be to the opposite end of the Ward.
- Through one or more sets of fire doors in the Ward on the same floor.
- To another Ward/Department on the same level.
- To a lower floor.
- Ultimate safety to outside.

Manual techniques for emergency evacuation are methods of last resort as they are extremely stressful and exhausting.

There are four basic methods of emergency evacuation. These are in order of priority:

1. Walking.
2. Wheeled transport.
3. Sliding along the floor.
4. Lifting.

NB: Sliding is less stressful than lifting a patient.

### **6.2 In Evacuating Patients**

- Walk patient whenever possible.
- Slide rather than lift.
- Do not attempt to singly lift anyone except very 'light' patients or children and then only when no other option is available.
- Keep patient at floor level whenever possible.

### **6.3 When Evacuating Patients the Least Strenuous Method Should Be Used:**

It may be necessary to evacuate some patients bodily, or in bed covers, or as a last resort being dragged in sheets or on a mattress.

Ensure that escape routes and exits are never obstructed by beds and wheelchairs, and external exit routes are not obstructed by vehicles or deliveries.

Patients, who can walk well with, or without an aid, should be supervised by a member of staff and not allowed to wander.

Where there is sufficient space, wheeled evacuation is less tiring and much quicker eg, use of beds (one or more patients in a bed), wheelchairs and wheeled commodes or trolleys.

Arrangements should be made immediately for a safe, warm section of the Hospital not involved in the fire incident to be made available to receive evacuees.

The Senior Nurse should take the records of patients and staff with them and undertaken a 'roll call'. Report this action to the Fire Safety Manager/Deputy and Officer In-Charge of the Fire Brigade ie, the result of the 'roll call', areas not checked.

On evacuation, consideration should be given to upgrading the situation to a disaster and mobilising more staff to assist, as appropriate.

The Ambulance Service should be informed if it is considered that ambulance assistance will be required to assist in the movement of patients.

## **7. List of Action Cards**

### **7.1 Freeman Hospital**

- Duties of Engineering/Duty Craftsman
- Duties of Interserve Duty Craftsman
- Duties of Porterage Supervisor
- Duties of Staff at Hospital Entrances
- Fire Procedures – Residences

### **7.2 Royal Victoria Infirmary**

- Duty of Engineering/Duty Craftsman
- Duties of Interserve Duty Craftsman
- Duties of Porterage Supervisor
- Duties of Security Staff
- Duties of Staff at Assembly Points

### **7.3 Newcastle General Hospital**

- Duties of Fire Safety Manager/Deputy, Security and Patient Services Coordinator (Estates Duty Engineer)
- Duties of Porterage Supervisor
- Duties of Shift Craftsman

### **7.4 Walkergate Hospital**

- Duties of the Senior Nurse In-Charge
- Duties of the Porterage Staff/Security Guard
- Duties of Engineer
- Duties of Trust Switchboard Staff
- Duties of Assembly Point Controller

## Freeman Hospital

**Action Card: Duties of Engineering/Duty Craftsman**

**On receipt of any fire call, the Duty Engineering Officer will attend the fire scene. The Shift Craftsman will also attend the fire scene to assist the Fire Safety Manager/Deputy and the Fire Brigade on arrival.**

Outside working hours, weekends and public holidays, a member of the Engineering staff (normally Shift Craftsman) will attend the incident to standby should his expertise be required – this person will carry a DECT phone.

The Engineers and Switchboard are aware of any fire zones, or detectors, which have been isolated for maintenance work. The Engineer, in liaison with the Fire Safety Manager/Deputy, will reinstate these if necessary. Entries will be made in the Fire Alarm System Logbook of any such isolations.

Should it not be possible to reinstate a certain fire zone, and that zone is directly involved (ie, a break glass point has been broken and the fire alarm has not sounded), the Engineer should operate the appropriate zone alarm by keying out the zone.

An entry must be made in the Fire Alarm System Logbook, by the Engineer who has isolated any fire zone.

Any isolated fire zone must be reinstated at the end of the day shift, should this not be possible the Engineer must inform the oncoming Engineer.

Should the incident involve an electrical sub-station, the Engineer should attend with the appropriate keys to allow the Fire Brigade entry.

**No entry should be made until the engineer in close liaison with the electricity company and fire brigade officer in-charge has declared it safe.**

On conclusion of the incident and only on the instructions of the Fire Brigade Officer In-Charge and/or Fire Advisor/Fire Safety Manager/Deputy, reset the fire alarm system, replacing break glass alarms, and reset fire dampers where necessary. The above must include any other intermediate fire alarm panel if involved.

After the fire alarm system has been reset the gas valve should be reinstated (ie, Boiler House, Main Kitchens).

**Main Site Fire Panels Situated:**

- Telephone Exchange
- Hospital Main Entrance
- Out-Patient Department Main Entrance
- Cardiothoracic Main Entrance

**Renal/NCCC Main Entrance**

In addition to the aforementioned, there are intermediate Fire Alarm that must be reset before the main Fire Alarm Panel of the Fire Alarm has been raised in zones covered by these panels:

Ear, Nose and Throat – Plant Room.

Level 2, Cardiothoracic Block – there is a neon light on level 4, Podium Block directly opposite the staff stairs. Should this neon light be illuminated, it means that the incident is in the ENT Plant Room.

## Freeman Hospital

### Action Card: Interserve Duty Craftsman

**On receipt of any fire call to Renal/NCCC, the Interserve Duty Craftsman will attend the fire scene to standby should his expertise be required by the Fire Safety Manager/Deputy and the Fire Brigade on arrival. This person will carry a DECT phone.**

The Engineers and Switchboard must be made aware of any fire zones, or detectors, which have been isolated for maintenance work. The Engineer, in liaison with the Fire Safety Manager/Deputy, will reinstate these if necessary. Entries will be made in the Fire Alarm System Logbook of any such isolations.

Should it not be possible to reinstate a certain fire zone, and that zone is directly involved (ie, a break glass point has been broken and the fire alarm has not sounded), the Engineer should operate the appropriate zone alarm by keying out the zone.

An entry must be made in the Fire Alarm System Logbook, by the Engineer who has isolated any fire zone.

Any isolated fire zone must be reinstated at the end of the day shift, should this not be possible the Engineer must inform the oncoming Engineer.

Should the incident involve an electric sub-station, the Engineer should attend with the appropriate keys to allow the Fire Brigade entry.

**No entry should be made until the engineer in close liaison with the Electricity Company and Fire Brigade Officer in-Charge has declared it safe.**

On conclusion of the incident and only on the instructions of the Fire Brigade Officer In-Charge and/or Fire Advisor/Fire Safety Manager/Deputy, reset the fire alarm system, replacing break glass alarms and reset fire dampers where necessary. The above must include any other intermediate fire alarm panel if involved.

After the fire alarm system has been reset the gas valve should be reinstated (ie, Boiler House, Main Kitchens).

#### **Main Site Fire Alarms Situated:**

- Telephone Exchange
- Hospital Main Entrance
- Out-Patient Department Main Entrance
- Cardiothoracic Main Entrance

#### **Renal/NCCC Main Entrance**

In addition to the above, there are Intermediate Fire Alarm Panels that must be reset before the main Fire Alarm panel of the Fire Alarm has been raised in zones covered by these panels:

Ear, Nose and Throat – Plant Room

Level 2, Cardiothoracic Block.

There is a neon light on Level 4, Podium Block, directly opposite the staff stairs. Should this neon light be illuminated, it means that the incident is in the ENT Plant Room.

## Freeman Hospital

### Action Card: Duties of Portering Supervisor

On receipt of notification of fire alarm activation, the Duty Supervisor should take the following action:

1. Details Porter to pull tapes to prevent entry to the building from the following points:
  - Cardiothoracic Block
  - Main Reception
2. Porters should remain at these points until stand-down is given.
3. Detail Security to meet the Fire Brigade and direct them to the scene of the fire alarm activation, and introduce them to the Fire Safety Manager/Deputy eg, Patient Services Coordinator (PSC).
4. Proceed to the scene of the fire alarm activation and liaise with the Nurse In-Charge of the Ward/Department until the duty PSC arrives.
5. When the duty PSC arrives on scene take action as directed by him/her.
6. Detail additional Porters to the scene as requested by the duty PSC.
7. Liaise with the duty PSC during the incident.
8. If a major incident is declared, refer to the Major Incident Plan Action Cards.

### Fire Brigade Directions

#### Location of Incident Point

#### Fire Service Assembly

Ward Block	North Perimeter Road
Cardiology Block	Cardiology Block Main Entrance
Podium South Level 1	North Perimeter Road
Podium North Level 1	Podium Yard
Podium North Level 2	Podium Yard
Podium South Level 2	Out-Patients Entrance
ENT Out-Patients	Out-Patients Entrance
Podium levels 3, 4 & ENT Theatres/	
Plant Rooms	North Perimeter Road
Works Area	Works Access
Disablement Services Centre	Entrance to Disablement Services Centre
Residential Block	Appropriate Block
Renal/NCCC Block	Renal/NCCC Block Atrium Entrance
Medical/Industrial Gas Stores	Podium Yard
Grounds, Car Parks and Outer Buildings Fire Services are directed	FTC will instruct Security as to what location

## Freeman Hospital

### Action Card: Duties of Staff at Hospital Entrances

**Following fire alarm activation, access will be restricted into the Hospital via the Cardiothoracic, Rehabilitation, Out-Patients and Main Entrance to safeguard visitors, patients and staff.**

#### 1. Cardiothoracic Entrance

On hearing the fire alarm the Portering staff will go to the Cardiothoracic entrance doors to extend and secure the elastic barriers security strap, thus preventing visitors, patients and staff from entering.

##### **Emergency Ambulance Patients Must Gain Access Unhindered**

The elastic barrier security strap must remain in place and manned until the stand-down command has been received, prohibiting entry except for Emergency Services, and only removed to enable successful and uninterrupted evacuation of the premises. Anyone wishing to exit the Hospital should be allowed to do so.

#### 2. Rehabilitation Entrance

On hearing the fire alarm, the Reception staff will proceed to the Rehabilitation entrance doors to extend and secure the elastic barrier security strap, thus preventing visitors, patients and staff from entering.

The elastic barrier security strap must remain in place and manned until the stand-down command has been received, prohibiting entry except for Emergency Services, to enable a successful and uninterrupted evacuation of the premises. Anyone wishing to exit the Hospital should be allowed through the barrier.

On hearing the fire alarm, the Rehabilitation Centre staff, or responsible Senior Nurse for the Cardiac Rehabilitation Group, will take charge of the entrance doors, having been fully informed of his/her duties by ensuring the elastic barrier security strap is in place.

#### 3. Main Out-Patients Entrance

On hearing the fire alarm, the Out-Patients Supervisor/Deputy will go to the Main Out-Patients entrance doors in order to extend and secure the elastic barrier security strap, thus preventing visitors, patients and staff from entering.

The elastic barrier security strap must remain in place and be manned until the stand-down command has been received, prohibiting entry except for Emergency Service, to enable a successful and uninterrupted evacuation of the premises. Anyone wishing to exit the Hospital should be allowed through the barrier.

#### 4. Main Hospital Entrance

On hearing the fire alarm, a member of the Portering staff will go to the Main Hospital entrance doors to extend and secure the elastic barrier security strap, thus preventing visitors, patients and staff from entering the Main Entrance.

##### **Emergency Ambulance Patients Must Gain Access Unhindered**

## **5. Ward and Cardiothoracic Assembly Points**

Ward Block Controller to collect high visibility jacket and clipboard from the old Telephone Exchange.

Ensure security straps are in place to prevent access to the Hospital for the duration of the fire incident.

The Controller will be part of the Fire Response Team and will be informed via the DECT/DAKS communications as to action required eg, staff required to assist or stand-down as necessary.

The elastic barrier security strap must remain in place and manned until the stand-down command has been received, prohibiting entry except for Emergency Services, only removed to enable a successful and uninterrupted evacuation of the premises. Anyone wishing to exit the Hospital should be allowed through the barrier.

Other access entry points will be controlled as instructed by the Fire Safety Manage/Deputy, Fire Brigade as necessary.

The Cardiothoracic Bleep Holder at the assembly point in the Cardiothoracic Centre will assume charge and ensure that all lifts are immobilised and access routes sealed off. He/She will ensure that a member of the Portering staff has put in place the elastic barrier security strap. The bleep holder will also relay any instructions received from the Telephone Switchboard, via the fire telephoned DECT phone, to staff assembled at the assembly point. On receiving the stand-down command the bleep holder will ensure that the member of staff manning the Cardiothoracic entrances is informed accordingly.

## **6. Renal/NCCC Entrance**

On hearing the fire alarm the Reception staff will go to the Renal/NCCC entrance doors to extend and secure the elastic barriers security strap, thus preventing visitors, patients and staff from entering.

### **Emergency Ambulance Patients Must Gain Access Unhindered**

The elastic barrier security strap must remain in place and manned until the stand-down command has been received. Prohibiting entry except for Emergency Services, and only removed to enable successful and uninterrupted evacuation of the premises. Anyone wishing to exit the Hospital should be allowed to do so.

# Freeman Hospital

## Action Card: Fire Procedure – Residences

### 1. Introduction

On site residential accommodation, located at the rear of the Hospital site, is divided into three blocks: Cheviot Court has nine storeys and Ashwood House and Beechwood House have three storeys. Accommodation is bed/sitting rooms with shared facilities.

### 2. Action to be taken on Discovering or Suspecting a Fire

Raise the alarm by breaking the glass of the nearest safe fire point.

Dial 333 from the nearest telephone and give the location of the fire.

If it is safe to do so, attack the fire using the appropriate fire extinguisher.

On leaving, check all rooms, close doors, and report to the assembly point: **Residences Car Park**

If possible ensure all electrical and gas appliances are switched off.

Upon arrival of the Fire Safety Manager/Deputy or Fire Brigade, notify them of the exact location and nature of the incident.

### 3. Action on Hearing the Fire Alarm

Secure the accommodation and evacuate to the external assembly point: **Residences Car Park**

Do not use the lifts once the fire alarm has sounded.

Do not re-enter the building until authority to do so has been given.

### 4. Tenants

Must ensure that all kitchen equipment/appliances are cleaned regularly and are not left unattended while in use.

Dispose of kitchen waste safely.

Keep all doorways, corridors and fire fighting equipment free from obstruction.

Have all electrical appliances checked by the Hospital Engineer prior to use.

Use correct wattage light bulbs (50W max) and lampshades.

### 5. Hotel Services Staff

To notify any potential fire hazards/breaches of tenants' responsibilities to the Hotel Services Manager or Deputy who will initiate appropriate action, and notify the Fire Safety Manager/Deputy and Fire Advisor (Trust Lead) accordingly.

## Royal Victoria Infirmary

### Action Card: Duties of Engineering/Duty Craftsman

On receipt of any fire call, the Duty Engineering Officer will attend the fire scene. The Shift Craftsman will also attend the fire scene to assist the Fire Safety Manager/Deputy and the Fire Brigade on arrival.

Outside working hours, weekends and public holidays, a member of the Engineering staff (normally Shift Craftsman) will attend the incident to standby should his expertise be required – the person will carry a DECT phone.

The Engineers and Switchboard are aware of any fire zones, or detectors that have been isolated for maintenance work. The Engineer in liaison with the Fire Safety Manager/Deputy, will reinstate these if necessary. Entries must be made in the Fire Alarm System Logbook of any such isolations.

The Engineer who has isolated any fire zone must make an entry in the Fire Alarm System Logbook.

Any isolated fire zone must be reinstated at the end of the day shift, should this not be possible the Engineer must inform the oncoming Engineer.

Should the incident involve an electric sub-station, the Engineer should attend with the appropriate keys to allow the Fire Brigade entry.

**No entry should be made until the engineer in close liaison with the Electricity Company and Fire Brigade Officer in-Charge has declared it safe.**

On conclusion of the incident and only on the instructions of the Fire Brigade Officer In-Charge and/or Fire Advisor/Fire Safety Manager/Deputy, rest the fire alarm system, replacing break glass alarms, and reset fire dampers where necessary. The above must include any other intermediate fire alarm panel if involved.

### Main Site Fire Alarm Panels

- Peacock Hall Reception
- Leazes Wing reception
- Old Telephone Exchange
- New Victoria Wing Atrium Reception Level 1

## Royal Victoria Infirmary

### Action Card: Interserve Duty Craftsman

**On receipt of any fire call to NEW VICTORIA WING, the Interserve Duty Craftsman will attend the fire scene to standby should his expertise be required by the Fire Safety Manager/Deputy and the Fire Brigade on arrival. The person will carry a DECT phone.**

The Engineers and Switchboard must be aware of any fire zones, or detectors, which have been isolated for maintenance work. The Engineer, in liaison with the Fire Safety Manager/Deputy, will reinstate these if necessary. Entries will be made in the Fire Alarm System Logbook of any such isolations.

Should it not be possible to reinstate a certain fire zone, and that zone is directly involved (ie, a break glass point has been broken and the fire alarm has not sounded), the Engineer should operate the appropriate zone alarm by keying out the zone.

An entry must be made in the Fire Alarm System Logbook, by the Engineer who has isolated the fire zone.

Any isolated fire zone must be reinstated at the end of the day shift, should this not be possible the Engineer must inform the oncoming Engineer.

Should the incident involve an electrical sub-station, the Engineer should attend with the appropriate keys to allow the Fire Brigade entry.

**No entry should be made until the engineer in close liaison with the Electricity Company and Fire Brigade Officer in-Charge has declared it safe.**

On conclusion of the incident and only on the instructions of the Fire Brigade Officer In-Charge and/or Fire Advisor/Fire Safety Manager/Deputy, reset the fire alarm system, replacing break glass alarms, and reset fire dampers where necessary. The above must include any other intermediate fire alarm panel involved.

#### **Main Fire Site Panels Situated**

- Main Atrium Reception Area

## Royal Victoria Infirmary

### Action Card: Duties of the Portering Supervisor

On receipt of notification of the fire alarm activation, the Duty Supervisor should take the following action:

1. Proceed to the scene of the fire alarm activation and liaise with the Deputy Nominated Officer (Fire) who is the Duty Patient Services Coordinator (PSC).
2. Proceed to the scene of the fire alarm activation and liaise with the Nurse In-Charge of Ward/Department until the Duty PSC arrives.
3. Ensure a member of the Security staff is detailed to meet the Fire Brigade and direct them to the scene of the fire alarm activation and introduce them to the PSC.
4. When the Duty PSC arrives at the scene, take action as directed by him/her.
5. Detail additional Porters to the scene as requested by the Duty PSC.
6. Liaise with the Duty PSC during the incident.
7. If a major incident is declared, refer to the Major Incident Plan Action Cards.

#### Entrance Gates

- Gate 1 University/Dental – Framlington Place
- Gate 2 Boiler House – Framlington Place
- Gate 3 NEW VICTORIA WING – Queen Victoria Road
- Gate 4 Peacock Hall – Queen Victoria Road
- Gate 5 Doctors/Nurses Residence – Richardson Road
- Gate 6 Leazes Wing – Richardson Road
- Gate 7 Dental Hospital Main Entrance – Richardson Road

## Royal Victoria Infirmary

### Action Card: Duties of the Security Staff

On reception of notification of fire alarm activation, Security staff should take the following action:

1. Inform the Fire Response team via DECT phone as to the location of the fire alarm activation.
2. Inform the Fire Brigade of the relevant gate to use and location of the incident.
3. One member of the Security Team is to meet the Fire Brigade and direct them to the scene of the fire alarm activation, and introduce them to the Fire Safety Manager/Deputy eg, Patient Services Coordinator (PSC).
4. Remaining members of staff should proceed to the scene of the fire alarm activation.
5. Liaise with the Deputy Portering Supervisor and take action as directed by him/her, Nurse In-Charge of Ward/Department until the Duty PSC arrives.
6. When the Duty PSC arrives on the scene, take action as directed by him/her ensuring that the Duty Supervisor is informed.
7. Stand-down will be given via the Trust Telephone Switchboard.

#### Entrance Gates

- Gate 1 University/Dental – Framlington Place
- Gate 2 Boiler House – Framlington Place
- Gate 3 NEW VICTORIA WING – Queen Victoria Road
- Gate 4 Peacock Hall – Queen Victoria Road
- Gate 5 Doctors/Nurses Residence – Richardson Road
- Gate 6 Leazes Wing – Richardson Road
- Gate 7 Dental Hospital Main Entrance – Richardson Road

# Royal Victoria Infirmary

## Action Card: Duties of Staff at Assembly Points

### 1. Leazes Wing Main Reception

In the event of a fire alarm sounding, the Reception staff will perform the duties as communications/assembly point controllers.

They will ensure the DECT phone, located at Reception, is switched on, listen out for any information, don identification hi-visibility jacket, and carry out the following duties:

- Nominate a senior member of staff who attends the assembly point to record names in blocks of six, (as stated on assembly report forms), of all members arriving at assembly point, and be prepared to send staff to assist at the incident when requested.
- Detail three assembly staff members to cordon off areas as instructed on the plans provided by using the elastic barrier security straps. Staff detailed must remain in these areas until the incident is terminated:
- Main Entrance, Leazes Wing Reception
- Corridor between light wells leading to East Block
- Corridor between Restaurant and Retail Outlet leading to Lift Lobbies.

### 2. Peacock Hall Main Reception

In the event of a fire alarm sounding, the Reception staff will perform the duties as communications/assembly point controllers.

They will ensure the DECT phone, located at Reception area, is switched on, listen for any information, don identification hi-visibility jacket, and carry out the following duty:

- Nominate a senior member of staff to attend the assembly point to record names in blocks of six, (as stated on assembly point forms), of all members arriving at assembly point, and be prepared to send staff to assist at the incident when requested.

### 3. New Victoria Wing Main Reception

In the event of a fire alarm sounding, the Reception staff will perform the duties as communications/assembly point controllers.

They will ensure the DECT phone, located at Reception, is switched on, listen out for any information, don identification hi-visibility jacket, and carry out the following duties:

- Nominate a senior member of staff who attends the assembly point to record names in blocks of six, (as stated on assembly report forms), of all members arriving at assembly point, and be prepared to send staff to assist at the incident when requested.
- Detail assembly staff members to cordon off areas as instructed on the plans provided by using the elastic barrier security straps. Staff detailed must remain in these areas until the incident is terminated.

## Newcastle General Hospital

### Action Card: Duties of Fire Safety Manager/Deputy, Patient Services Coordinator (Estates Duty Engineer or Head of Security)

**The Fire Safety Manager/Deputy, Security, Patient Services Coordinator will report to the incident on receipt of a fire call and assume charge until the arrival of the Fire Brigade.**

This Officer will carry the fire bleep and should be readily recognisable by wearing the Fire identity armband.

Carry out the duties as under "Action on Hearing the Fire Alarm."

Relay information to the Fire Brigade Officer In-Charge on his arrival eg, description of fire, any action taken and if there is anyone at risk, result of roll call, if known, and person unaccounted for.

Be prepared to mobilise any specialist staff should they be required to assist at the incident eg, medical staff, unit works staff, nursing and administration staff.

Should it be necessary to evacuate patients, make arrangement to receive the patients in a safe section of the Hospital. Nursing and Medical staff will advise. Ambulances may need to be mobilised to assist in moving patients.

Arrange to have available the keys to the area involved, should the Fire Brigade Officer request such action.

Only the Fire Safety Manager/Deputy or Security may arrange to silence the fire alarm to prevent further disturbance to the residents (on occasions when there is no emergency and it is safe to do so).

When the Officer In-Charge of the Fire Brigade is satisfied that the incident is under control, arrange to have the fire alarm reset.

Arrange for a Security/Estates Officer to replace any broken fire alarm point glasses. When stocks of fire alarm glasses are low, inform the Duty Estates Officer who will replenish stocks accordingly.

As soon as it is known that staff are not required from the assembly point, instruct the Assembly Point Controller to inform staff to stand-down.

After the incident is complete, check that the fire alarm panel/s has/have been reset. Should it not be possible to reset the panel, inform the Duty Estates Officer and remain at that fire alarm panel until his arrival.

Arrange for any fire extinguisher used to be replaced or refilled.

Complete a report form detailing the incident.

The Fire Safety Manager/Deputy or Security must control entry of staff in attendance and rendering assistance at the incident. He/She must inform staff in attendance of the nature of the incident (and, if possible, at the assembly point), and coordinate and implement the necessary action.

**Note:** To assist the Fire Safety Manager/Deputy at all times, specialist personnel from their respective Departments will respond. The designated personnel have been allocated DECT phones, which are on the Response Team Listing.

## **Newcastle General Hospital**

### **Action Card: Duties of Portering Supervisor**

The Duty Portering Supervisor should obtain the location of the alarm and organise available Portering staff to attend the incident.

The Deputy Controller in the Control Point should:

- Organise Portering staff to move patients, if necessary.
- Meet and liaise with Security staff at the scene.
- Prevent anyone from entering the affected or adjoining areas.
- Be prepared to supply trolleys, wheelchairs or other equipment, if necessary.
- Liaise with Security staff so that keys of any Department that may be locked can be made available, if necessary.

## Newcastle General Hospital

### Action Card: Duties of Shift Craftsman

The Shift Craftsman should be informed of the following:

- When fire affects either electrical and mechanical installations and equipment, or the fabric of the building.
- Faults involving the fire alarm system.
- Buildings that have been affected and/or made unsafe by fire, and may require closure and/or relocation of patients/employees of ward(s)/department(s) involved, and closure of roads or paths.
- Occasions when it is necessary to turn on the heating to a ward(s) that has/has been closed down, or when it is necessary to evacuation patients from ward(s) involved.
- When it is necessary to isolate supplies of gas, water and electricity.
- On the conclusion of the incident, the Duty Estates officer ensures that any break glasses used have been replaced, local panels and main fire alarm panels have been reset and are operational and the Fire Safety Manager/Deputy and Security are informed.

## Walkergate Hospital

### Action Card: Duties of the Senior Nurse in-Charge

#### The Senior Nurse In-Charge of the Hospital will assume the role of the Fire Safety Manager/Deputy.

- On receipt of the location of the incident, collect radio, don identification armband and report to the incident and assume charge until the arrival of the Fire Brigade.
- As soon as possible detail someone to ensure the Fire Brigade has been informed of the incident – 9/999 should be used for this purpose.
- If necessary, carry out duties indicated in the section “Action on Discovering a Fire/Hearing an Alarm”.
- Should the Senior Nurse In-Charge, or Fire Safety Manager/Deputy following their arrival at the incident, find that the fire alarm has not sounded – they should activate the nearest break glass alarm.
- **Note:** Fire Plans are located in the Porter’s Lodge, a radio is located on each Ward, and the identification armband is to be handed over at each shift change with the duty bleep.
- Confirm fire or false alarm to the Freeman Switchboard who will in turn take the necessary action.
- On arrival of the Fire Brigade, relay all information to the Fire Brigade Officer In-Charge ie, action already taken, anyone at risk. Be prepared to offer your expertise especially in regard to patients and coordinating Hospital staff.
- Liaise with the Duty Engineer and other Fire Team members. Out of normal working hours, the Duty Engineer can be contacted via the Freeman Switchboard.
- If evacuation is necessary, the Senior Nurse, or Fire Safety Manager/Deputy, should organise the evacuation. This will include making arrangements to receive patients in a safe section of the Hospital, taking advice from Medical and Nursing staff, and the organisation of assistance additional staff are available from the assembly points.
- All staff should make maximum hand held radios for communication and information.
- On complete of the incident, the Senior Nurse of the Fire Safety Manager/Deputy must contact the Freeman Switchboard who will inform the necessary staff. The fire alarm should only be silenced on the instructions of the Fire Brigade Officer, Senior Nurse In-Charge, of the Fire Safety Manager/Deputy. The fire alarm system can only be reset on the authority of the Fire Brigade.
- The Senior Nurse or Fire Safety Manager/Deputy should maximise the use of Security staff, Estate and Porters’ radios.
- Should the incident be prolonged and staff are still assembled at the Fire Assembly Points, arrange for them to be kept informed, releasing them as soon as possible.
- When the time permits, the Fire Safety Manager/Deputy must complete and incident report. Copies of this report must be sent to the Fire Safety Manager and the Fire Advisor – Trust Lead.

## Walkergate Hospital

### Action Card: Duties of the Security Guard

The Senior Security Guard on duty should make arrangements to:

- Direct the Fire Brigade to the incident.
- Send available Security staff to the incident.
- Liaise with the Senior Nurse In-Charge of the Hospital at the incident.
- Provide keys to locked buildings should the Fire Brigade require entry.
- To provide specialist assistance such as isolating medical gases, providing wheelchairs and other transport.
- Complete an Incident Form after the incident is closed, using the Trust's Incident Reporting Form.

## **Walkergate Hospital**

### **Action Card: Duties of the Engineer**

During normal working hours, the Duty Engineer will attend the incident to offer his expertise.

Outside of working hours, the Duty Engineer should be informed when:

- It is necessary to change a break glass alarm point.
- It is not possible to reset the fire alarm system.
- A fault is registered on any fire alarm panel.
- Damaged building.

**Action Card: Duties of Trust Switchboard Staff**

**When a fire is indicated, the following action should be taken:**

**1. Automatic Fire Alarm**

- Obtain location from fire alarm panel.
- Dial 999 and inform the Fire Brigade of the location of the incident and any other relevant information known at that time.
- Initiate fire message over DECT phone to fire team.
- Inform the Patient Services Coordinator of the incident.

**2. 333 Telephone System**

- Obtain location of emergency.
- Instruct the caller to break glass of the nearest safe break glass call point (if possible).
- Dial 999 and inform the Fire Brigade of the location of the incident and any other relevant information known at that time.
- Initiate fire message over DECT phone to Fire Team.
- If the caller is not able, or does not operate the break glass point:
  - Obtain the location of the emergency.
  - Dial 999 and inform the Fire Brigade of the location of the incident.
  - Initiate fire message over DECT phone to Fire Team.
- Residential Blocks A, B and C have fire alarms which are connected to the main Hospital alarm.

**3. Evacuation**

- If a message is received that an evacuation is being carried out, contact the Casualty Link Coordinator Assembly Point and pass details to the Assembly Point Controller.
- Initiate fire message over DECT phone to fire team, stating "Evacuation" and the location of the incident.
- Inform the staff at the Assembly Point to report the incident.
- In the event of a major emergency, the evacuation alarm may be sounded, but only on the instructions of the Fire Safety Manager/Deputy, Security or the Fire Brigade Officer In-Charge (as per instructions listed by the Fire Alarm Panel).

#### **4. Notification of Incident**

- After the fire has been identified, it must be reported.
- All fire/false alarm incidents, should be recorded through the Trust Accident/Incident Reporting System.

#### **5. Alarm Reset Procedure**

a. Silencing the Fire Alarm (for Switchboard Information)

Only on the instructions from the Fire Safety Manager/Deputy, Security, Fire Advisor, or Fire Brigade Officer can the alarm system be silenced (as per instructions listed by the Fire Alarm Panel).

b. To Reset Alarm

To reset on the instructions of any of the aforementioned officers. Reset as per the instructions listed by the Fire Alarm Panel.

c. Resetting Local Panels

Some zones have local panels which require resetting before the main fire alarm panel can be reset.

#### **6. Fault**

If a fault indicator lights up and the buzzer sounds, carry out the instructions as listed by the Fire Alarm Panel, then inform the Duty Engineer.

**Action Card: Duties of Assembly Point Controller****At all Assembly Points:**

A Senior Member of Staff/Deputy Security Officer will assume the role of Assembly Point Controller. The Assembly Point Controller will relay all instructions to the Fire Safety Manager/Deputy, Security, Patient Services Coordinator and to staff at the Assembly Point.

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST  
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Fire Incident and Evacuation Procedure	Policy Author:	Operational Services Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travelers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

*For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation with relevant stakeholders to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker.*

Name of Person responsible for completion of this form

and who else has been involved in the consultation process: Paul Brewis, Operational Services Manager Date : 22/02/2010

Name and Designation of those involved in the impact screening process: Hugh McLeod, Trust Fire Advisor

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact).