1. Introduction

A fire in a hospital poses a major threat to the lives of everybody within it. Therefore there must be the rapid means for detection, containment and control of fire, supported by reliable and rehearsed procedures for removing patients and staff to a place of safety. In a healthcare environment with very high dependency patients, it is unlikely that any amount of physical fire precautions on their own can reduce fire risks to an acceptable level. Adequate risk mitigation can only be achieved with the provision of a sufficient number of suitably trained staff, an environment in which the fire precautions are well maintained, and effective emergency action plans that have been sufficiently rehearsed.

2. Scope

This procedure covers all premises owned, occupied or managed by the Trust. It also applies to the activities of the PFI service providers, other employers, contractors, and volunteers, sharing or working on any of the organisation's sites.

3. Aim

The Fire Safety Policy of the Trust aims to minimise the incidence of fire within Trust Premises and also minimise the impact of a fire on life, safety, delivery of clinical services, the environment and property. These procedures detail the various methods the Trust utilise to comply with the Fire Safety Policy.

4. Duties – Roles and responsibilities

For the Fire Safety Management Structure see Appendix 1

4.1 Trust Board

- The Trust Board has overall accountability for the activities of the organisation, which includes fire safety.
- The Trust Board discharges the responsibility for fire safety through the Chief Executive.
4.2 Chief Executive

- The Chief Executive will, on behalf of the Board, be responsible for ensuring that the Regulatory Reform (Fire Safety) Order 2005 is complied with and, where appropriate, DoH’s guidance Firecode is implemented in all premises owned, occupied or under control of the trust.

- The Chief Executive will ensure that all agreements for the provision of care and other services by third parties include sufficient contractual agreements to ensure compliance with the trust’s fire safety policy.

- The Chief Executive discharges the day-to-day operational responsibility for fire safety through the Director with fire safety responsibility.

4.3 Board Level Director (with fire safety responsibility)

- The Director with fire safety responsibility (Appendix 1 Management Structure) is responsible for ensuring that fire safety issues are highlighted at Board level.

- This responsibility will extend to the proposal of programmes of work relating to fire safety for consideration as part of the business planning process.

- Assisting the Chief executive with Board level responsibilities for fire safety matters

- Ensuring that the trust has in place a clearly defines fire safety policy and relevant supporting protocols and procedures;

- Ensuring that all passive and active fire safety measures and equipment are maintained and tested in accordance with the latest relevant legislation/standards, and that comprehensive records are kept;

- Ensuring co-operation between other employers where two or more share trust premises;

- Ensuring through senior management and line management structures that full staff participation in fire training and fire evacuation drills and compliance with the fire policy;

4.4 Fire Safety Manager

The Trust's designated Fire Safety Manager is the Director of Estates, whose principal duties are:

- To appoint Deputies on all Trust sites to ensure that a designated person is always available to take command of a fire emergency until the Fire Brigade arrives.
Delegates responsibility to the Fire Advisor to disseminate the processes within the Fire Policy

To liaise with all organisations working on Trust premises to ensure that they are aware of the Trust Policy and Procedures.

To liaise with the Fire Advisor for advice on developing a plan of action for dealing with a fire emergency.

To ensure that agreed programmes of investment in fire precautions are correctly accounted for in the Trust's annual Business Plan and prepare an Annual Fire Report for submission to the Trust Board.

To co-ordinate all fire precautions within the Trust and have a working knowledge of fire precautions and the fire alarm systems.

To consult with the Fire Advisors and Estates Management to ensure that fire alarm systems are maintained and tested in accordance with NHS Guidance (HTM 05-03 Part B) and British Standard 5839.

To investigate and remedy abuse of fire equipment.

### 4.5 Fire Advisor

The Trust has statutory and other responsibilities in respect of fire safety for all its premises. As a means of fulfilling its obligation, the Trust has appointed specialist Fire Advisors. These are responsible for advising management on technical fire matters, monitoring the state of fire precautions in the Trust's premises and for arranging sufficient training sessions for all staff. The Fire Advisors are responsible to the Fire Safety Manager. The duties of the Fire Advisors are:

- To give advice on all fire precautions matters and to co-ordinate and monitor fire precaution arrangements.

- To liaise and consult with the Home Office Inspectorate, Statutory Fire Authorities, appropriate Building Control Officers, Health and Safety Executive, Petroleum Officer and other bodies having advisory or mandatory responsibilities over the whole range of fire precaution activities.

- To ensure the Trust's registration of premises is maintained under the Regulatory Reform (Fire Safety) Order 2005 under the relevant part of the Order and ensure that a regular inspection of Trust premises takes place in compliance with Fire Certification, Health Technical Memorandum and Workplace Regulations.

- To ensure that adequate means of escape from fire is available and that suitable and sufficient fire fighting equipment is provided and maintained in accordance with statutory requirements.
To advise on the development, maintenance and review of fire safety policies, procedures and systems.

To monitor the testing of fire alarms and associated equipment in accordance with current British Standards and advise Estates Management of any defects.

To prepare fire action notices, and ensure that they are displayed throughout Trust premises.

To prepare reports to the Trust Board for all serious incidents.

To, where possible, attend all fire incidents, investigate false alarms and maintain a permanent record of all fire incidents submitting monthly and annual returns to the Fire Safety Manager who will then forward the required information to the Department of Health.

To liaise with the Estates Department to brief Contractors carrying out major works and those providing a regular contract service, who may create fire hazards, or where combustible materials may be involved (painting, woodwork). Estates Management must ensure their staff and contractors are trained to a high standard on fire prevention and use adequate safe systems at work.

4.6 Role of Estates Management

In addition to responsibilities shared with other Managers, Trust's Estate Managers are responsible for the following:

Consulting with the Management Team, Building Control, Fire Advisors and the Fire Service on any proposals to construct new premises, upgrade existing buildings and/or equipment in order to maintain fire safety standards in accordance with legislation and standards as contained in FIRE CODE - Directory of Documents.

The maintenance and testing of all fixed and portable fire alarm systems and fixed fire fighting equipment in accordance with current British Standards. The Estates Department will also be responsible for keeping up-to-date all relevant maintenance and testing documentation.

4.7 Heads of Department/Sister in Charge

The monitoring of the fire safety within their respective departments.

Ensuring all staff are aware of how to raise the alarm and contact switchboard on ‘333’ if an incident is suspected.

How to evacuate their part of the premises
• The location of fire-fighting equipment.

• Nominate sufficient members of staff to become fire wardens and be trained in the use of fire-fighting equipment.

• Be prepared to make the decision if required to isolate medical oxygen supplies, and the location of any isolating controls.

• Ensuring that new staff on their first day of service are given basic familiarisation training that should include fire procedure, means of escape, location of fire fighting equipment and designated assembly points.

• Ensuring that fire safety instructions are brought to the attention of their own staff and that every member of staff participates in mandatory fire precautions training and ensure training records are kept.

• Ensuring all textiles and furniture for use in patient areas conform to the current Fire Code, Health Technical Memorandum and current British Standard Specifications. Advice must be sought from Head of Housekeeping.

4.8 Fire Response Team

Members of Team:

• Fire Advisor
• Duty Manager (PSC)
• Estates Electrical/Engineering Manager
• Senior Craftsman
• Security Staff
• For PFI buildings only - Interserve Manager

Team Responsibilities

• To attend every fire incident
• To contact Switchboard to 'stand down' if not required as per policy
• To take charge of the fire incident and delegate tasks as appropriate
• Implement the Major Incident Procedure if appropriate
• Remain available until the fire incident is resolved
• Communicate 'stand down' message at the end of a fire incident

4.9 Fire Warden

• Complete the organisation's Fire Warden Training
• Attend incidents within their area
• Control access until incident has resolved or situation has been taken over by a more senior member of fire team
• Support evacuation process
• Act as contact point for local fire safety issues
4.10 All Employees and Volunteers

- Complete mandatory fire training
- Ensure that fire hazards are removed or brought to the attention of local managers
- Follow the Fire Procedure and assist in the reaction of fires and the prompt continuation of patient care as required
- Familiarise themselves with fire risk assessments and ensure that controls are followed and maintained
- Comply with this policy
- Complete incident forms via Datix as per this policy

4.11 Service Providers and Site Sharers

- Ensure that there is an equivalent and complimentary policy for the prevention and management of fire incidents
- Must inform the organisation of activities presenting a particular hazard and any fire incidents arising from their activities. This is done through the Fire Advisor
- Shall liaise with the organisation through the Health and Safety Committee

4.12 Telephone Switchboard Staff

- Are responsible for informing the Fire Response Team and where required (as per the policy) the Fire Service on receipt of an alarm
- Record all fire alarm activations as per the policy

4.13 Individual Members Responsibilities Security Staff

- Meet and direct Fire Services
- Prevent entry to area of fire incident to unauthorised personnel
- Assist evacuation procedure
- Provide security and maintain access for Emergency Services and other required personnel

Senior Porters

- To act upon instructions from the Fire Advisor and/or Duty Manager (PSC)

Estates Electrical/Engineering Manager/ Senior Craftsman/ Interserve Manager

- Reset Fire Alarm system if instructed by Fire Advisor/Duty Manager (PSC) or Fire Service
- Act on the directions of the Fire Advisor/Duty Manager or Fire Services
5. Definitions

Datix  Electronic Incident Reporting System
PFI    Private Finance Initiative
Arson  The deliberate starting of fires
CAD    Computer Aided Design
PSC    Patient Services Co-ordinator
IOT    Institute of Transplantation
PPM    Planned Preventative Maintenance

Fire Response Team
- Estates Department (Engineers)
- Interserve in PFI buildings
- Security/Portering Services
- Patient Services Co-ordinator (PSC)

Fire Wardens from other areas may be requested to attend

6. Procedural Requirements

6.1 Statutory Requirements and Guidance

The principal statutory requirements that have a direct bearing on fire safety and must be observed by NHS Hospital Trusts at all times are:

- NHS Fire Code.
- Regulatory Reform (Fire Safety) Order 2005.
- Health and Safety at Work Act, including the Management of Health and Safety at Work Regulations.
- Registration of Houses in Multiple Occupancy.
- Places of Work Regulation 1992 (as amended).

To ensure that the organisation is meeting these and responds to any updates and/or changes the Fire Advisor receives notification of updates and/or changes from the Department of Health. The Fire Advisor produces a gap analysis with recommendations from the guidance and this is taken to the next Health and Safety Committee for discussion. The Health and Safety committee will discuss the recommendations and produce an action plan. Where appropriate risks may be escalated to the Risk Register as per the Risk Management Strategy.

The action plan will be reviewed at the Health and Safety Committee at each meeting until completion.

6.2 Fire Drawings

Fire drawings of all premises on site showing fire compartment walls, water supplies, fire alarm systems, fire extinguishing equipment, lighting systems and fire signs and notices must be prepared and reviewed on a two yearly basis by the CAD team within the Estates Department they must also be reviewed and updated when
changes to any of the premises owned by the organisation are made. The electronic and hard copies are available from the CAD team at the RVI. These must be available for use by the Fire Service. These are available to the on-call Engineer or Builder via the shared drive in Estates.

As part of the monitoring process of the Fire Drawings, these will be checked for each area during the area’s Risk Assessment.

6.3 Contractors

All private contractors must ensure that fire safety instructions are brought to the attention of their own staff and that every member of staff participates in fire precautions training and standards. This is arranged through the Estates Department or Fire Advisor. This is must be completed as part of the induction prior to commencing work and documented on the contractors induction form (appendix 4), these are kept by the particular hospital Workshop Manager.

6.3.1 Permits to Work and Hot Works

Under no circumstances should fire alarms be interfered with without a permit to work, obtained from Estates or Interserve FM

Where any work is to be carried out by a contractor or works personnel, where there is a planned disconnection of part of the fire alarm system, a permit must be sought from either the Interserve FM service provider or Trust Estates Department which must be issued prior to the time and date required to carry out work. Whether this is a permit to work or a hot permit is decided upon by the estates department when they review whether heat or flame producing equipment is being used. In both cases the form is the same, but the non-applicable sections are deleted (see appendix 5 for the form).

The Fire Safety Advisor in advance of the proposed work must be contacted requesting authorisation to disconnect a section of the fire alarm system and also giving information about the possible implications of such a disconnection. The capping of detectors will only be permitted if strictly managed by Trust Estates/Interserve managers and following specific permission of the Fire Advisor, if alternative provisions such as changing smoke detectors to heat detectors, is not possible due to time or cost restrictions.

In all cases the Fire Safety Advisor and the Department/Ward Nurse in Charge of the affected area must be informed of the work and the implications of that work, prior to commencement. This must all be documented on the Permit to Work. A copy of the permit to work/hot work

Alternative methods of alerting persons in case of fire must be provided (obligatory) during periods when the alarm is inoperable, although in most cases the ‘break glass’ (core point) of the fire alarm will remain active. Air horns will be provided to the areas where the alarms have been disabled. These must be described on the permit. Copies of the permit to work/hot work must be kept by the appropriate hospital Workshop Manager and the Contractor (so it is available on request) and a
copy sent to the Fire Advisor. A record of where the fire alarms are being isolated on any given day must be kept by the estates department of each hospital.

All staff in the area affected will be informed of the alternative method prior to the alarm being incapacitated as documented on the permit.

Before commencing any hot work the area is to be cleared of as much combustible material as possible with suitable and sufficient means of attacking any outbreak of fire that may occur.

In the case of tar or bitumen boilers a bund must be provided to contain any leakage or spillage equal to the total contents plus 10%.

In any case the hot work must cease at least 1 hour prior to the end of the working shift and examination of the area for any signs of fire or hot spots to be carried out before leaving the site.

All **LPG cylinders** must be returned to a safe and secure storage area and not left in situ.

**Acetylene gas** should not be used where there are suitable alternatives. Fires involving acetylene cylinders directly or indirectly will have very serious implications to the safe running of the hospital.

### 6.4 Fire Prevention

The Trust operates a [No Smoking Policy](#) throughout all Trust sites.

#### 6.4.1 Environment

Environmental factors must be taken in to account when looking at fire prevention. The following must be ensured to maintain good fire prevention practices

- Fire doors must not be wedged open
- No furniture must block fire escapes or fire doors
- Rubbish must be placed in the designated area
- Faulty electrical equipment must be reported immediately
- Faulty gas appliances must be reported immediately

All textiles and furniture for use in patient areas should conform to current Fire Code, Health Technical Memorandum 05-03 Part C and current relevant British Standard Specifications.

All new patient areas created within existing hospitals and those with new extensions and major alterations/upgrading must be equipped at their commissioning stage with textiles and furnishings in accordance with the previously mentioned standards, advice should be sought from either the Supplies Department or the Fire Advisors to ensure that they conform to current standards.

Maintenance of Trust premises should include fire resistance ratings of structures, rate of surface spread of flame, especially on routes of escape, and
compartmentation to allow safe progressive horizontal evacuation of patient areas. This information is held within the Fire Drawings.

6.4.2 Fire Risk Assessments

In order to reduce the risk of fire and to ensure, so far is reasonably practicable, the safety of any employees and also any relevant persons who are not employees, the Trust Fire Advisors and Assistant Fire Advisors will carry out Fire Risk Assessments for all areas throughout the Trust, where Trust Staff are based in non-Trust premises then it will be the responsibility of the landlord of that property to ensure that a Fire Risk assessment has been carried out and is reviewed using the risk based approach below.

The Fire Advisor and Assistants will make a suitable and sufficient assessment of the risks (see appendix 2) to which relevant persons are exposed for the purpose of identifying the general fire precautions that they need to take to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005.

Any such assessment will be reviewed using a risk based approach. If an area has been assessed as low risk it will be assessed 3 yearly, an area assessed as moderate will be 2 yearly and any area that has been assessed as high risk will be reviewed on an annual basis, particularly if:

a) There is reason to suspect it is no longer valid; or
b) There has been a significant change in the matters to which it relates including premises, special, technical and organisational measures, or organisation of the work undergo significant changes, extensions, or conversions.

When changes to an assessment are required as a result of any such review, the fire advisor or assistants must make them.

Risk Assessments for individuals with specific needs (see appendix 3) are also carried out by the Fire Advisors and these should be filed with the Fire Advisor and a copy kept in the staff member's personnel file.

6.5 Fire Alarms and Fire Fighting Equipment

6.5.1 Fire Alarm and Equipment Testing

The maintenance and testing of all fixed and portable fire alarm systems and fixed fire fighting equipment is in accordance with current British Standards the Estates Department is responsible for keeping up-to-date all relevant maintenance and testing documentation.

Non-scheduled testing of alarms must not be carried out without first informing the Fire Advisor. In addition, the Fire Advisor should be informed of any faults in the alarm equipment or of any repairs being undertaken. Maintenance and testing of the
system will be in accordance with the current BS 5839-1:2002 and HTM (Firecode) 05-03 Part B.

Testing of the Fire Alarm system is carried out as below:

- **RVI**
  - Leazes Wing Wednesday 0900-1000.
  - Rest of site Monday 0900-1000
  - New Victoria Wing Monday 1030
  - Dental Hospital Tuesday 0800-0900
- **FRH** Tuesday 0830-1030
- **NCCC** Tuesday 1030
- **CAV, blocks A,B and C** Tuesday 1100-1200

Fire Equipment to be tested is:

- **Fire Blankets** – A visual check by the Fire Wardens in their area once a month and annually by the Fire Extinguisher Engineers and recorded in their assessment record and then sent to the Fire advisor annually (in December). It is the Ward Manager or the Area Manager's responsibility to ensure this is completed
- **Fire Extinguishers** – A visual check by the Fire Wardens in their area once a month and annually by the Fire Extinguisher Engineer and recorded in their assessment record and then sent to the Fire advisor yearly (in December) Departmental Fire Equipment is checked on a monthly basis as above and the form (Appendix 6) is completed. These are returned to the Fire Advisor (Estates, RVI) annually in December. It is the Ward Manager or the Area Manager's responsibility to ensure this is completed. New check lists are available on the Fire Advisors web site on the Trust intranet
- **Fire Hydrants and Mains** - by Estates Dept monthly sending the forms to the Fire Advisor yearly (in December). It is the Ward Manager or the Area Manager's responsibility to ensure this is completed
- **Fixed CO2/ Drenching Installation Dry and Wet Rising Mains** - by Estates Dept, and/or Outside Contractor monthly and annually sending the forms to the Fire Advisor yearly (in December). It is the Ward Manager or the Area Manager's responsibility to ensure this is completed
- **Sprinkler System** within the IOT basement - private contractor arranged six monthly by estates. A PPM checklist is completed each time and a copy is stored in the Estates Department

### 6.5.2 Fire Alarm Failure

Staff should contact Estates Helpdesk (Ext 21000) if they suspect the system is not working correctly.

In the event that the fire alarm system develops a fault which renders it inoperable for any length of time, alternative methods of raising the alarm within wards and departments must be implemented.

The Fire Advisor or Duty Manager must be contacted as soon as the fault is recognised and a system of alternative instructions must be implemented to include:
- Additional patrols by Fire Safety Advisors, security Staff, Duty Manager and/or Fire Wardens;
- Extra vigilance by all staff;
- The issuing of air horns to staff at strategic locations;
- All staff to be briefed on alternative methods of alarm raising

A record of all failures is kept in the estates department by the Head of Electrical Engineering.

A Datix incident report must be completed which must include the measures taken. This should be completed by either the Fire Advisor or the Head of Electrical Engineering (if the Fire Advisor is present and informed then it is completed by them, if not it is the Head of Electrical Engineering's responsibility).

### 6.5.3 Fire Drills

Practice fire drills will be held at least twice yearly in hospital site (1 day and 1 night) and at least once a year, but preferably twice a year in other health service premises. Responsibility for arranging such drills rest with the Fire Advisor who will agree details with the Fire Safety Manager and the respective Head of Department/Ward Nurse in Charge.

The drill will take the form of an evacuation or simulated evacuation of ward, department, floor or building. The decision over which to carry out will be discussed between the Fire Advisor and the Head of Department/Ward Nurse in Charge or Fire Warden.

Once the decision has been made the Fire team will arrive unannounced and start the simulation. This is recorded on the Fire Drill form (appendix 7). From this, recommendations will be made and will be taken to the next meeting of the Directorate Governance group where an action plan will be agreed. The action plan will be reviewed at each governance group until completion of the action plan. The completed action plan will then be sent to the Fire Advisor to store with the Fire Drill form. A record of all fire drills undertaken is held within the Fire Advisors Department.

### 6.5.4 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 visual and audible impairment of individuals.

Fire detectors are actuated by either a rise in temperature as with heat detectors and by the detection of particles as in smoke detection.

An alarm of fire can be raised by actuation of a break glass release call point or detection by automatic detectors as indicated above.

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.

6.6 On the Sounding of the Fire Alarm

On receipt of the location of the incident via DECT system, the Fire Support Team must proceed to the incident and assume charge. The Fire Advisor of Deputy must confirm fire or false alarms to the Switchboard - (Telephone 333), who will then inform the fire assembly point controllers via the DECT phone.

The instruction to silence and reset followed by the instruction ‘Stand Down’ if it is false alarm must be relayed through the Switchboard.

If it is an incident await the arrival of the Fire Service to carry out further investigations

On arrival of the Local Authority Fire & Rescue Service, the Fire Response Team will relay any information to the Officer In-Charge i.e. action already taken and if there is anyone at risk. They must be prepared to offer their expertise especially in regard to patients and co-ordinating Hospital staff.

The Fire Response Team will liaise with the Duty Engineer and other Fire Response 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 may be required from other areas; these staff will be accessed via Switchboard, who can be contacted on 333. Who in turn will contact other departments and request staff to attend to support any evacuation.

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, information to be passed to all Fire Wardens on control points.
The fire alarm can only be silenced on the instructions of the PSC, Fire Advisor or Fire Service if they are in attendance.

All areas within the organisation should have local evacuation procedures. These should be made in conjunction with the Fire Advisor and the local Fire Warden. An area specific risk assessment must be undertaken prior to the procedures being made, so that they can inform the most appropriate evacuation route and procedure.

The local evacuation procedures should be based on the following sections.
6.6.1 Local Actions on discovering a fire

If a fire is suspected and following a quick search, you still suspect there to be a possible fire, operate the fire alarm via a break glass call point

If trained to do so tackle fire if safe to do so using equipment provided and ensuring that the exit is clear and reachable

**DO NOT**
- Use lifts in the zone or department where the alarm is sounding.
- Enter the building, zone or department when the alarm is sounding
- Allow others to enter even if they insist

**DO**
- Go to the **assembly point** if this is within your evacuation procedure i.e. non-clinical areas and stay there until told to return to the building.

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 (Progressive Horizontal Procedure)

- **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 incident

- **Get out and stay out**
  Assist in evacuation of patients and visitors, remember your part in the evacuation plan – if in doubt ask!
6.6.2 Local Action for a continuous alarm

Staff who are not undertaking patient care gather at Nurses station or Department Heads office/desk

Department Head/ Nurse in Charge designates a member of staff to go to investigate where fire is (preferably a fire warden)

Department Head/ Nurse in Charge designates a member of staff to close windows and doors without putting themselves at risk

Department Head/ Nurse in Charge designates a member of staff to reassure patients and visitors

Tackle fire if safe to do and you have been trained, using equipment provided and ensuring that the exit is clear and reachable

If the alarm sounds between the hours of 0800-1700 at either RVI, FRH or Dental Hospital, then the switchboard will only inform the Fire Response Team who will have five minutes to get to the incident location and confirm if the Fire Service are required or not, however if the switchboard are alerted to a second activation within that area or receive a call stating that it is a confirmed incident, then the switchboard operator will contact the Fire Service via the ‘999’ system

Fire Response Team arrive and they will nominate a lead person who will coordinate any evacuation and fire control until Fire Service arrive

Fire Service arrive and take over control of the incident including evacuation and fire fighting and liaise between Emergency services and hospital
6.6.3 Local Action for 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. The actions required within the intermittent zone are as follows:

- Staff who are not undertaking patient care gather at Nurses station or Department Heads office/desk

- No new procedures which could incapacitate patients should be commenced until incident is resolved

- Staff should be prepared to assist with evacuation from fire area and prepare to receive patients from fire area, switchboard may ring and request assistance with evacuation in other areas.

- Department Head/ Nurse in Charge designates a member of staff to go to the nearest fire alarm repeater panel to determine location of fire incident - feed back to Department Head/ Nurse in Charge
6.6.4 Phased Horizontal Evacuation
The Hospital Evacuation Plan involves Progressive Horizontal Evacuation for 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.

Specific considerations based on patient dependency

Firecode has three classifications for patient dependency:

**Independent** – patients are considered to be independent if:
- their mobility is not impaired in any way and they are able to physically leave the premises without staff assistance; or
- they experience some mobility impairment and rely on another person to offer minimal assistance. This would include being sufficiently able to negotiate stairs unaided or with minimal assistance, as well as being able to comprehend the emergency wayfinding signage around the facility.

**Dependent** – all patients except those classified as “independent” or “very high dependency”.

**Very high dependency** – those whose clinical treatment and/or condition creates a high dependency on staff. This will include those in critical care areas, operating theatres, coronary care etc. and those for whom evacuation would prove potentially life-threatening.

A Place of Relative Safety Could Be:
- Through one or more sets of fire doors 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 a 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.
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.

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 PSC/Deputy and Officer In-Charge of the Fire Service 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.

Please note: the point beyond two fire doors would be considered the safe assembly point.

6.6.5 Simultaneous (Total) Evacuation Strategy

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 P.S.C./Deputy will check to ensure all persons are accounted for. Any person reported as missing will be reported to the Senior Fire Service Officer upon their arrival.

**Action in Unoccupied Area**

The Fire Response Team will investigate these areas using the utmost care and without putting themselves or others at any risk. If anyone is unsure or not confident to look in these areas then the Fire Service should be called.

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.

**Senior Person at Incident Initially will:**

- Determine location and extent of the fire.
- Take charge of the situation until the arrival of the PSC.
- 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 persons at risk.
- Organise fire fighting attempt, but only if safe to do so and someone has been trained.
- Hand over control to the PSC and give further assistance as required.

**6.7 Incident on Raised Helipad**

There is a raised helipad located on level 7 New Victoria Wing, this is staffed with three trained fire fighters from 0800-2000 hours 365 days per year, if an incident occurs then the following procedure should be adopted.

In the event of an Emergency
The Helipad Fire Fighting Team will:
- Immediately call the switchboard using the helipad emergency dect phone
• Carry out Fire Fighting duties strictly in accordance with the Fire Fighting Procedures.

The Switchboard will carry out the duties as depicted on the Helipad Action Card (located in the helipad operational procedure) held by the Fire Advisor/Helipad Manager
  • Immediately put a call out to the Fire Service
  • Inform the in house Fire Response Team via Dect Phone
  • Notify A&E Department of the incident
  • Follow the standard Fire/Business Continuity Plan procedures.

A&E Department will:
  • Take appropriate action based on the nature of the incident

6.8 Community Buildings

There is no Fire Response Team or investigation period in community buildings nor is there a requirement for one. Evacuation principals in Community buildings require, total evacuation from the building to the designated assembly point, and investigation should not be made into the reason for activation prior to evacuation. If NUTH staff are working in a building that is not owned by the Trust, then they should follow the evacuation principles of that building, if unsure either contact a line-manager or follow the instruction on a fire evacuation notice that should be displayed throughout the building.

6.9 Residences

All residents who occupy accommodation within the Trust must be informed of the fire precaution measures relating to their own particular block or home and any abuse of the regulations may subject them to disciplinary action and termination of accommodation tenancy. These premises include Cheviot Court and Beechwood House at the Freeman Hospital, Doctors Residences and Crawford House at the RVI and the Doctors Residences and Family accommodation on Grainger Park Road Newcastle. A pack should be issued to residents when from Housekeeping when they take up their residence, which has a section on Fire Safety and also there are fire action notices throughout the premises detailing actions to take in the event of a fire, or any alarm activation. Housekeeping keep a record of the packs given out and who is in the resident at any one time.

6.10 Procedure for Reporting Incidents of Fire

Notification of fire incidents as laid down in Firecode HTM 05-01 is the responsibility of the Fire Safety Manager. The Fire Safety Manager delegates this responsibility to the Fire Safety Advisor but will meet regularly to review.

Following a fire incident, the Management team for the area affected or the PSC via Datix will report the matter as soon as possible to the Trust Fire Safety Advisor. This
will ensure that an inspection is carried out and that the Trust Fire Safety Advisor prepares a technical analysis and report, forwarded to the Fire Safety Manager and the NHS Estates (or other body nominated by the Department of Health).

An Incident Report (datix) must be completed for each incident of fire or false alarm no matter how trivial; the Fire Advisor or Assistant Fire Advisor has the responsibility to investigate this incident. Where an incident of fire involves the movement of patients, loss of life or property damage, the Fire Safety Advisor must be immediately informed and a report forwarded to the Department of Health.

For incidents out of normal hours, it is expected that the Duty Manager (PSC) will notify the senior management team for the affected area, who will in turn inform the Trust Fire Safety Advisor. Where the incident involves death or serious injury a report must also be forwarded to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This must also be reported in line with the Trust processes for the management and investigation of incidents.

Further advice can be obtained from the Trust Health and Safety Department.

7. Training

The regulations that the Organisation is required to adhere to, state that there must be mandatory fire training, and what they expect from this. The training required for this policy sits in the Mandatory TNA. This sets out the expectations of the organisation in regards to all staff working within the premises of the organisation.

Specific local induction training must be carried out within the local induction procedures. This includes local evacuation procedures and the location of fire fighting equipment and arrangements for fire equipment and alarm testing.

To support the development of plans to fire fight and evacuate the organisation's premises, the organisation allows the Tyne and Wear Fire Service to carry out training exercises within the organisation's premises.

8. Equality and diversity

Please see appendix 8.
9. Monitoring compliance

The organisation strives to gain 100% compliance against the standards set out below. Where this does not happen an action plan will be put in place to support the achievement of 100% compliance. Standards are in the table below and the full audit proforma is in appendix 9.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organisation is meeting all the statutory requirements</td>
<td>Through compliance with the Fire Policy</td>
</tr>
<tr>
<td>Fire Drawings for all premises are in place, available and within review period</td>
<td>Fire Advisors</td>
</tr>
<tr>
<td>All Contractors have completed induction prior to commencing work</td>
<td>Health and Safety Committee</td>
</tr>
<tr>
<td>All Contractors have a permit or hot permit to work</td>
<td>Annual</td>
</tr>
<tr>
<td>All textiles and furniture confirm to the current fire code</td>
<td></td>
</tr>
<tr>
<td>All organisation premises have fire resistance ratings and rate of surface spread of flame</td>
<td></td>
</tr>
<tr>
<td>All areas within the organisation have an up to date Risk Assessment</td>
<td></td>
</tr>
<tr>
<td>The Fire Alarm system is checked as per policy</td>
<td></td>
</tr>
<tr>
<td>If the Fire Alarm system fails the procedure as per policy is followed</td>
<td></td>
</tr>
<tr>
<td>Fire Drills are held twice yearly per hospital as per policy</td>
<td></td>
</tr>
<tr>
<td>All Fire incidents will be reviewed as per policy</td>
<td></td>
</tr>
<tr>
<td>All organisation residences</td>
<td></td>
</tr>
</tbody>
</table>
10. Consultation and review

In writing this policy the regulations which govern all healthcare premises have been followed and included. To ensure that the needs of all staff have been considered the following stakeholders have been consulted prior to ratification of this policy:

- Fire Advisors
- Health and Safety Committee members
- Director of Estates
- Clinical Governance and Risk Department
- Tyne and Wear Fire Service

11. Implementation

The policy will be available for all staff and contractors working for the organisation within the policy library on the intranet. To ensure that all staff are aware of their responsibilities and the procedures within the policy an email is sent to all staff informing them of the policy update and where they can access it.

The changes to the policy will be highlighted through mandatory training and specific training where a need is identified.

As the policy is reviewed and updated this will be highlighted on the Fire Advisors section of the intranet and an alert notice displayed on the home page for a short period highlighting the need to review the policy to all staff.

The policy is also reinforced through the Fire Warden training and through the Fire Advisors stand at the organisation’s open day.

12. References

12.1 Firecode publications


13. Associated documentation

- Business Continuity Management policy
- Contractors-Guidance in the use of
- Control of Substances Hazardous to Health
- Health and Safety Operational Policy
- Incidents, Accidents and the Trust Disciplinary Process-Guidelines for managers, clinical directors and employees.
- Induction Policy
- Information Governance Policy
- Information Security Policy
- Major Incident plan
- Mandatory Training Policy
- Medical Gas Pipeline Systems
- Moving and Handling of the Bariatric Patient
- Moving and Handling Policy
- Medical Gas Cylinder Management Policy
- Risk Management Strategy
- Risk register-Management and use
- Security Policy
- Serious Incident (SIs) reporting and management policy
• Smoke Free Trust Policy
• Transportation and storage of medical gases
Appendix 1: Fire safety management structure

Trust Board

Chief Executive

Director of Estates & Facilities/
Fire Safety Manager
(4.3 of Policy for
Responsibilities)

Assistant Fire Safety Manager
(4.4 of Policy for
Responsibilities)

Departmental Managers

Staff

Fire Engineer
(External contractor if
required for Schemes)

Lead Fire Advisor

Assistant Fire Advisors

Fire Wardens

Health and Safety Committee

By HTM derogation to
Board level
(4.3 of Policy)

Direct accountability for fire safety

Fire safety reporting

Exception reporting