

TRUST POLICY FOR MANAGEMENT OF FIRE SAFETY

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| | | | Job Title: Director of Patient Experience, Facilities and Estates | |
| Version / Amendment History | Version | Date | Author | Reason |
| | 1 | January 2020 | Paul Brooks | New Version |
| | | | | |
| Intended Recipients: All Staff Groups | | | | |
| Training and Dissemination: Staff will receive the Trust corporate Induction programme and then complete a local induction to the department that they are working in. Two yearly training is carried out for all staff along with specific training to relevant staff that requires it. The policy is available on the intranet site to aid circulation to all personnel. | | | | |
| To be read in conjunction with: Health and Safety Policy, Bariatric Policy, Trust Policy and Procedures for incident reporting. | | | | |
| In consultation with and date: Burton and Derby Fire Team Groups, Operational Health and Safety Steering Group, Strategic Health and Safety Group. | | | | |
| EIRA Stage One | Completed: | Yes / No | Delete as appropriate | |
| EIRA Stage Two | Completed: | Yes / No | Delete as appropriate | |
| Approving Body and Date Approved: | | TOG | | |
| Date of Issue: | | Feb 2020 | | |
| Review Date and Frequency: | | January 2023 every 3 years | | |
| Contact for Review: | | Director of Patient Experience, Facilities and Estates | | |
| Executive Lead Signature: | | Executive Chief Nurse | | |

MANAGEMENT OF FIRE SAFETY

1. Introduction

University Hospitals of Derby and Burton NHSFT attaches the greatest importance to the health, safety and welfare of staff, patients and visitors. The Trust recognises and accepts the duty of care placed upon it by legislation and its moral responsibility to manage and operate the buildings under its control with all reasonable and practicable measures to minimise the risk of harm.

It is considered essential that management and staff should work together positively to achieve an environment compatible with the provision of the highest quality services to patients.

Where practicable all Estates and Facilities management policies will be standardised across all sites, where there is a need for site specific requirements or amendments these will be clearly identified within this policy and documented within the policy appendices.

The Health and Safety at Work Act 1974, the Regulatory Reform (Fire Safety) Order 2005, the Department of Health Firecode HTM 05-01 and various other statutory requirement details certain duties governing fire protection, detection, training, evacuation and general fire management principles which must be adhered to.

2. Purpose and Outcomes

In line with the above, the Trust is committed to ensuring the safety and welfare of its employees and anyone else affected by its activities, so far as reasonably practicable.

This policy aims to ensure that, if possible, outbreaks of fire do not occur and that if they do, they are rapidly detected, effectively contained and quickly extinguished.

This policy shall apply to all workplaces and the Trust will, in consultation with appropriate staff, comply with the relevant regulations and guidance.

It is vital to the effectiveness of the policy that the document is available to all staff, that they understand its contents and are aware of their own role in ensuring a fire safe environment. The policy can be found on the intranet and if staff do not have access to this, a hard copy can be placed within the department.

All new staff joining the Trust, or other organisations sharing Trust premises, should be made aware of the existence and location of this policy.

Definitions Used

Clinical Areas: all areas where patient are within them i.e. wards, outpatients, theatres and clinical support departments.

Competent Person (Fire): a person who can provide skilled installation and/or maintenance of fire-related services (both passive and active fire safety systems).

Deputy Nominated Officer Fire (DNOF): person who ensures initial control of incidents.

Fire Emergency Action Plan: the pre-determined plan that describes the actions necessary in the event of a fire to protect relevant persons and facilitate their safe evacuation.

Fire Safety Adviser: a person who has sufficient training and experience or knowledge and other qualities to enable them to properly assist in undertaking preventative and protective measures.

Fire Safety Management System: a robust framework of protocols and processes used to ensure that an organisation can fulfil all tasks required to achieve the fire safety objectives set out in the Fire Safety Policy.

Nominated Officer Fire (NOF): the person within the organisation tasked with co-ordinating fire safety issues throughout the organisation's activities.

Non-Clinical Areas: offices, libraries etc and non-patient attended support departments.

Fire Safety Order: The Regulatory Reform (Fire Safety) Order 2005.

Fire Safety Policy: a high level statement of intent, as expressed by the Board, partners or equivalent controlling body, setting out clear fire safety objectives for the organisation.

Fire Safety Procedure: a detailed document setting out each step of a process intended to prevent fire, maintain fire precautions, minimise fire hazards or effectively respond to a fire incident.

Fire Safety Protocols: a set of organisation specific guidelines that set the fire safety parameters of any activity that may impact on fire risk.

Preventative and Protective Measures: the measures which have been identified by the responsible person in consequence of a risk assessment as the general fire precautions necessary to comply with the requirements and prohibitions imposed by the Fire Safety Order.

Responsible Person: the employer of persons working at the premises, a person who has control of the premises, or the owner of the premises.

Key Responsibilities/Duties

Chief Executive has the overall responsibility for fire safety within the Trust premises. To assist them an Executive Director may be appointed at Board level. Within this Trust the Board member with responsibility for fire is the Director of Nursing. The Chief Executive is required to produce evidence annually of compliance with Firecode, in the form of the Certificate of Firecode Compliance.

Board Member with Responsibility for Fire – Director of Patient Experience and Chief Nurse

- Assumes Board level delegated responsibility.
- Responsible for ensuring the programmes of investment in fire safety are accounted for within the Trust business plan.
- Responsible for the implementation of Firecode, HTM05-01 including;
 - Appropriate Fire Safety Policies for the Trust.
 - The appointment of competent nominated officers for fire and deputies.
 - Submit an Annual Report on Fire Safety to the Trust Board.
 - Ensure compliance with certificate of Firecode, HTM05-01.
 - The authorisation of all fire risk assessments within the Trust.
 - In conjunction with the above the Chief Executive is instrumental in:
 - Establishing appropriate safety climate.
 - Establishing mechanisms for evaluating fire safety.
 - Monitoring and reporting procedures.

Nominated Officer for Fire (NOF)

The NOF is responsible for the implementation of all relevant Fire Policy agreed strategy as determined by the Chief Executive and Board member with responsibility for fire.

They are required to produce a quarterly report to the Board member with responsibility for fire including:

- Progress on capital investment on fire precautions.
- Staff training
- Fire risk assessments and fire drills.
- Incident reports
- Development of local procedures.
- Supervise the effective day-to-day upkeep of the Fire Safety Policy established for the premises.
- Ensure that all staff participate regularly in fire safety training and drills.
- Organise, monitor and attend major fire drills and report on findings.
- Be responsible for the co-ordination and direction of staff actions at serious fire.
- Liaise with support departments and other areas which may be indirectly affected due to a serious fire and take appropriate action to ensure continuance of their service.
- Receive reports from the Trust's fire safety advisors, inform the Executive Director of their contents and arrange for them to be acted upon as appropriate.

- Ensure an on-site presence of a Deputy Nominated Officer for Fire (DNOF) at all times.
- Keep accurate records of all fire incidents.
- Ensure a full report is forwarded to the NHS Director of Estates on the prescribed documents, in the event of a major fire incident.
- Produce and publish a bi-annual fire awareness training plan.

Deputy Nominated Officer for Fire (DNOF)

Will assume the full duties of the NOF in their absence and is therefore required to be fully conversant with all fire safety procedures and policies. They will also act as a Fire Warden in central areas, e.g. corridors.

A rota will be produced for the DNOF, switchboard and other interested parties, of which deputy is on duty over the full 24 hour period.

The DNOF will in the event of a fire incident:

- Carry a fire bleep and radio, to enable communication with either the switchboard or fire team as necessary.
- Respond to all fire alarms by attending and remaining at the fire alarm panel and issuing instructions to fire team, other staff and visitors as appropriate.
- Will wear a luminous tabard, obtained from the NOF box sited at each fire panel, to enable easy identification, particularly by the public and unfamiliar staff.
- Be familiar with location of extra extinguishers and specialised equipment to aid the fire brigade if needed.
- Ensure completion of the local Fire Incident Report form.
- Decide at which point to advise the NOF and/or other senior Trust staff e.g. clinical liaison.

Fire Safety Advisors

The role of the Fire Safety Advisor is to advise management on technical fire matters and to monitor the state of fire precautions within the Trust. The Trust currently has three such officers, one dedicated to the training of staff and one to all other aspects at Derby campus and one to cover both aspects at the Burton campus. Their responsibilities and duties will include:

- Advising and assisting in the interpretation of legislation.
- Undertaking fire risk assessments across the Trust premises to an agreed timetable. All risk assessments to be forwarded to the NOF for onward transmission as appropriate.
- Liaising with capital planning team regarding the effect of legislation on all new buildings, refurbishments or extensions.
- Preparing fire awareness training programmes, recording attendances at such events and monitoring their effectiveness.
- Keeping accurate records of all fire incidents, investigating fires occurring in suspicious circumstances in conjunction with local fire and police authorities.

- To act as a focal point for the NOF to receive updates on current practice and policies and provide relevant information regarding their area as requested.

Note: Derby Healthcare Ltd shall carry out regular safety inspections and fire safety audits jointly with the Trust at the RDH to ensure compliancy with relevant legislation and good practice.

Divisional Directors/Executive Directors

The role of the Divisional Directors and Executive Directors includes:

- Being responsible for fire safety matters and effective implementation of Trust policies and procedures within their Directorates.
- Ensuring that local fire safety arrangements including delegation of management responsibilities and local arrangements for management of hazards are documented.
- Ensure a local fire procedure is produced for each area and that copies are provided for each member of their staff.
- Arranging for each member of staff to attend a statutory fire awareness training session and maintaining a record of their attendance.
- Identifying Fire Wardens and arranging for their attendance at training sessions provided.
- Ensuring that all activities within the Directorate are assessed for fire risk and risks removed so far as practicably possible.

Fire Wardens

The development of the role of the Fire Warden allows a systematic approach to the policing and continued fire protection within a defined area. It is essential that an appropriate number of Fire Wardens are appointed for each ward/department.

The duties of the Fire Warden include:

- First day induction for new members of staff.
- Carry out regular checks on fire protection equipment.
- Monitor fire safety and fire related incidents within a defined area.
- Report to the Line Manager/Departmental Head or fire safety team any issues which may compromise fire safety and record such matters.
- Receive and update staff on any relevant fire safety practices/policies/changes.
- Keep records where relevant on all above.

Fire Wardens – Non-Clinical Areas

During a fire incident in the area which the Fire Warden is responsible (continuous sounding of the fire alarm), the duties of the Fire Warden include:

- If it is safe, ensure that a full evacuation of his/her designated area has taken place.
- Liaise with the fire team as appropriate.
- Report to the DNOF at the main fire panel and relay any information regarding the incident.

Fire Wardens – Clinical Areas

During a fire incident in the area which the Fire Warden is responsible (continuous sounding of the fire alarm), the duty of the Fire Warden is to assist where necessary. In the clinical area, it is the Senior Nurse/clinical person in charge at the time of the incident that takes charge of the situation and makes the decision whether to evacuate or not.

Fire Team Members

The fire team carry a fire bleep and radio for communication with the DNOF in a fire incident. Fire team members respond to a fire incident by attending the fire panel and reporting to the duty DNOF. The DNOF will despatch the relevant team members to provide assistance as necessary.

All Staff

All staff, contractors and volunteers working for DHFT should; comply with Trust fire procedures and protocols.

- Practice and promote fire safety at all times.
- Participate in fire training sessions and drills where applicable.
- Know the location of all fire protection equipment in their area and report any deficiencies.
- Know key features within their area which may cause obstruction or hinder an evacuation.
- Raise the alarm in the event of a fire.
- Report **all** fire incidents no matter how small.

All staff, contractors and volunteers must carry out their duties in such a manner that they do not compromise their own safety, the safety of colleagues, patients or anyone on Trust premises.

Implementing the Policy

This document is designed to give guidance to the Chief Executive, Management, Directors, Associate Directors, Managers and Department Heads and should be a ready source of reference at all staff levels.

It is the duty of management to ensure that all activities are designed to take account of fire safety and are properly supervised at all times. Competent people will be appointed to assist the Trust to meet its statutory responsibilities.

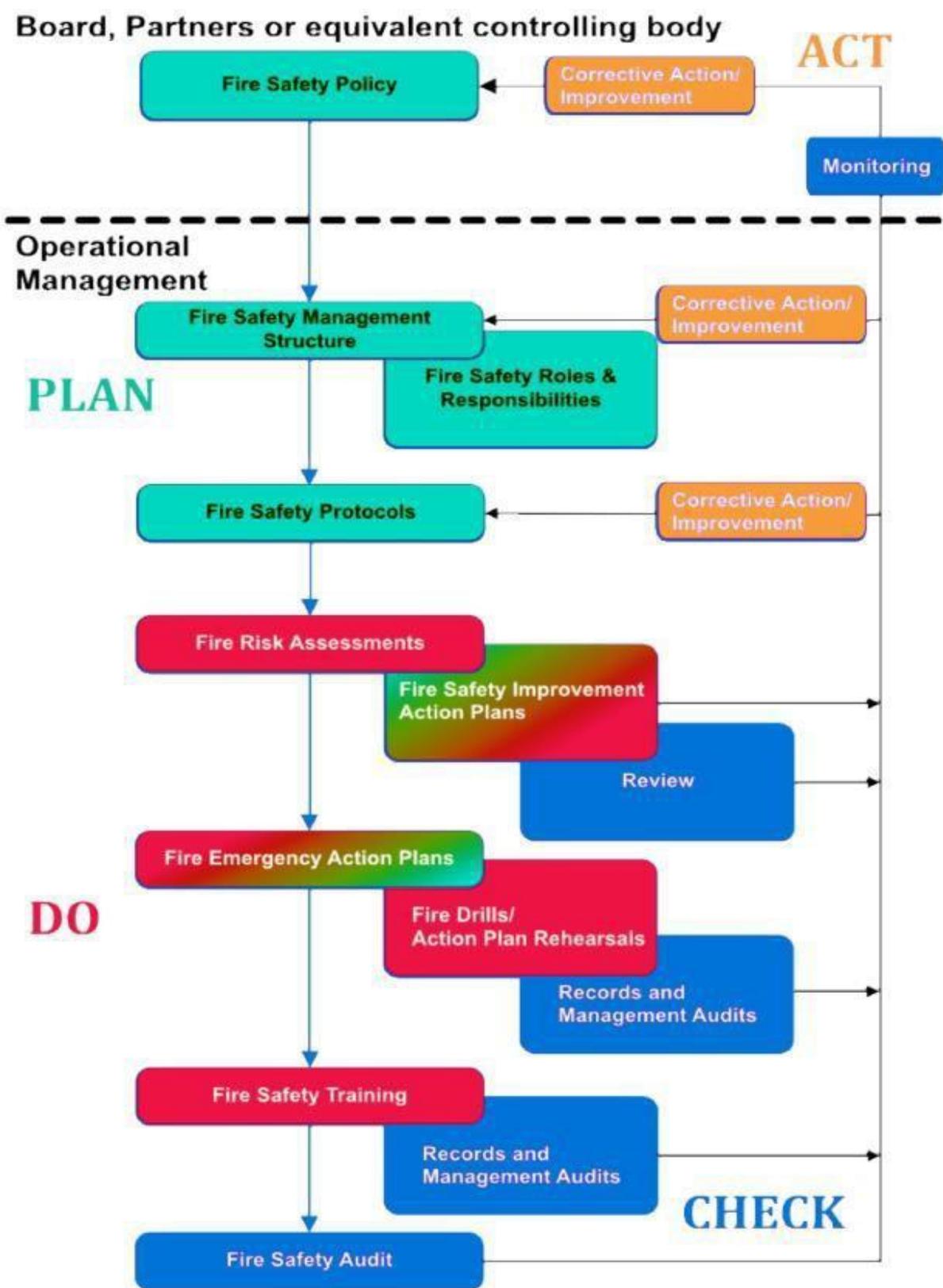
Each employee will be given information, instruction and training as necessary to ensure safety from fire risks during the course of work activity. Adequate facilities and arrangements will be maintained to enable employees to raise fire safety issues. These facilities include communication with line managers, fire team members, Fire Training Officer, Trust Fire Advisor, the Nominated Officer for Fire and the Chief Fire Warden as well

as through the Trust intranet pages. Every employee will be required to cooperate with the Trust to implement its policy. Each individual has the statutory responsibility to take reasonable care to ensure the safety of themselves and others in respect of fire.

Fire procedures giving details of local management organisations and arrangements will be developed for each department, following consultation with staff, Fire Safety manager and Fire Advisor. Each procedure will be monitored within the designated area by the Fire Wardens.

This policy will be regularly monitored to ensure that objectives are being achieved. It will be reviewed and if necessary, amended in the light of legislative or organisational change.

The flow chart overleaf sets out the key management processes and actions for implementing the policy.



5.1. Fire Prevention

The Trust has a responsibility under a number of legislative documents to secure fire prevention arrangements. These are primarily Firecode HTM05-01 (a suite of documents specific to health care premises), NHS and Community Care Act 1990, the Building Regulations 2010 and Regulatory Reform (Fire Safety) Order 2005.

In order to satisfy this requirement, systems are in place with professional fire advisors to ensure:

- All buildings erected, extended or altered are agreed with professional Fire Advisor and Local Building Control Officer; he will consult, as necessary, with the Local Officer of the Fire Authority.
- Risk assessments are undertaken on a systematic basis throughout the Trust by the professional Fire Advisor, to identify fire risks and make recommendations to rectify them.
- This includes installing and maintaining adequate levels of physical fire precautions designed to stop the spread of fire, fire alarm systems for the detection and warning of fire and systems to minimise the likelihood of fire occurring.

The Trust's Fire Wardens also assist in the identification of risk issues within the departments and ward areas for which they are responsible.

The maintenance of fire prevention equipment by:

- Planned preventative maintenance programmes for doors, alarms, lighting etc.
- Adequate reporting arrangements for defective equipment.
- Used appliances being the responsibility of the duty Deputy NOF to get replenished.
- Vigilance on the part of the Trust's Fire Wardens.
- No small electrical appliances are to be used unless they are approved by the Estates Department. Such items include heaters, kettles, fairy lights etc.
- Personal electrical devices are not to be charged between the hours 2000 and 0800. E cigarettes are not to be used or charged on the premises.

5.2 Arson

Arson or wilful fire-raising is becoming an increasing threat. Hospitals and healthcare premises are particularly vulnerable due to the amount of public access.

Although the threat of arson cannot be completely eliminated the Trust acknowledges this threat and will take all reasonable precautions to minimise it for the safety of staff, patients and other third parties.

The risk of an arson attack can be greatly reduced by staff remaining alert to changes in their work environment. It is the responsibility of all members of staff to identify potential problems and either take action to resolve the problem, or bring it to the attention of the local manager for their action.

Management should contact the Trusts Estates team if the issue cannot be managed locally.

Good Housekeeping

Arsonists will be frustrated in their efforts to start a fire if there is no fuel to burn. All ward and department managers should ensure that they have a local protocol to manage good housekeeping. The following rules must be observed:

- All waste must be kept secured in the ward/department until it is removed to the external collection point.
- Waste, clinical/domestic should not be allowed to accumulate in public or private areas, managers are to ensure that waste is removed at least once in a 24 hour period to the external waste collection point.
- External waste collection points should not be located on external walls of buildings where they could pose a threat to the building or its occupants.
- All dirty linen bags should be secured in a suitable room until collected, not piled up outside doors or blocking means of fire escape including fire exit doors.
- All equipment not in use should be stored away from public access areas.
- Flammable liquids are to be kept in a secured flammable cabinet when not in use.

Restriction of Entry

Members of staff must be alert to identifying strangers in their work environments. If someone is spotted, they are not known to staff and are not wearing an appropriate badge (employee, visitor or contractors badge) they must be challenged.

Other measures that might need to be in force can be assessed by use of risk assessment, such measures are:

- Having a restricted access system to the ward or department.
- Local protocol policy that is adhered to for closing down at end of the working day, a manager/member of staff nominated to complete a closing down inspection (this can also be in patient areas once visitors have left).
- Identification badges, booking in system for patients.
- Ensure that all areas that the public are not allowed access to be secured.
- Lock fire hazard room doors.
- Check that everyone who has entered the ward/department has left on the conclusion of his or her business.
- Managers are to encourage the challenging of colleagues who do not wear ID badges.
- Challenge anyone acting suspiciously, if for whatever reason you do not feel confident in challenging, report incidents to your line manager as soon as possible.

Fire Hazard Rooms – Staff Access

Only members of staff and authorised contractors are to be allowed entry into the fire hazard rooms, they must be kept locked at all other times, fire hazard rooms include;

- Cleaner's stores/cupboards.
- Clothes or linen cupboards.
- Staff changing rooms/locker rooms.
- Store rooms.
- Ward kitchens.
- Medical record stores.
- Stationery cupboards.
- Contractors/workmen's stores.

Fire Hazard Areas – Specialist Access

Only authorised staff and authorised contractors are to have access to the following areas:

- Lift motor rooms.
- Plantrooms.
- Electrical intake rooms or cupboards.
- Boiler rooms.
- Main gas intake rooms.
- Gas bottle storage or manifold rooms.
- Workshops.
- Any confined spaces – roof spaces, ducts or voids etc.
- Flammable liquid stores.

Closedown Procedure

For departments that do not have 24 hour staffing the following closedown procedure should be observed:

- Check all rooms and public areas close all windows and doors.
- Switch off all unnecessary electrical appliances.
- Complete a physical search of each room in that area, include toilets, kitchens etc. (do not lock in an arsonist).
- Switch off all lights (except security lights).

After completing the above switch on the security alarm (if appropriate) and secure the external door.

For those areas where there is 24 hour staffing, normally in-patient areas, the following steps should be taken as soon as possible during silent hours (i.e. after visiting time is finished):

- Check all windows and doors, close and secure where safety permits.
- Complete a physical search of all rooms to ensure that all visitors have left the building, include all public areas i.e. toilets etc.
- Switch off all unnecessary electrical appliances.

- Switch off all unnecessary lights in offices, public rooms etc. (leave on corridor lights or reduce to night lights).

Reporting Near Miss/Risk of Arson

If you believe there is a risk of arson, report it, speak to your manager and complete an incident report as a near miss.

Security Arrangements

Attention to security arrangements can make positive contribution to arson prevention. Security can be improved by:

- Ensuring staff wear name and identity badges.
- Training staff to challenge unauthorised visitors.
- Identification of legitimate visitors and control of their access (particularly contractors and servicing personnel).

After a fire incident where arson is suspected the police **MUST** be informed immediately as arson is an offence under Section Criminal Damage Act 1971. The Director responsible for the service clinical site practitioner out of hours together with the senior member of staff on duty at the incident site will inform the police. The Trust's Fire Safety Manager, Fire Safety Advisor and Local Security Management Specialist (LSMS) must also be informed. Where possible the area must be isolated pending further investigation.

Waste Containment

- Waste containers within patient accessed area of premises should be stored in secure receptacles such as imperforate non-flammable or metallic bins with well-fitting lids and emptied on a regular basis. The size should be as small as practical to keep fire loading down but still have the capacity so not to be overfilled in any one working day.
- Waste storage areas should be capable of being secured. When outside the premises waste containers should be in a locked compound or in the case of single bins secured to a metal post or similar unmovable object. These bins are to also be kept locked at all times, in either case assessment should be made of the position and where practical be at least 4 metres from the building.
- When contained within the buildings, storage rooms should be capable of containing the products of fire for a minimum of 30 minutes together with supporting documentation where applicable.
- Staff should ensure that amounts of combustible materials are not allowed to build up outside or within the premises.
- No storage of any kind including wheel chair storage is allowed in stair wells or designated fire escape corridors.

Site Containment

- Where practical, access to premises should be controlled with fencing, gates etc to allow the premises to be closed off to unauthorised access during closed hours. The design of any fencing should take into account the nature of the services provided and the requirement to create an open and welcoming access to services. It should not create a hazard to legitimate users or obstruct designated legal pathways.
- All non-patient accessed areas must be capable of being secured against unauthorised access.
- Doors to all fire hazard rooms/areas must be capable of being secured from unauthorised access and be a minimum of 30 minute fire rated construction depending on designed use.
- Flammable materials must be kept locked in suitable cupboards and that only the minimum amount is kept on site at any time.

5.3. Staff Training

Firecode HTM05-01 (2013) requires the provision of adequate fire safety training, for all staff irrespective of their seniority or professional discipline.

General fire awareness training that provides information regarding fire prevention, an understanding of the risks of fire and what actions to take in the event of a fire is provided by the Trust and **all members of staff** are required to attend at least one of these sessions every 2 years.

Further specific fire training is also provided with regards to evacuation, fire extinguishers and for staff members who undertake roles such as Fire Warden, DNOF etc. Fire drills can also be arranged with the Trusts fire advisors.

It is the responsibility of matrons, heads of service and departmental managers to ensure that all of their staff have attended and received the appropriate fire safety training with regards to the roles and responsibilities they undertake.

5.4. Reporting of Fires

Fire brigades recommend that they should be called to attend all fires and therefore the Trust automatically reports all actuation of the fire alarms to the brigade in those zones where the risk assessment states immediate call, all other areas that fall outside of this list will be subject to a 5 minute sweep search by the fire team before the brigade is called out. If a confirmed fire call is made the brigade are called immediately.

All fires should be reported both internal and external bodies to allow data collection and important lessons to be learnt.

Serious fires involving death, serious injury, closure and/or significant damage to parts of health care premises or its contents, must always be reported via the DNOF's to the NOF as soon as practicable, to allow notification to Department of Health Estates and Facilities immediately.

All outbreaks of fire to which the fire brigade are called (not false alarms which they attend) in NHS premises, must be reported within 48 hours, by the NOF to Department of Health by means of data entry to the Estates and Facilities management website. Fires involving death or multiple injuries additionally must be reported to the Health and Safety Executive.

In the event of the fire alarm being activated, accurate records must be maintained by all personnel involved, as investigations may be needed subsequently. The Fire Incident Report form must be completed in all instances.

5.5. Principles of Evacuation

Clinical Areas (Patient Areas)

- As a general principle, patients and visitors should only be evacuated if the fire is in their **immediate** vicinity even if the continuous alarm is sounding.
- The decision to evacuate will be made by the Senior Nurse/Clinical Person on duty, supported by members of staff in the area and the hospital fire team on their arrival. Further advice can also be sourced on the arrival of the fire service.
- Evacuation in a clinical area should normally be horizontal through a fire door to a suitable area to facilitate the continued care of patients. Care must be taken to identify the needs of all patients but particular care and consideration for patients with disabilities or special needs.
- An intermittent alarm sounding in a clinical area indicates an incident in an adjacent zone. As you may be of assistance, further information regarding the incident must be sought. If necessary preparation to assist, receive patients or evacuation should be made upon information received. At any time instructions may be given by either the NOF/DNOF or fire service to evacuate due to the incident in an adjacent zone escalating, but the decision to evacuate will only be taken after consultation with the Senior Nurse/Clinical Person.

In the event of a confirmed fire in a clinical area, some level of evacuation will probably be required.

The following will provide a guide of the principles of evacuation:-

Initial evacuation should be horizontally through the first set of fire resisting doors into an adjoining **suitable** compartment. This area will provide a refuge of initial safety from the immediate dangers of fire and smoke, allow for continued care of patients and further evaluation of the situation.

On evaluation further evacuation horizontally through additional sets of fire doors may be required, until patients and staff are in a **suitable** area providing complete care and safety from the effects of fire and smoke.

Non-Clinical Areas – (Non Patient Areas)

- On hearing a continuous alarm, all staff and visitors should evacuate the area immediately and go to the designated fire point and await further instruction.

5.5.1. If it is safe the Fire Warden will carry out a sweep search of the area to ensure that all staff and visitors have vacated the risk area.

5.5.2. An intermittent alarm sounding in a non-clinical area indicates an incident in an adjacent zone. As you may be of assistance, further information regarding the incident must be sought. If necessary preparation to assist, receive patients or evacuation should be made upon information received. At any time instructions may be given either the NOF/DNOF or fire service to evacuate due to the incident in an adjacent zone escalating.

5.6. Communication

Communication is vital throughout the fire incident and the duty DNOF is responsible for its co-ordination. Radio links are provided between the duty DNOF, the fire team and switchboard. The duty DNOF also has the responsibility to decide at which time it is appropriate to inform the NOF. If patients have been evacuated or there is a roof top incident then the NOF should be informed. Out of normal working hours the principle remains and if the NOF is unavailable, a cascade system for call out is kept with both switchboards. If no one is available, then the DNOF will retain responsibility. At all times the NOF/DNOF shall wear the luminous tabard to aid communications.

If the fire involves a clinical area, the DNOF will contact the Senior Nurse on duty for the area to advise the fire brigade. At all times, the Director of Nursing should be advised if a clinical area is involved in an actual fire by the NOF.

In the event of the fire incident having a consequential effect on other areas of the hospital, the relevant manager should be advised by the duty DNOF. That manager will then be responsible for alerting other members of his/her staff.

If the fire involves a clinical area, the DNOF will contact Senior Nurse on duty for the area to advise the fire brigade. At all times the Director of Nursing should be advised if a clinical area is involved in an actual fire, by the NOF.

In the event of the fire incident having a consequential effect on other areas of the hospital, the relevant manager should be advised by the duty DNOF. That manager will then be responsible for alerting other members of his/her staff.

6. Monitoring Compliance and Effectiveness

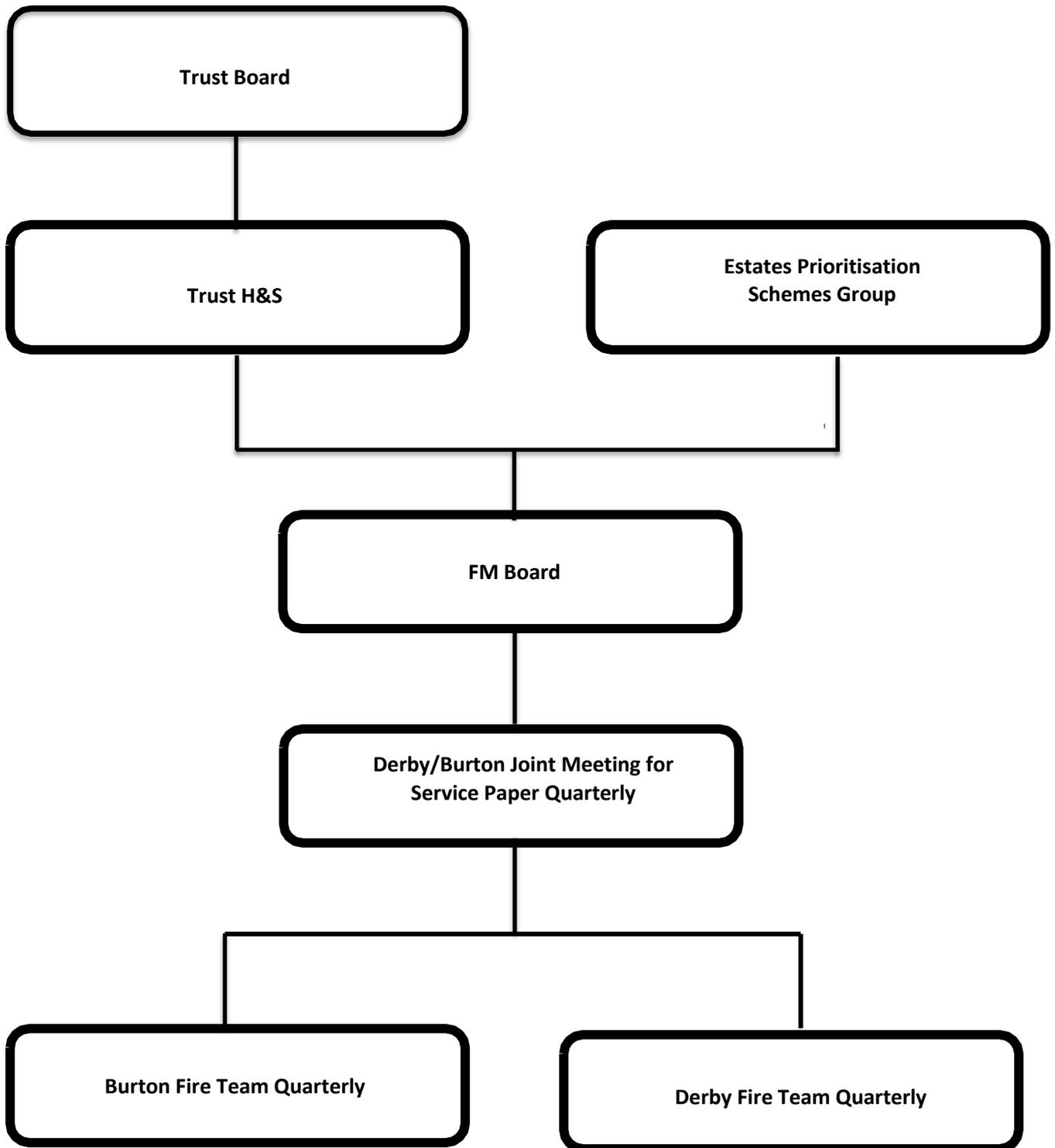
The fire alarm system is tested on a weekly basis with any faults reported on both sites.

The monitoring of fire signals is reviewed at the fire team meeting on a quarterly basis and trends are fed back to the organisation.

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| Monitoring requirement: | Firecode HTM05-01 states that all fire alarm devices are tested on an annual basis. Trust Fire Policy states that every member of staff will have Fire Awareness Training every two years. |
| Monitoring method: | Monthly and weekly compliance checking through the fire alarm test paperwork and PFI monitoring system at Derby Hospital. Quarterly meeting of both fire teams on both sites, monthly review of fire signals, monthly review of incident reports and learning management systems reviewing the training compliance. |
| Report prepared by: | Paul Brooks |
| Monitoring report presented to: | Health and Safety Committee Trust Board |
| Frequency of report: | Six monthly Health and Safety Committee Annual Trust Board |

In addition the following interim/operational reports will be provided and will inform the above composite report.

The monitoring, compliance and effectiveness of this policy will be undertaken via the following meeting/reporting structure:-



7. References

- NHS and Community Care Act 1990.
- The Health and Safety at Work Act 1974.
- The Building Regulations 2010.
- The Regulatory Reform (Fire Safety) Order 2005.
- Firecode HTM05-01 (a suite of documents specific to health care premises).

8. Appendices

Appendix 1 Burton Campus (Queen's Hospital, Burton, Sir Robert Peel Community Hospital, Samuel Johnson Community Hospital) Fire Procedures and SOPS.

Appendix 2 Derby Campus (Royal Derby Hospital, London Road Community Hospital).

BURTON CAMPUS

Burton Campus (Queen's Hospital Burton, Sir Robert Peel Community Hospital, Samuel Johnson Community Hospital) Fire Procedures and SOPS

Fire Procedure for Staged Evacuation Areas – Queen's Hospital Site

The Trust operates a progressive staged evacuation procedure from many areas of the main hospital, Treatment Centre and Geoffrey Hodges Wing. It is generally where patients are unable to evacuate easily due to their condition/situation i.e. all hospital wards, critical care areas, operating theatres and main Outpatients etc.

On Discovering a Fire

- Close the door if appropriate and raise the alarm by setting off a break glass call point (red box). Switchboard receives automatic notification of a fire situation on the fire panel and then they will initiate the fire response team and dial 9-999 for the fire service where necessary.
- Dial the 5678 direct line to switchboard and confirm that there is a definite fire situation and the location etc. If the fire service knows there is a definite fire they send more fire engines. Also dial 5678 to inform the switchboard of definite false alarms.
- Senior medical/nursing staff (with Fire Warden support) will assess the situation and consider horizontal staged evacuation (patients, visitors and staff) away from the fire into the next fire compartment behind fire doors.
- If vertical evacuation becomes necessary only go down one floor and only go outside if absolutely necessary.
- Extinguishers should only be used in emergencies to aid escape or when an individual is confident and if it is safe to do so. Do not delay or jeopardize the evacuation procedure.

On Hearing a Continuous Alarm – Two Tone Alarm

- This indicates that the alarm has been activated in the immediate area and a fire may be present.
- Senior medical/nursing staff with Fire Warden support, should initiate a rapid assessment of the area to determine whether there is a fire situation in their area i.e. smoke or flames.
- If a fire is located then contact the switchboard on 5678 and consider the horizontal evacuation procedures for your area. You should already be aware of your means of escape options.
- If there is no sign of fire you should remain in your area on alert and prepare your area for a possible staged evacuation. Do not start any new procedures or get distracted from a possible evacuation situation. Fire Wardens will check the nearest fire alarm panel for information and communicate this back to the affected area.

On Hearing an Intermittent Alarm – Single Tone (only on two stage alarm system main hospital, Treatment Centre and Geoffrey Hodges Wing)

This indicates that an alarm has been activated in an adjacent area (above, below or to the side). There is no need to evacuate, however, senior medical/nursing staff with Fire Warden support should be aware of the possible fire situation and on standby to assist in other locations if required. Do not send people around the hospital.

Fire Procedure for Full Evacuation Areas – Queen’s Hospital Site

On Discovering a Fire

- Close the door if appropriate and raise the alarm by setting off a break glass call point (red box) switchboard receives automatic notification of a fire situation on the fire panel and then they will initiate the fire response team and dial 9-999 for the fire service where necessary.
- Dial the 5678 direct line to switchboard and confirm the definite fire situation and the location etc. If they fire service knows there is a definite fire they send more fire engines. Also dial 5678 to inform the switchboard of definite false alarms.
- All staff, visitors and patients (everyone) should evacuate via the nearest available fire exit.
- The Fire Warden or senior staff should initiate a swift search of the area to ensure everyone has evacuated.
- Proceed to your agreed assembly point outside the building and await instructions from the Trust response team and/or the fire service.
- Do not stop to pick up personal possessions and do not re-enter the building until authorised by the Trust response team and/or the fire service.
- Extinguishers should only be used in emergencies to aid escape or when an individual is confident and if it is safe to do so. Do not delay or jeopardize the evacuation procedure.

On Hearing a Continuous Alarm – Two Tone

- This indicates that the alarm has been activated in the immediate area and a fire may be present.
- All staff, visitors and patients (everyone) should evacuate via the nearest available fire exit.
- The Fire Warden or senior staff member should initiate a swift search of the area to ensure everyone has evacuated.
- Proceed to your agreed assembly point outside the building and await instructions from the fire service or Trust representative. Take a staff/visitor roll call if possible.
- Do not stop to pick up personal possessions and do not re-enter the building until authorised by the fire service.
- Extinguishers should only be used in emergencies to aid escape or when an individual is confident and if it is safe to do so. Do not delay or jeopardize the evacuation procedure.

On Hearing an Intermittent Alarm – Single Tone (only on two stage alarm system main hospital and Geoffrey Hodges Wing)

This indicates that an alarm has been activated in an adjacent area (above, below or to the side). There is no need to evacuate, however, senior medical/nursing staff with Fire Warden support should be aware of the possible fire situation and on standby to assist in other locations if required. Do not send people around the hospital.

Fire Procedure Samuel Johnson – Lichfield

On Discovering a Fire

- Raise the alarm by activating a break glass alarm point – red box.
- Contact the fire service on 9-999 (9 for an outside line).
- Shut the doors and windows if safe to do so and then evacuate to the main car park outside the building (all staff, patients and visitors).
- Only fight the fire if it is safe to do so.
- Liaise with Trust staff to inform them that all of your staff are safe and evacuated.

Staged Evacuation Areas (patient areas, wards etc) If the continuous fire alarm is activating Fire Zone

- Assess the immediate area to check for fire and smoke.
- If a fire is located contact the fire service on 9-999, evacuate everyone to a safe fire zone in the hospital – or outside to be safe.
- If no fire present then check the main fire panel for information and remain on alert. If any problems consider evacuation to a safe fire zone in the hospital, or outside.
- Liaise with Trust personnel on site.

Full Evacuation Areas (non-patient areas, admin, pharmacy etc) If the continuous fire alarm is activating Fire Zone

- Evacuate everyone to the main car park immediately.
- Do not delay the evacuation or stop to pick up personal items.
- Do not re-enter the building until authorised by Trust personnel or the fire service.

If the Intermittent Fire Alarm is Activating – All Non-Fire Zones

- No need to automatically evacuate but always investigate your area.
- Check the nearest fire alarm panel for information and respond accordingly.
- Liaise with Trust personnel.

Remember the fire alarm system at Samuel Johnson is not directly linked to the fire service and you must phone 9-999 to inform them of a real fire.

Fire Procedure Sir Robert Peel – Tamworth

On Discovering a Fire

- Raise the alarm by activating a break glass alarm point – red box.
- Contact the fire service on 9-999 (9 for an outside line).
- Shut the doors and windows if safe to do so and then evacuate to the main car park outside the building (all staff, patients and visitors).
- Only fight the fire if it is safe to do so.
- Liaise with Trust staff to inform them that all of your staff are safe and have evacuated.

Staged Evacuation Areas (patient areas, wards etc) If the continuous fire alarm is activating, whole building at Sir Robert Peel

- Assess the immediate area to check for fire and smoke.
- If a fire is located contact the fire service on 9-999, evacuate everyone to a safe fire zone in the hospital, or outside to be safe.
- If no fire present then check the main fire panel for information and remain on alert. If any problems consider evacuation to a safe fire zone in the hospital, or outside.
- Liaise with Trust personnel on site.

Full Evacuation Areas (non-patient areas, admin, pharmacy etc) If the continuous fire alarm is activating, whole building at Sir Robert Peel

- Evacuate everyone to the main car park immediately.
- Do not delay the evacuation or stop to pick up personal items.
- Do not re-enter the building until authorised by Trust personnel or the fire service.

If the Intermittent Fire Alarm is Activating – All Non-Fire Zones

- No need to automatically evacuate but always investigate your area.
- Check the nearest fire alarm panel for information and respond accordingly.
- Liaise with Trust personnel.

Remember the fire alarm system at Sir Robert Peel is not directly linked to the fire service and you must phone 9-999 to inform them of a real fire.

Response to a Fire Call Switchboard Staff

Ensure that you have the correct location of the fire alarm from the fire panel.

1. Porters – put a message over the Porter’s radio channel “fire alarm sounding...” and repeat.

Turn the volume up on the radio unit so you can hear what is being relayed to you.

At this point the Porter’s will investigate whether or not there is a fire so do not call the fire brigade until you have had radio contact with a Porter or a call from a member of staff to confirm there is a fire.

The only time you call the fire brigade immediately is if the fire alarm location is given as one of the following:-

- Basement area.
- Roof spaces or roofs.
- Plantrooms.
- Medical Gas House.
- Other high risk areas.
- Chemical spill.
- Inform the Porters you will be calling the fire brigade for these areas only.

Pick up the fire pager from the top of the fire panel and monitor any further fire alerts. If an alert appears on the pager for the same area then call the fire brigade immediately.

Go to action number 3 until a fire is confirmed.

2. As soon as a fire is confirmed dial 9-999 or #6400 for the fire brigade, giving the name and address of the hospital and location of the fire alarm.
3. **In hours** activate the fire crash team 03 (fire group which includes electricians) “fire alarm sounding...” and repeat. **Out of hours** call the electrician on call.
4. If a fire is confirmed then call the engineer, do not ring unless a fire is confirmed.
5. If a fire is confirmed call the fire officer, Neil Morrell on his mobile 07784857385.

Notes

If a confirmed fire is in the IT department Clock Tower Wing the Porter will also ask you to call the Health Informatics on-call person.

If the Porters find that a fire alarm for a high risk area is a false alarm then they will ask you to cancel the fire brigade by ringing 9-999 again.

Please Note

When calling the fire brigade relay the maximum information possible.

Outside the hospital buildings e.g. car park

On this type of call if it is for a litter bin outside the buildings, radio the Porters and they will go and check the fire, if they need you to call the fire brigade they will call you back via the radios.

If it is a car fire or something similar put the caller through to 9-999 or ask them to call 999 and also radio the Porters.

Recording fire calls on the Estates database:-

- Go on the intranet.
- Press on 'Directorates'.
- Estates and Facilities.
- Estates and Facilities homepage.
- Programs.
- Estates and Facilities database.
- Log on.
- Insert your username and password.
- Telecoms.
- Fire Alarms.
- Create Record.
- Log details (fill all boxes, if there is no detail use a dash symbol, as the programme will not accept it).

Response to a Fire Call Portering Staff

There are a number of key fire safety issues that all portering staff should be aware of when responding to fire calls.

Areas of Interest:-

On activation of the fire alarm system or informed via the radio from the switchboard the duty porters are to carry out the following:-

- Liaise with the switchboard personnel, collect and return the keys and access codes.
- Respond to the affected area/building with keys/codes and try to confirm if it is a fire or false alarm. If it is a fire wait for the arrival of the emergency services, the Estates electrician and on duty/on call engineer.
- If it is a false alarm inform the switchboard as soon as possible to ensure the fire service is not called.
- Liaise with the Estates personnel – electrician and duty engineer.
- Direct the emergency services to the correct building/departmental area.
- Liaise with departmental managers, Fire Wardens.
- Do not proceed if you are met with smoke and flames, instead call the switchboard on 5678 or radio and give details of the fire location and severity.
- Ensure any fire service paperwork is handed to the duty engineer or Estates department.
- Do not fight fires unless it is safe to do so.
- Do not enter empty premises or isolated areas alone, always in pairs with other members of staff.
- Do not enter premises or areas where there is evidence of smoke or flames.
- Do not direct patient areas to full evacuate, they should consider staged evacuation into an adjacent area only if a fire is present.
- Non-patient areas must carry out full evacuation to their external assembly points when the fire alarm is activated, whether there is a fire or not evident.
- Do not put yourself at risk to fight a fire or carryout rescues. If possible make the area safe, raise the alarm and wait for the emergency services to arrive.
- Do not become complacent and assume it is a false alarm. Always treat each incident as a potential fire situation. The officer in charge from the attending emergency vehicles must confirm the situation and agree before any fire panels are reset or silenced and before any personnel are allowed back into the premises.

Response to a Fire Call Night Nurse Practitioner

The night nurse practitioner forms an integral part of the Queen's hospital fire response. Whenever a fire alarm is activated switchboard will page the information to the designated individual for information and appropriate action.

At this moment in time the Trust are concerned with response to patient areas within the main hospital (Phase I and II) and Geoffrey Hodges Wing. Please refer to response to intermittent alarm.

Response to Pager Call

- Respond to the nearest addressable fire alarm panel and assess the information.
- Only respond to the panel if your own area is safe.
- Always check with adjacent areas first (incident may be close by).
- Do not proceed to the panel if smoke or flames are evident on your route. Contact switchboard on 5678 and return to your own patient area.

At the Addressee Panel

- Liaise with other intermittent response personnel and assess the information on the addressable fire alarm panel.
- Respond as a group to the indicated patient area. Do not respond to non-patient areas, roof spaces, basement, unoccupied areas or other detached buildings. In these situations the night nurse practitioner should respond to the switchboard to act as liaison with the emergency services and the porters.
- Do not proceed if smoke or flames are evident on your route. Contact switchboard on 5678 and return to your own patient area.
- At the indicated patient area liaise with the nursing staff/porter and organise assistance as necessary. In the event of no action required liaise with the nursing staff and emergency services to ensure normal services are resumed.
- Maintain communication with your own work area via internal hospital phones. Keep them informed.

Always ensure that any fire related incident is reported to the fire safety manager in Estates, this includes any fire incident forms provided by the attending emergency services and any false alarms.

Response to a Fire Call Duty Electrician

In Hours

On activation of the bleep system regarding a fire incident the duty/nearest electrician is to proceed to the location of the fire call, if unsure of the area check on the closet fire panel. They are to ensure that they leave the current area in a safe state.

Report to the scene of the fire call and assist in the implementation of fire procedures by liaising with the senior person from the department or the porter that has been sent to the incident.

If it is a false alarm they are to confirm this by physically checking which detector has been activated and the reason why. Once they have confirmation that the situation has been dealt with correctly, they are to reset the fire alarm system.

If it is a confirmed fire and with the exception of Medical Gas Piped Services (MGPS), the senior Estates member on site will liaise with the senior medical person and fire brigade officer, regarding the closing down of essential services i.e. electrical, natural gas, ventilation systems, alarm systems etc. MGPS services isolations will only be carried out upon the request of the Duty Nursing Officer (DNO), fire brigade or Estates staff can assist with this request.

Ensure switch/plantroom and lift keys are readily available for fire brigade use.

On completion on the incident, fire or false alarm they are to re-set the fire alarm system after cause has been established. After this reset they are to ensure that any smoke dampers are reset within the given template. This information is to then be passed to the switchboard staff.

Out of Hours

After receiving a call from the switchboard the duty electrician is to proceed in to work and collect any equipment from the Estates workshop.

After collecting all relative equipment they are to confirm the location of the fire/unwanted call with switchboard and then proceed to the area.

Report to the scene of the fire call and assist in the implementation of fire procedures by liaising with the senior person from the department or the porter that has been sent to the incident.

If it is a false alarm they are to confirm this by physically checking which detector has been activated and the reason why. Once they have confirmation that the situation has been dealt with correctly they are to reset the fire alarm system. Once this has been reset they are to reset the smoke dampers in the relevant template.

If it is a confirmed fire and with the exception of Medical Gas Piped Services (MGPS), the senior Estates member on site will liaise with the senior medical person and fire brigade officer regarding the closing down of essential service i.e. electrical, natural gas, ventilation systems, alarm systems etc. MGPS services isolations will only be carried out upon the

request of the Duty Nursing Officer (DNO). Fire brigade or Estates staff can assist with this request.

Ensure switch/plantroom and lift keys are readily available for fire brigade use.

On completion of the incident, fire or false alarm they are to reset the fire alarm system and any smoke dampers within the templates after cause has been established. This information is to then be passed to the switchboard staff.

DERBY CAMPUS

Derby Campus (Royal Derby Hospital, London Road Community Hospital) Fire Procedures

Clinical Areas

- Areas where patients are usually found i.e. wards and departments, also switchboard falls into this category for evacuation purposes.

Non-Clinical Areas

- Non-patient areas i.e. pharmacy, pathology areas, administration and residents.

Continuous Activation of the Fire Alarm – Clinical Areas

All available staff must report to the repeater panel



The area where the alarm has been activated needs to be identified and investigated
Depending on what incident was found
The Senior Clinical Person in charge makes the decision whether to
EVACUATE or REMAIN

Fire Service
Report to DNOF at Main Fire Panel then redirected to Incident



Hospital Fire Team
Directed via the DNOF to incident

DNOF

Intermittent Actuation of the Fire Alarm Clinical and Non-Clinical Areas

An intermittent fire alarm sounding within a zone, is warning of a possible Fire incident occurring within an adjacent zone

On hearing the intermittent fire alarm in both clinical and non-clinical areas, staff must:

- Check all areas of the zone for signs of fire or smoke.
- Shut all windows and doors and be vigilant for smoke entering the zone.
- Be aware of what is happening in the adjacent zone as you may be of assistance.
- Stay within your zone and only evacuate if you are told to do so.