FIRE PROCEDURE DOCUMENT

ROYAL VICTORIA INFIRMARY

FREEMAN HOSPITAL

NEWCASTLE GENERAL HOSPITAL

WALKERGATE HOSPITAL

NB: A COPY OF THE FIRE PROCEDURE IS TO BE HELD ON ALL WARDS/DEPARTMENTS AND THEATRES AND AVAILABLE TO ALL STAFF

8 NOVEMBER 2004
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FIRE PROCEDURE

INTRODUCTION

The purpose of this document is to ensure all staff are aware of the following:

• The action to be taken on discovering or suspecting a fire.
• The duties of key personnel
• General information with regards to staff induction, fire training, and fire prevention.

A. ACTION TO BE TAKEN ON DISCOVERING A FIRE

1. RAISE THE ALARM BY BREAKING THE GLASS OF THE NEAREST SAFE FIRE ALARM POINT.


2. IF NECESSARY MOVE PATIENTS, VISITORS AND STAFF TO A PLACE OF SAFETY.

   SHOULD IT BE NECESSARY TO EVACUATE, CLOSE DOORS ON LEAVING AND IF POSSIBLE TURN OFF SUPPLIES OF FUEL, MEDICAL GASES, ELECTRICITY.

3. IF SAFE TO DO SO, ATTACK THE FIRE WITH THE APPROPRIATE EXTINGUISHING FACILITY.

   IN ALL CASES OF DOUBT – RAISE THE ALARM.

B. ACTION ON HEARING THE FIRE ALARM

   Continuous Alarm - INDICATES INCIDENT IS IN YOUR ZONE.
   FOLLOW INSTRUCTIONS OF PERSON IN CHARGE.
   IF NO FIRE IS OBVIOUS CHECK WARDS/DEPARTMENT.
   SHOULD PERSON IN-CHARGE DECIDE TO EVACUATE AND REQUIRE ASSISTANCE, HE/SHE SHOULD DIAL 333 AND INFORM SWITCHBOARD THAT THE WARD/DEPARTMENT IS BEING EVACUATED AND ASSISTANCE IS REQUIRED.

   Intermittent Alarm - INDICATES INCIDENT IS SOMEWHERE ELSE IN THE HOSPITAL.
   FOLLOW INSTRUCTIONS OF PERSON IN CHARGE.
   Protect your ward/department by closing doors and windows if necessary.
   Person in-charge should instruct a member of staff to ascertain the location of the incident from the nearest fire alarm display panel, and then if possible instruct members of staff to report to the nearest assembly point.

   One Minute Duration
C. General

DO NOT USE LIFTS DURING A FIRE ALARM. TELEPHONES SHOULD BE LEFT FOR USE BY THE ZONE INVOLVED.

ASSEMBLY POINTS

ROYAL VICTORIA INFIRMARY  LEAZES WING RECEPTION
                      PEACOCK HALL RECEPTION

NEWCASTLE GENERAL HOSPITAL  ACCIDENT & EMERGENCY DEPARTMENT

FREEMAN HOSPITAL  WARD BLOCK LIFT LOBBY, LEVEL 2
                      CARDIO LIFT LOBBY, LEVEL 2

DENTAL HOSPITAL  OUTSIDE MAIN RECEPTION

WALKERGATE HOSPITAL  AT FIRE INCIDENT SCENE

CENTRE FOR LIFE  CENTRAL PARKWAY

The Evacuation Procedure for staff based at the Centre for Life is managed by the University of Newcastle upon Tyne.
FIRE ALARM SYSTEM

Trust premises are protected by Automatic/Manual Fire Alarm Systems.

Manually operated break glass fire alarm points are situated at:

All Fire Exits (including exits from all wards and departments).

- Lift Hall areas.
- Regular intervals throughout long corridors.
- The main Fire Alarm Panels are situated in various locations e.g., security control area’s and switchboards. The repeater panels, which show alarm addresses and conditions, are situated throughout the Hospitals.

The fire alarm can only be silenced/reset from the main panels. (See Engineers Specific Site.)

Fire zones/areas can be isolated by an Engineer to enable work to continue on the installation without operating the fire alarm.

If a fire alarm is defective, or has been isolated, the fire alarm can be raised by dialling 333.

A fire zone list in numerical order showing wards/departments involved in each zone will be displayed near the main fire alarm panel.

MAIN FIRE PANELS LOCATIONS

Freeman Hospital
- Old Telephone Exchange
- Hospital Main Entrance
- Out-Patients Department Main Entrance
- Cardio Main Entrance

Royal Victoria Infirmary
- Leazes Wing Reception
- Peacock Hall Reception
- Old Telephone Exchange

Newcastle General Hospital
- A & E Department
- Telephone Exchange
- Estates Department

Dental Hospital
- Porters Desk, Main Entrance

Walkergate
- Main Entrance
- Ward 2
- Porters Lodge

Centre for Life
- Main Reception
FIRE ALARMS WILL BE TESTED AT THE FOLLOWING LOCATIONS AND TIMES:

Royal Victoria Infirmary
Leazes Wing Wednesday at 9.15 am
Victoria Wing Monday at 9.15am

Freeman Hospital
Tuesday at 10.30am

Newcastle General Hospital
Tuesday at 8.30am

Dental Hospital
Tuesday at 8.30am

Walkergate Hospital
Friday at 10.00 am

Centre for Life
Friday at 11.00 am

TESTING OF DECT PHONES

DECT PHONES ARE TESTED BY THE SWITCHBOARD ON A TUESDAY AND FRIDAY.

PERSONNEL ON FIRE RESPONSE TEAMS MUST KEY IN A RESPONSE E.G., "1" YOU WILL RESPOND, OR "0" YOU WILL NOT RESPOND. THIS IS ESSENTIAL FOR SYSTEM OPERATION.
DUTIES OF THE TRUST NOMINATED OFFICER (FIRE)/DEPUTIES

The Trust Nominated Officer (Fire) for the Trust is the Hospital Manager RVI/NGH, and is appointed by the Chief Executive to implement the Trust Fire Policy. The Trust Nominated Officer (Fire) has appointed sufficient deputies, (Patient Services Coordinators), to ensure that a deputy is always available in his absence. He/She will coordinate and direct staff in a fire emergency i.e. to establish a control point, provide contact with the Fire Brigade, co-ordinate evacuation of patients, visitors and staff.

The Trust Nominated Officer (Fire) 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 Health Care premises or its contents, as stated in the NHS Policy and Principles 3.22.

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.

If necessary, carry out duties indicated in the section 'Action on Discovering a Fire/Hearing an Alarm'.

Note: Fire Plans, radios and identification jackets can be obtained from the Switchboard, Receptions, or the Security Gatehouse at the RVI, if the incident requires them.

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

On arrival of the Fire Authority, relay any information to the Officer In-Charge of the Fire Brigade e.g. action already taken and if there is 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 Switchboard. (Telephone 333)

If it is necessary to evacuate, the Trust Nominated Officer (Fire)/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 are available from the assembly points. (Telephone 333)

On completion of the incident, the Trust Nominated Officer (Fire)/Deputy should contact the Switchboard who will communicate with the assembly points and instruct staff to stand-down. The fire alarm should only be silenced on the instructions of the Fire Brigade Officer, or the Trust Nominated Officer (Fire)/Deputy.

The fire alarm system can only be reset on the authority of 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)

When the time permits, the Trust Nominated Officer (Fire)/Deputy must complete an Incident Form. Copies of this report must be sent to the Trust Nominated Officer (Fire) and the Trust Fire Advisor.
RESIDENCES

On arrival at the Residence:

Check the Block involved has been evacuated

Arrange for the Fire Brigade to be directed to the Block involved.

Ensure that access to the Block is not obstructed.

Collate any information received from the occupants of the Block.

The lifts will automatically return to the ground floor on activation of the fire alarm.

Restrict occupants and any visitors from entering the Flats until the Fire Brigade is satisfied that it is safe to enter.

Do not allow members of staff to enter the affected Block on their own until the Fire Brigade is satisfied that it is safe to do so.

Communicate with Engineers, Portering staff and the Telephone Switchboard by means of the DECT phone or by the emergency telephone number 333.

If the incident requires it, i.e. in the event of an actual fire, or where fire damage has occurred, the Trust Nominated Officer (Fire)/Deputy should request the Switchboard to contact the On-Call Duty Manager and Trust Fire Advisor.

Liaise with the Officer In-Charge of the Fire Brigade, informing him of any relevant information; also make available to him any keys to locked doors. Ensure the safe return of any keys issued.

The Trust Nominated Officer (Fire)/Deputy will arrange with the Duty Engineer/Craftsman for the re-setting of all Emergency Ventilation panels (fire dampers) to the closed position.
FIRE PROCEDURE – DISABLEMENT SERVICES CENTRE

1. SUMMARY

The Disablement Services Centre is situated at the entrance to the Freeman Hospital site. The building houses a number of different services.

All patient areas are on the ground floor of the building with Administration and other office activities on the first floor.

A high number of patients attending the Centre are Amputees or Elderly.

There is a high usage of flammable liquids/materials in daily use within the Centre.

2. ACTION TO BE TAKEN ON DISCOVERING, OR SUSPECTING A FIRE

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

If the alarm fails to operate dial 333 from the nearest telephone.

If safe to do so, attack the fire using appropriate fire extinguishing facility (see page 16 Fire Fighting Equipment).

Evacuate patients to a place of safety (see page 14 Horizontal and Progressive Evacuation).

Upon evacuation of premises, if possible, check all rooms, close doors on leaving and ensure all electrical appliances are switched off.

Upon arrival of the Trust Nominated Officer (Fire)/Deputy or Fire Brigade notify him/her of the exact location and nature of incident.

3. ACTION ON HEARING THE ALARM

Evacuate all patients to the assembly point:

Disablement Services Centre SOUTHSIDE CAR PARK (opposite Hospital)

If possible, carry out a check of all rooms and close doors.

Take the daily register of patients attending the Disablement Services Centre.

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

Report any action taken to the Trust Nominated Officer (Fire)/Deputy who will communicate with the Officer In-Charge of the Fire Brigade.
RESPONSIBILITY OF DIRECTORATE MANAGERS AND SENIOR STAFF IN
RELATION TO FIRE PRECAUTIONS

All Trust Intensive Therapy Units, High Dependency Units and Theatres have their own
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 e.g. switchboard operators, 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. New and transferred staff being given fire procedure instructions and local induction
training as part of the workplace induction training on their first shift of duty, from the
person in-charge.

b. Their staff attending fire training at least once per year and participate in fire drills as
required.

c. All new staff receiving fire instructions on appointment at the Trust's main induction
course.

d. A record being kept of staff attendance at drills and lectures on the ward/department.

e. All Fire Regulations being complied with in their section of the Newcastle upon Tyne
Hospitals NHS Trust as follows:

- All fire incidents and false alarms must be reported.
- Staff are not permitted to smoke on site.
- Means of escape 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 should be kept in each place of work.
- 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 kept 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. Fire doors held open on magnetic devices should be released daily to test doors will close on operation.

• Report any fire hazards or deficiencies in fire prevention arrangements as soon as possible to the Trust Nominated Officer (Fire) or Trust Fire Advisor.

f. 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.

g. Diary: Log all fire alarm signals received, date and time, and staff released to attend the incident should be logged when leaving and returning from the ward/department.

**FIRE HAZARDS SHOULD BE BROUGHT TO THE ATTENTION OF THE TRUST NOMINATED OFFICER (FIRE) OR TRUST FIRE ADVISOR.**

**RESPONSIBILITY OF EMPLOYEES IN RELATION TO FIRE PRECAUTIONS**

All employees have a duty to familiarise themselves with the Trust Fire Policy Document in general and, in particular, with the 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 requirements of the Trust Nominated Officer (Fire)/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 a 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. At the outbreak of any fire, staff should be prepared to respond promptly and effectively in accordance with Fire Procedures and fire training.

e. Staff are required to undertake fire precautions training.

f. Staff should bring fire hazards or concerns to the attention of their Head of Department/person in-charge in the first instance.

g. Staff should assist the Trust's Risk Management Section by ensuring that there is an audible signal throughout their wards/departments.

h. Staff should advise the Estates Department of any defects in fire precautions or in association with equipment e.g. checking doors held on magnets operate safely when the fire alarm sounds.
HORIZONTAL AND PROGRESSIVE EVACUATION

Movement of patients to a place of safety (immediate safety and finally ultimate safety).

THE PLACE OF SAFETY COULD BE:

- Away from the seat 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 on the same floor.
- 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.

Handling Principles to Keep in Mind

- Walk patient if 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 (see attached sheet on methods of transporting patients).

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

Arrangements should be made immediately for a safe, warm section of the Hospital not involved in the fire incident to be made available.
The Senior Nurse should take the records of patients and staff with them and carry out a roll call. Report action to the Trust Nominated Officer (Fire)/Deputy and Officer In-Charge of the Fire Brigade i.e. the result of the roll call, areas not checked.

Immediately patients are being evacuated, consideration should be given to upgrading the situation to a disaster, and mobilising more medical staff to assist.

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

Patients who can walk reasonably well without, or with, 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 e.g. use of beds (one or more patients in a bed), wheelchairs and wheeled commodes or trolleys.

Removing Patients In The Event Of Fire

See Diagram on Page 14

Acceptable Procedures To Be Ratified By Lifting And Handling Coordination Team
FIRE PROCEDURE
Removing patients in the event of a fire.

First Choice
- WHEELCHAIR
- WALKING WITHOUT USE OF AIDS
- EVACUATION BY BED

Second Choice
- SINGLE BLANKET DRAG
- DOUBLE BLANKET DRAG
- HUMAN CRUTCH
- CARRYING LIGHT PATIENTS
- DRUNKS LIFT

Third Choice
- AMBULANCE CHAIR
- DINING CHAIR
- AUSTRALIAN LIFT
- FORE AND AFT
- DOWNSTAIRS RESCUE
- HAMMOCK
- PICK-A-BACK
TRAINING

To enable staff to carry out their duties with confidence, the following information and training facilities are available. Should a fire occur it is the duty of all staff to ensure the safety of all patients and visitors.

a. Senior Management is provided with a copy of the Trust Fire Policy.

b. The Staff Fire Procedure will be issued to all Senior Staff and will be displayed on staff notice boards.

c. Fire Action Notices are posted throughout the Units.

d. New and transferred staff will be given fire procedure instructions and local fire induction training as part of the workplace induction training on their first shift or duty, from the person in-charge.

e. New staff will receive fire training as part of their induction.

f. Fire lectures will be held on sufficient occasions to enable all staff to attend. Staff should ensure they attend annually, and this is recorded by the Manager/Supervisor.

g. Fire drills will be carried out annually.

h. Further training can be arranged by request with the Trust Fire Advisor.

i. The Trust Fire Advisor is available to give information or guidance.

j. Senior members of staff to ensure that all staff, for whom they are responsible, attend fire training at least once a year (mandatory), and records of such training are entered on their personal record.
FIRE FIGHTING EQUIPMENT

All staff should ensure that all fire fighting equipment is readily available and in its correct location at all times. Missing or damaged equipment to be reported immediately to the Trust's Fire Advisor.

A COLOURED LABEL ATTACHED TO THE BODY OF THE EXTINGUISHER IS USED TO IDENTIFY ITS CONTENTS SEE BELOW ( ).

<table>
<thead>
<tr>
<th>FIRE FIGHTING EQUIPMENT</th>
<th>EXTINGUISHING MEDIA</th>
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<tbody>
<tr>
<td>WATER EXTINGUISHER (White)</td>
<td>Use on fires involving paper/fabric/wood.</td>
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<tr>
<td>Remove safety cap or clip and</td>
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<tr>
<td>strike knob or squeeze trigger</td>
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<tr>
<td>and direct jet to seat of fire</td>
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<tr>
<td>Operate in the upright position.</td>
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<td></td>
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<tr>
<td>CO₂ EXTINGUISHER (Black)</td>
<td>Use on fires involving electricity and flammable liquids.</td>
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<td>Remove safety pin and squeeze</td>
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<td>trigger. Direct gas cloud onto</td>
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<tr>
<td>fire. Hold the extinguisher in</td>
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<td>both hands, by the handle.</td>
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<tr>
<td>Do not place hands on nozzle</td>
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<td>or base of extinguisher, as</td>
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<tr>
<td>these areas are liable to</td>
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<td>become frozen.</td>
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<tr>
<td>FOAM EXTINGUISHER (Cream)</td>
<td>Use on fires involving flammable liquid such as oils, fats, varnishes and paints.</td>
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<td>Remove safety cap or clip.</td>
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<td>Strike knob or squeeze trigger</td>
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<td>and direct jet to the rear</td>
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<td>of the container and allow</td>
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<td>blanket of foam to build up.</td>
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<td>Operate in the upright position.</td>
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<tr>
<td>DRY POWDER (Blue)</td>
<td>Use on fires involving flammable liquids and electricity.</td>
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<td>Remove safety cap or clip.</td>
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<td>Strike plunger or squeeze</td>
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<td>trigger and direct powder</td>
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<td>cloud onto fire.</td>
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<td>Operate in upright position.</td>
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<tr>
<td>FIRE BLANKET</td>
<td>Use on fires involving small containers of fats and flammable liquids, or a small</td>
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<tr>
<td>Remove from holder and use</td>
<td>fire, which can be totally enclosed with a blanket.</td>
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<td>to shield your hands and body.</td>
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<td>Proceed to container on fire</td>
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<td>and cover with blanket.</td>
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<td>Ensure fuel supply i.e.</td>
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<td>electricity, gas, or oil is</td>
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<tr>
<td>shut off.</td>
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<td></td>
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<tr>
<td>HOSE REEL</td>
<td>Use on fires involving paper, fabric or wood.</td>
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<td>Run out hose to the incident</td>
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<tr>
<td>and turn on tap at nozzle.</td>
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<tr>
<td>If there is a valve next to</td>
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<td>the reel ensure it is open</td>
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<td>before running out the hose.</td>
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<td>Direct the jet to the seat of</td>
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<td>the fire.</td>
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<tr>
<td>GENERAL</td>
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<td>It should not be overlooked</td>
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<td>that water in vases, buckets</td>
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<td>or jugs is often used</td>
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<td>successfully to extinguish</td>
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<td>fires. Also a heavy wool</td>
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<tr>
<td>blanket from the bed can be</td>
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<tr>
<td>used to extinguish a fire on</td>
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<tr>
<td>a person.</td>
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THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST

RESPONSIBILITY OF USER DEPARTMENT FOR FIRST AID AND FIRE APPLIANCES

1. CLEANLINESS AND GENERAL UPKEEP OF FIRST AID FIRE APPLIANCES.

2. CARRY OUT MONTHLY CHECK OF First Aid Appliances TO ENSURE THAT:
   - Location is correct.
   - They have no visual defects i.e. dents or corroded body.
   - Safety pins or wire seals are undisturbed.
   - There is no sign of accidental discharge.

3. REPORTING PROMPTLY TO THE FIRE PREVENTION OFFICER ANY DISCHARGE OF AN EXTINGUISHER SUSPECTED DEFECT.

<table>
<thead>
<tr>
<th>WARD/DEPARTMENT</th>
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<table>
<thead>
<tr>
<th>RECORD OF DEPARTMENT CHECK</th>
</tr>
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<tbody>
<tr>
<td>MONTH</td>
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<tr>
<td>January</td>
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<td>February</td>
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<td>November</td>
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<tr>
<td>December</td>
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</table>
FIRE PREVENTION

Fire prevention is of prime importance and guidance is given below. Any defects or omissions should be reported to the person in-charge for immediate remedial action and inform the Trust Nominated Officer (Fire) in writing.

1. **Smoking**
   
   A 'No Smoking' Policy is in operation throughout the Trust, as stated in the 'Personnel, Policies, Procedures and Guidelines Manual'.

   The Policy states:

   - *This is a 'No Smoking' Trust except for designated areas (externally located shelters) where patients and visitors are permitted to smoke.*
   
   - *Staff are not allowed to smoke within the buildings and grounds.*
   
   - *Cigarettes and tobacco products cannot be sold on Hospital premises.*
   
   - *Directorate Managers will ensure that health education material on smoking is regularly available in waiting areas and on all wards.*

   *Advice, information and counselling on giving up smoking is available to Trust staff through the Occupational Health Department.*

   Many fires in Hospitals and deaths due to fire are caused by smoking materials. Patients and visitors are permitted to smoke in externally located shelters. Such areas should be provided with suitable ashtrays of the heavy-duty type and must be supervised regularly.

   Everyone has a role in ensuring that this Policy is effective. It is designed to reduce the risk of fires caused by smoking. It is also intended to ensure a smoke free atmosphere for both staff and patients, wherever possible.

2. **Means of Escape**
   
   Corridors and stairs, internal and external routes must be illuminated, kept clear and allow free access or egress in the event of evacuation. Exit doors should not be hindered and never wedged. Defects should be reported immediately to the Estates Department for rectification.

3. **Fire Extinguisher Points**
   
   These must be kept clear at all times to allow immediate use. Any defects should be reported immediately to the Trust Fire Advisor.

4. **Fire Alarm Systems**
   
   Break glass points should be visible from any direction and not allowed to become obstructed. When weekly alarm tests are being conducted, staff should note and log any defects or systems that are not audible, and should report these immediately to the Estates Department. Patients who habitually activate break glass fire alarm points must be appropriately supervised.
5. **Rubbish**
Rubbish should not be allowed to accumulate and bins should be emptied frequently. Aerosols must not be placed in rubbish bins or sacks that contain combustible rubbish as these could explode during incineration, causing serious damage or injury. Rubbish impregnated with flammable liquids or polishes should not be stored for long periods.

6. **Stores**
The larger the amount of easily flammable material stored the larger the potential fire, the more smoke created, and the greater heat involved. Large stocks should not be held. At local level such as wards or offices, minimum quantities should be held and all empty packaging and waste removed daily. Materials and goods should not be stored near to, or in direct contact with light fittings, heaters or automatic smoke detectors.

7. **Records**
Because of the large quantities of paper files, it is necessary that housekeeping should be of the highest standard. Records should be kept in files, and not allowed to accumulate on the floor, between racks, or in corridors, or be stored near to or in direct contact with light fittings, heaters, or automatic smoke detectors.

8. **Laboratories**
Most fires in Laboratories are caused by Bunsen Burners being left on (or too close to flammables), or the tops of flammable liquid containers being left off, releasing flammable vapours into the atmosphere. After use, flammable liquid containers should be sealed and placed in their cabinets. Bunsen Burners should be shut off. The valves of all gas cylinders full or empty should be closed when not in use. Highly flammable liquid waste should be held in special containers and sent away for disposal at regular intervals. No more than 50 litres of highly flammable liquids are permitted to be stored in a metal cabinet in a Laboratory. Flammable liquids must not be stored in domestic refrigerators.

9. **Workshop, Plant Rooms and Boiler Rooms**
Such areas should be cleaned regularly, especially woodworking areas. Sawdust and waste should be cleared daily. Valves of all gas cylinders full or empty should be closed after use. Spare cylinders should be kept in flammable gas stores. Storage of all medical and industrial gas cylinders must comply with the appropriate regulations. Flammable paints and oils should be kept in a separate store. Stocks of aerosols should be kept in a fire resistant cupboard.

In areas protected by smoke detectors, any grinding, cutting or other work, which could liberate fumes or dust, must be notified to the Duty Estates Manager. He will then arrange to have the appropriate fire zone isolated and the Hot Work Permits issued.

10. **Domestic Stores**
Polishing rags should not be allowed to accumulate. Stocks of aerosols should be stored in fire resisting cabinets. Electrical equipment should be inspected regularly for damage to wiring. Domestic staff should report any fire hazards they may encounter during the course of their duties, to their Supervisor. Such hazards might include Bunsen Burners being left on, containers of flammable materials left open, kettles or heaters left on.

11. **Occupational Therapy**
The Occupational Therapy Department often stocks materials that are flammable such as paper, polystyrene, fabrics, paints, thinners and glues. Some of these may be petroleum based e.g. Evostik. Large stocks of such items should not be held and those held should
be in cupboards. Flammable paints, thinners and glues should be stored in metal containers. Alternative materials should be used wherever possible. Flammable mixtures, paint thinners and glues should be stored in accordance with the relevant regulations and COSHH assessment requirements.

12. Kitchens
Deep fat fryers, cookers and cooking equipment should be cleaned of fats and grease regularly with special care being given to filters, ducting and flues. Staff should know the location of isolation valves or switches, and how to use the fire extinguishing equipment. Particular care should be taken when draining equipment prior to cleaning e.g. fat fryers.

13. Residences
Numerous fires occur in residences due to:
- Cookers/cooking equipment not being cleaned regularly and fats/oils becoming ignited.
- Unauthorised equipment being brought into the residence without permission and not being tested e.g. electric fires and heaters, Calor gas heaters and cookers, reading lamps incorrectly fused or shaded.
- Laundry being left drying on heaters or near electric fires.
- Heaters left near to chairs and other objects.
- Aerosols e.g. hairspray used in close proximity to fires, including open element heaters and hair dryers.

14. Gases/Gas Cylinder Store
Storage of all medical and industrial gas cylinders must comply with the appropriate regulations. Combustible materials should not be stored in the same store or area. When not in use the cylinder main valves must be closed. The Trust's No Smoking Policy must be rigidly enforced in all areas where flammable gases (or gases that support combustion) are in use e.g. oxygen masks in use by patients.

15. Electrical
- Defects on electrical appliances or wiring should be reported immediately to the Estates Department. Such defects might be bare wires, broken switches, loose sockets, or wires that seem hot.
- Circuits should never be overloaded by using adaptors or multi-gang sockets. Wherever possible, minor works should be funded to provide further sockets rather than using adaptors.
- All electrical equipment brought onto Trust premises must have a safety check carried out by the Estates Department. This includes private equipment e.g. patient's TV or audio systems.
- Kettles, even if they have thermostatic switches, should be switched off at the mains when not in use.
- Fuses or plugs must be replaced by authorised member of the Estates staff, who will check the equipment at the same time.
- Vases or plant pots must not be placed on top of electrical equipment.
16. **Laundries**
Laundries are often provided in Wards/Departments or common service areas of Doctors/Nurses Residential Accommodation. When using washing machines and tumble dryers, the operating instructions should be observed e.g. removing lint from filters using such equipment.

Irons should not be left unattended and should be switched off and allowed to cool after use.

Ducting from machines should be checked regularly and any accumulation of dust and lint should be cleared at frequent intervals. Defects should be reported to the Estates Department.

17. **Furniture, Furnishings and Textiles**
The spread of fire is often facilitated by the presence of flammable furniture, furnishings and textiles, which can generate highly toxic gases and vapours when they burn. Health Technical Memorandum 87 gives guidance on the selection and cleaning of textiles and furniture for use in Hospital/Health Care Premises.

Furniture and textiles purchased by Wards/Departments through NHS Supplies will be provided in compliance with the Standards of HTM 87. However, where such items are purchased from other suppliers, or donated by persons, charitable or other organisations, it should be ensured that they meet the Standards of HTM 87, by confirming with the Trust Fire Advisor, before accepting them for use in Hospital or Health Care Premises.

18. **Hot Work Procedures**
Contractors or staff who intend to use equipment that could liberate heat, sparks, fumes and dust in Trust premises, must comply with safety requirements to avoid false alarms (i.e. Hot Work Permits/isolation of fire alarms to be implemented), and inform staff on Wards/Departments before undertaking such work.

The person responsible for issuing the hot work permit must ensure the Trust Fire Advisor is informed and receives a copy of the permit, prior to work commencing.

19. **False Alarms**
To reduce the number of false alarm incidents, staff should wherever possible:

- confine toasting to kitchens and not leave toasters unattended whilst in use;
- ensure grill pans are drained and cleaned regularly;
- not place plastic food containers in heated ovens;
- switch off motor vehicle engines when parked, particularly when near to any building;
- regularly maintain and clean smoke detectors, as dust can cause them to activate.
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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 Trust Nominated Officer (Fire)/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 stand by 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 Trust Nominated Officer (Fire)/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 (i.e. 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 HAVE DECLARED IT SAFE.

On conclusion of the incident and only on the instructions of the Fire Brigade Officer In-Charge and/or Fire Advisor/Trust Nominated Officer (Fire)/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 (i.e. Boiler House, Main Kitchens).

Main Site Fire Panels Situated:

Telephone Exchange
Hospital Main Entrance
Out-Patient Department Main Entrance
Cardio 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.
ACTION CARD: DUTIES OF PORTERING SUPERVISOR

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

1. Detail Porters to pull tapes to prevent entry to the building from the following points:
   - Cardio 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 Trust Nominated Officer (Fire)/Deputy e.g. 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

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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, OutPatients 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 if his/her duties by ensuring the elastic barrier security strap is in place.

4. MAIN OUTPATIENTS 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 Services, to enable a successful and uninterrupted evacuation of the premises. Anyone wishing to exit the Hospital should be allowed through the barrier.
5. **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**

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 e.g. 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 Trust Nominated Officer (Fire)/Deputy, Fire Brigade as necessary.
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 Trust Nominated Officer (Fire)/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 (60W 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 Trust Nominated Officer (Fire)/Deputy and Trust Fire Advisor 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 Trust Nominated Officer (Fire)/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 stand by 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 Trust Nominated Officer (Fire)/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 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 HAVE DECLARED IT SAFE.**

On conclusion of the incident and only on the instructions of the Fire Brigade Officer In-Charge and/or Fire Advisor/Trust Nominated Officer (Fire)/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.

**Main Site Fire Panels Situated:**

**Peacock Hall Entrance**
Leazes Wing Reception
Old Telephone Exchange
ROYAL VICTORIA INFIRMARY

ACTION CARD: DUTIES OF THE PORTERING SUPERVISOR

On receipt of notification of 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 Nurse In-Charge of the Ward/Department until the arrival of the Deputy Nominated Officer (Fire), who is the Duty Patient Services Coordinator (PSC).

2. 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.

3. When the Duty PSC arrives at the scene, take action as directed by him/her.

4. Detail additional Porters to the scene as requested by the Duty PSC.

5. Liaise with Duty PSC during the incident.

6. 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  Old Accident & Emergency Entrance – 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 receipt 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 Trust Nominated Officer (Fire)/Deputy e.g. 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 Old Accident & Emergency Entrance – 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

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.

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 areas, are switched on, listen for any information, don identification hi-visibility jacket, and carry out the following duties:

- Nominate a senior member of staff to attend 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.

- Nominate a member of staff to prevent staff and members of the public entering the building via the Peacock Hall staircase.

- Nominate a member of staff to prevent entry by the North/South corridor.
NEWCASTLE GENERAL HOSPITAL

ACTION CARD: DUTIES OF TRUST NOMINATED OFFICER (FIRE)/DEPUTY, PATIENT SERVICES COORDINATOR (ESTATES DUTY ENGINEER OR HEAD OF SECURITY)

The Trust Nominated Officer (Fire)/Deputy, Patient Services Coordinator, Estates Duty Engineer or Head of Security 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 arrive e.g. description of fire, any action taken and if there is anyone at risk, result of roll call, if known, and persons unaccounted for.

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

Should it be necessary to evacuate patients, make arrangements 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 Trust Nominated Officer (Fire)/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 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 Trust Nominated Officer (Fire)/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 Trust Nominated Officer (Fire)/Deputy at all times, specialist personnel from their respective Departments will respond. The designated personnel have been allocated fire bleeps, which have a speech facility to carry out this function.
NEWCASTLE GENERAL HOSPITAL

ACTION CARD: DUTIES OF ASSEMBLY POINT CONTROLLER

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 Trust Nominated Officer (Fire)/Deputy, Security, Patient Services Coordinator to staff at the assembly point.
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, and make arrangements to:

- 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 re-siting 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/have been closed down or when it is necessary to evacuate 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 Trust Nominated Officer (Fire)/Deputy and Security are informed.
NEWCASTLE GENERAL HOSPITAL

ACTION CARD: DUTIES OF NGH 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.

   Operate fire bleeps. Repeat three times "Fire" followed by the location.

   Inform the Patient Services Coordinator of the incident.

2. **333 Telephone**
   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.

   Operate fire bleeps. Repeat three times "Fire" followed by the location.

   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.
   - Operate fire bleeps. Repeat three times "Fire" followed by the location.

   Residential Blocks A, B and C have fire alarms that 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 Corridor Assembly Point and pass details to the Assembly Point Controller.

   Operate the fire bleeps. Repeat three times "Evacuation" and the location of the incident.

   Inform the staff at the assembly point to report to the incident.

   In the event of a major emergency, the evacuation alarm may be sounded, but only on the instructions of the Trust Nominated Officer (Fire)/Deputy, Security or the Fire Brigade Officer In-Charge (as per instructions listed by the Fire Alarm Panel).

4. **Notification of Incident**
   After a fire has been identified, it must be reported to the Trust Fire Advisor as soon as possible.

   All fire/false alarm incidents, should be recorded through the Trust Accident/Incident Reporting System.
5. Alarm Reset Procedure
Silencing the Fire Alarm (for Switchboards' Information)
Only on the instructions from the Trust Nominated Officer (Fire)/Deputy, Security, Fire Advisor or Fire Brigade Officer can the alarm system be silenced (as per instructions listed by the Fire Alarm Panel).

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.

Resetting Local Panels
Some zones have local panels that require resetting before the main fire alarm panel can be rest.

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.
The Senior Nurse In-Charge of the Hospital will assume the role of Trust Nominated Officer (Fire)/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 Trust Nominated Officer (Fire)/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 Porters' 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 e.g. 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 Trust Nominated Officer (Fire)/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 use of hand held radios for communication and information.

- On completion of the incident, the Senior Nurse or the Trust Nominated Officer (Fire)/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, or the Trust Nominated Officer (Fire)/Deputy.

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

- The Senior Nurse or Trust Nominated Officer (Fire)/Deputy should maximise the use of Security Guards, Estates 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 Trust Nominated Officer (Fire)/Deputy must complete an incident report. Copies of this report must be sent to the Trust Nominated Officer (Fire) and the Trust Fire Advisor.
ACTION CARD: DUTIES OF THE PORTERING STAFF/SECURITY GUARD

The Senior Porter/Security Guard on duty should make arrangements to:

- Direct the Fire Brigade to the incident.
- Send available Portering 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.
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.