Appendix 3

The Princess Alexandra Hospital NHS
NHS Trust

POLICY FOR CARRYING OUT ENGINEERING MAINTENANCE AND PROJECT WORKS

SITE RULES FOR CONTRACTORS

Schedule of Contents

SITE RULES

1. Location of site access and egress (internal)

Access routes within buildings on Trust Sites will be specified in the tender documentation as agreed at the preliminary site meeting with the Project Manager prior to commencing works. Trust staff, patients and visitors may also use these routes. It is the contractor's responsibility to ensure all access routes are kept clean and clear of debris at all times and checked regularly, i.e. at least once a day by a designated site operative.

2. Location of site access and egress (external)

Access routes into Trust sites will either be specified (with a site plan) in the Tender Documents or agreed at the preliminary site meeting with the Project Manager prior to works commencing. It is the contractor's responsibility to ensure that accumulations of mud and debris are cleared immediately they appear and that all access roads into site areas are maintained in a safe manner at all times for general site traffic.

3. Location of temporary site accommodation

If sufficient reason exists, the Trust may agree to the siting of temporary accommodation for the contract period in a suitable location. This will either be specified in the tender documentation or agreed with the Project Manager at the preliminary site meeting. It will be the contractor's responsibility to install, maintain and remove on completion any temporary services to temporary accommodation. All with the agreement of the Project Manager.

4. Services to be provided to the Contractor

Water and electricity will be provided from the nearest convenient take off point if agreed during the Tender stage or before work commences with the Project Manager. It will be the contractor's responsibility to install, maintain and remove on completion temporary supplies as necessary to enable the works and to reinstate services and finishes, all in accordance with legislation current at that time. Welfare facilities for the Contractor's site staff may be available on a project specific basis. When not available, the Contractor will provide these facilities on a basis agreed with the Project Manager.

5. Location of loading and storage areas

Unloading areas may be allocated at specific times in certain locations by agreement with the Project Manager. Storage areas will be allocated in a similar way to temporary accommodation. Special requests for short-term storage should be made to the Project Manager. Generally no internal storage within existing buildings will be provided unless designated within tender documentation.

6. Contractor parking

Because of the lack of parking spaces available for contractors on the site, a limited number of designated spaces may be made available, with the agreement with the Project Manager. All other contractors parking will abide by the Trust’s visitors parking permit scheme. The permit must be clearly displayed in the vehicle at all times. Failure to park in the designated parking area or failure to display a valid parking permit could lead to the Contractor being fined. The contractor will be held responsible for paying such fines for its vehicles.

7. Delivery of materials

Unless otherwise stated in the contract documentation, delivery of materials to the contractor's site should normally occur between 6.00am and 8.30am, to minimise disruption to Trust staff and patients. Deliveries outside of these allocated times and at weekends may be agreed with the Project Manager. All deliveries likely to cause an obstruction must be discussed with the Project Manager, so that suitable traffic control arrangements may be agreed. Waiting areas for delivery vehicles etc will also have to be agreed with the Project Manager.

8. Contractor's responsibility for traffic control

Contractors involved in works resulting in the restriction of access on Trust roads should provide traffic control equipment, they should also be aware that emergency vehicles will have priority over any traffic signals in use and are not to be obstructed at any time.

9. Identity badges

All Contractors will be issued with the Trust's 'Estates Contractor' identity badge, which is to be worn whenever on Trust premises. Individuals not wearing badges will be asked to leave site.

10. Disabled access / egress

Disabled access routes must not be obstructed under any circumstances unless they form part of the site area and alternative arrangements have been agreed.

11. Pedestrian routes

In addition to the movement of vehicles on site access roads, patients on trolleys and beds will also be moved through some of these areas. Contractors must ensure full access for trolleys, beds and equipment is maintained at all times.

12. The 'permit to work' system

Permits to work will be required from the Operational Estates manager, before starting any work regarding the following: -

- Medical Gas Systems
- High Voltage Systems
- Theatre Clean/Vent Systems
- Magnetic Resonance Imaging Controlled Area
- Fume Cupboards
- Areas of Controlled Radioactivity. Radioactive Waste Drains
- Hot Works on Fire Risk Activities. Pressure Vessels
- Confined Spaces
- Isolation of Electrical Systems
- Isolation of Water Services
- Natural Gas Installations
- Excavation

Once issued the conditions of the permit must be strictly adhered to at all times.

13. Fire and fire risk activities

All Contractors involved in fire risk activities should ensure that they take measures to minimise risk wherever possible by removing any combustible materials and providing adequate fire fighting equipment. When undertaking any fire risk activity all such work should cease at least half an hour prior to the end of the working day. An employee must be designated to check the site prior to leaving.

Existing fire detectors sited within contractors working area shall be temporary isolated and protected with dust covers. This shall be in agreement with the Operational Estates Manager, and Project Manager.

In the event of a fire break out, the procedure on the Princess Alexandra Site is described in section 14.

14. Fire Action: Within Hospital Buildings

On detecting a fire

1. Remove persons from immediate danger.
2. Sound alarm by breaking glass of fire alarm call point.
3. Shut doors and windows adjacent to the fire.
4. Do not call switchboard.
5. Attack fire if this can be done without jeopardising personal safety.

Intermittent sounding of the fire alarm sounders means there may be a fire in the vicinity.

Continuous sounding is an instruction to evacuate the building.

On hearing a intermittent fire alarm

6. Prepare for evacuation by clearing escape routes for patients and staff.
7. **Do not use lifts.**
8. **Do not** re enter the building until instructed to do so by the Hospital Fire team, or Fire Service.

On hearing a continuous fire alarm

9. Prepare for evacuation by clearing escape routes for patients and staff.
10. Leave the building by the nearest available exit. Close fire doors as you go.
11. **Do not use lifts.**
12. Do not re-enter the building until instructed to do so by the Hospital Fire team, or Fire Service.

Should evacuation of an area be necessary, this will be co-ordinated at the scene of the fire by the Fire Response Team, or Fire Service.

15. Specific site hazards

The Trust will inform the Contractor of any known specific site hazards prior to commencement of work.

16. Noise and vibration levels

Contractors should ensure that noise and vibration levels created within their site are kept to a minimum at all times. Equipment that generates high levels of noise or excessive vibration should be substituted for less noisy or disruptive equipment where possible or adequately damped, silenced and soundproofed. Engine driven plant should only be operated during agreed hours or as specified within the project specify details of the tender documents.

Radios or other audio equipment are prohibited on all Trust premises (including contractor's designated site areas and compounds). These devices may cause considerable disturbance to patients and staff, disrupting clinical treatment and as a result must not be used.

17. Control of dust, fumes and debris

All operations that produce dust (e.g. disc cutting, chasing, high-speed sawing etc) in excess of 10 milligrams of dust per cubic metre of air (10 mgjm3) averaged out over eight hours, or any respirable dust in excess of 5 mgjm3 averaged over eight hours is deemed to be a substantial concentration of dust and therefore within the definition of substance hazardous to health (COSHH).

Dust producing equipment is to be controlled at source with local exhaust ventilation or dust suppression tools to the satisfaction of the Project Manager.

All work areas are to be suitably sealed against dust breakout to other areas, and where required to control dust breakout measures such as double doors or air locks are to be supplied.

All temporary screens to be constructed out of fire retardant materials, of a suitable nature to fully contain any expected hazards. Approval of method statement to control dusts to be gained prior to starting work from the Project Manager.

Working areas to be cleaned as required by means that do not promote dust transfer. When requested by the Project Manager, air and environmental monitoring of the building works and adjacent areas will be required.

HSG (95) 10 Hospital Infection Control
The Health and Safety at Work Act 1974
The Control of Pollution Act 1974
The Management of Health and Safety at Work Regulations 1999
The Control of Substances Hazardous to Health Regulations 2002
The Construction (Health, Safety and Welfare) Regulations 1996
Debris should be disposed of in accordance with the Trust's Waste Disposal Policy.

18. Contractors working hours

Normal working hours on Trust sites will be between 7.30am and 6pm Monday to Friday. Weekend and out of hours working will be agreed with the Project Manager.

19. Accidents / incidents

Any dangerous occurrences / incidents as defined in RIDDOR should be immediately reported to the HSE and the Project Manager. Accidents / incidents which fall outside the scope of the RIDDOR should be recorded in the normal way and copies of the reports handed to the Project Manager at the next scheduled Site Meeting or on the completion of works, whichever is sooner.

20. Electrical tools

All electrical tools used by contractors must be either 110 vac or 240 vac and RCD protected and with an up-to-date test certificate available for inspection.

21. Smoking

The Trust has a no smoking policy in all buildings including areas temporarily forming contractors working areas.

22. Infection Control

The Princess Alexandra Hospital NHS Trust requires that all contractors follow Trust guidance and infection control policy with regard to hand washing requirements for preventing spread of infection. Additional information is provided for the hand washing procedures, see the attached document “Hand hygiene advice for patients and visitors”.

23. Fitness for Work

The Princess Alexandra Hospital NHS Trust requires that all contractors working on the Trust's site are, at all times, fit for work. The Trust retains the right to request that individuals leave the site if they are unfit for work for reasons of alcoholism, drug taking, injury, tiredness or any other reason that may affect the standard of workmanship or the health and safety of members of the public or hospital staff within the area.

24. Standards of dress

All contractors will report to work in suitable clean clothing. the following items of clothing are examples of unacceptable clothing, either on the grounds of health and safety or for the Trust’s public image: Denim jeans or skirts, track suits, casual sports t-shirts, leisure shorts, combat trousers, sweat-shirts, baseball caps/hats, overly tight or revealing clothes, clothing bearing inappropriate slogans, the wearing of shorts is not acceptable, neither are bare chests. Dirty clothes or overalls will not be worn in public or patient areas. Clothing must be suitable for the task being carried out. Personal protective equipment will be worn wherever applicable. Footwear must be safe, sensible, in good order, smart and clean and have regard to Health and Safety considerations. Visible tattoos are to be discouraged and where present should not be offensive to others. Where they are deemed to be offensive they should be appropriately covered. Jewellery should be discreet and appropriate and not cause offence or be a health and safety hazard. Facial/body piercing are not permitted and must be removed before coming on site, piercings for religious or cultural reasons must be covered. Hair should be neat and tidy at all times. Headwear worn for religious purposes are permitted. All contractors must display a high standard of personal hygiene.

25. Hospital equipment

The use and borrowing of Hospital equipment or tools is not acceptable and contractors should ensure that they have sufficient equipment to carry out the work specified.

26. Two-way radios and Cell phones

There is a risk to patients from radio frequency transmissions interfering with electro-medical equipment. As a result the use **of two-way radios by contractors is prohibited**.

There is a risk that when cell-phones are turned on they transmit signals back to their cell-net base regardless of whether they are monitoring, receiving or transmitting calls. Cell phones must be turned off to be safe. The risks will be controlled by a total ban on the use of cell-phones within all areas of the hospital and up to 10 metres from those

buildings, this includes corridors and circulation areas. This means that cell phones may only be turned on in the following locations:

Outside, 10 metres away from any buildings

27. Asbestos

The Trust maintains a register of all known locations of Asbestos existing on the Trusts premises. This register must be checked before any work starts on any construction site on any part of the Trust's site.

No work shall be carried out on any suspected asbestos bearing materials by any person who is not suitably trained.

No testing or analysing shall be carried out by any person or laboratory that has not gained N.A.M.A.S. or similar accreditation.

No work shall be carried out on any asbestos material without written instructions from the Trust's representative, this can be given in the form of a specification Site Instruction.

Any Contractor finding what he believes to be an Asbestos bearing material on any of the Trust's premises should stop work immediately and bring it to the attention of the Trust's Project Manager or representative who will, if deemed necessary, suspend all further work until the affected areas are made safe.

28. Asbestos Labelling

The Trust has adopted the H.S.E. suggested working for the Asbestos warning labels.

29. The Mental Health Act

Contractors need to be aware that certain works undertaken on the Trust's premises will bring contractors into contact with patients admitted under the Mental Health Act. These patients may be uninhibited or disruptive and contractors may need to put in place additional measures on site that would minimise the risk to this group of patients.

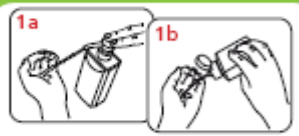
For instance:-

- Tools should be lock away and inaccessible to patients who may be wondering around.
- Ladders should never be left unattended.
- Working from a ladder a safety man must be present.
- Materials and equipment must not be left lying around for patients to tamper with which could cause injury to the patient or could be used to cause injury to other patients or Staff.

NHS
National Patient Safety Agency

HAND CLEANING TECHNIQUES

How to handrub?
WITH ALCOHOL HANDRUB

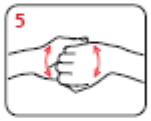


Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces

Rub hands palm to palm

Rub back of each hand with the palm of other hand with fingers interlaced

Rub palm to palm with fingers interlaced



Rub with backs of fingers to opposing palms with fingers interlocked

Rub each thumb clasped in opposite hand using rotational movement

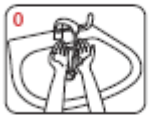
Rub tips of fingers in opposite palm in a circular motion

Rub each wrist with opposite hand

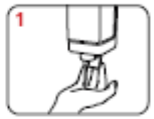
Once dry, your hands are safe

20-30 sec

How to handwash?
WITH SOAP AND WATER

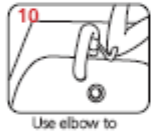


Wet hands with water



Apply enough soap to cover all hand surfaces

Rinse hands with water



Use elbow to turn off tap

Dry thoroughly with a single-use towel

Your hands are now safe

40-60 sec

Adapted from WHO World Alliance for Patient Safety 2006

cleanyourhands® campaign

The Princess Alexandra Hospital NHS
NHS Trust

Location:

Business Unit: Capital and Estates

Ward / Department:

Risk Assessment (Project Name):

Risk Assessment Ref:

Date of Assessment:

Assessor/s:

Current Systems of Working						With Safe Systems of Work				
Safety Hazards		Hazards Present? Yes	Hazards Present? No	Hazard Rating No (HRN) CXL =HRN (Guidance on page 2)	Key Controls currently in place (Associated documents, training, emergency procedures, PPE and other procedures)	Key Gaps in Controls	Actions	Hazard Rating No (HRN) CxL =HRN (Guidance on page 2)	Lead	Target date	Date of Completion
Physical Injury	a. Mobile plant			Physical Injury:				Physical Injury:			
	b. Moving parts of machine										
	c. Moving materials										
	d. Falls from heights										
	e. Access equipment										
	f. Slips, trips, falls										
	g. Excavations										
	h. Pressurised systems										
	i. Electrical										
	j. Hot work/fire										
	k. Explosion										
Physical Agents	l. Ionising radiation			Physical Agents:				Physical Agents:			
	m. Lasers										
	n. Ultraviolet light										
	o. Cold objects										
	p. Hot objects										
	q. Temperature										
	r. Noise / vibration										
	s. Vermin/Weil's Disease										
t. Manual handling injury				Manual Handling:				Manual Handling:			
Miscellaneous	u. Weather			Miscellaneous:				Miscellaneous:			
	v. Lone worker										
	w. Confined spaces										
	x. Restricted access										
	y. Other site specific Conditions:										

Moderation Team:

Reason for Moderation:

Date:

***NOTE** – Should you not agree with the moderated assessment score, you should notify the Head of G & R.M. within 7 days of receipt of this revised assessment. It will be assumed that you are in agreement with this revision should you not do so.*

Guidance on completion

Qualitative Measure of Consequence	
LEVEL	**DESCRIPTOR**
1	None/ Negligible: No obvious harm. Superficial injury (no treatment)
2	Minor: First-aid treatment
3	Moderate/ Serious: Medical treatment required
4	Major: Excessive injuries
5	Catastrophic: Fatality

Qualitative Measure of Likelihood	
LEVEL	**DESCRIPTOR**
1	Rare: Not in the foreseeable future
2	Unlikely: Unlikely within the coming year
3	Possible/ Moderate: Within one year expected
4	Likely: Within one month expected
5	Almost Certain: Within 1 week expected

The Hazard Rating Number (HRN) is calculated using the following equation: Consequence x Likelihood = Hazard Rating Number (CxL=HRN)

HRN	RISK	AGREE ACTION REQUIREMENT TO REDUCE HRN
(1-5)	ACCEPTABLE	ACCEPT RISK BUT MAKE EVERY EFFORT TO MINIMISE RISK WHEREVER POSSIBLE
(>5- 8)	SIGNIFICANT	ACTION REQUIRED IN SHORT TO MID TERM TO REDUCE RISK
(>8 - <10)	HIGH	ACTION REQUIRED IN SHORT TERM TO REDUCE RISK
(10> - 15) (>15 - 20)	VERY HIGH EXTREME	URGENT ACTION REQUIRED NOW TO REDUCE RISK
IF THE HRN IS 10 OR ABOVE, THEN A COPY OF THIS FORM MUST BE FORWARDED TO THE HEAD OF GOVERNANCE AND RISK MANAGEMENT		

The Princess Alexandra Hospital NHS
NHS Trust

CONTRACTOR GUIDANCE BOOKLET

Version 1.4 – Print Issue

12th May 2015

Author: David Livingstone – Director of Estates and FM,

Contents

1. Introduction

The Princess Alexandra Hospital NHS Trust (the Trust) is responsible for ensuring effective arrangements are in place to manage the risks associated with the employment of contractors involved in work on sites owned or used by the Trust
The Health and Safety at Work Act, 1974, and The Management of Health and Safety at Work Regulations, 1999, impose duties to safeguard the health and safety of workers, contractors, visitors and the public. These duties also apply to contractors on Trust premises in relation to the safety of Trust workers, visitors and the public.

The Trust shall only employ competent contractors. These will be selected in accordance with relevant Trust policies and procedures and make reference to the HSE Public Register of Convictions, the public register of prosecution/enforcement notices, in making that assessment of competence

This contractor guidance booklet forms part of a number of operational procedural documents and should not be read in isolation.

The Construction (Design and Management) Regulations 2015, will apply to all works deemed to fall within the remit of these regulations. The Trust will appoint competent Construction, Design and Management co-ordinators, designers and principle contractors allowing sufficient time and resources to enable the works to be carried out in compliance with health and safety law and all relevant regulations.

The Trust believes that the safety of visitors and members of the public is of fundamental importance. One of the Trust's main objectives is to ensure that adequate co-operation exists between them and the contractor. This guidance booklet applies to all sites and premises owned or occupied by the Trust and covers new construction, refurbishment and maintenance work or any other contracted services provided by an external contractor.

1. General principles in managing contracts

The objective is to protect as far as is reasonably practicable, the health, safety and welfare of workers, patients and visitors in the grounds and premises, whilst work is carried out in the Trust property.
The Trust aims to ensure adequate co-operation between them and the contractor. The Trust responsible manager is the person in charge of the work, who places the order to do the work and will liaise with the contractors' site representative.

All contractors shall sign the contractor book and obtain a contractor's pass to ensure compliance with fire and security procedures. Contractor passes will be required by all personnel including sub-contractor personnel. It shall be the contractors' responsibility to ensure their sub-contracted workers comply with the signing in requirement. Non-compliance may lead to the contractor being removed from site at no penalty to the Trust.

2. Summary of the Trust's responsibilities

The Trust's responsible manager shall provide the following information to the contractor prior to any work commencing on site:

- a description of work to be carried out, if significant to be a written schedule of works
- what risks the contractor may be exposed to
- what safety procedures the contractor shall follow
- what action to take in an emergency or fire situation
- who contractors should report any issues or concerns to
- identification of any hazardous areas contractors are not allowed to access

- comment on the suitability of the contractors' risk assessments, method statements and safe systems of work.

3. Summary of contractors' responsibilities

The contractor shall:

1. Ensure all the works on site are carried out in compliance with the Health and Safety at Work etc Act, 1974 and all relevant subordinate legislation, guidance and approved codes of practice.
2. Ensure that prior to commencing work on any live service such as electrical, fire safety, gas, steam, air or ventilation system, that the service has been isolated and a permit to work issued.
3. Provide their workers with all necessary safety equipment to safely carry out the work they are undertaking.
4. Comply at their own expense with all legislation, statutory instruments, Acts of Parliament, regulations by laws, health and safety regulations, EU regulation, EU directives and approved codes of practice.
5. Ensure that any of their workers or sub-contracted workers do not visit any part of Trust premises other than in connection with the work on site or welfare facilities.
6. Have adequate liability insurance as specified by the Trust
7. Risk assess materials prior to selection to ensure exposure control measures shall adequately mitigate the possible effects of products such as fumes, spray or dust on the surrounding environment and persons therein.
8. Ensure that the works do not interfere with the safe working of any service or equipment without prior arrangement with the Trust's responsible manager.
9. Nominate a competent person to be responsible for co-ordination of risk assessments of all operations and activities and to ensure there are appropriate and adequate control measures in place to manage the risks including safe systems of work.
10. Use these safe systems of work as the basis for the health and safety method statement.
11. Ensure that all workers and sub-contractor labour comply with security and vetting arrangements.
12. Ensure that all plant rooms, switch rooms, lift motor rooms and access doors with site boundaries are secured at all times.
13. Maintain the working site used by the contractor in a clean and tidy condition.
14. Not to use roof areas for storage of materials without prior consent from the Trust's responsible manager.
15. Not permit work that creates dust unless suitable and sufficient control measures are in place to limit the ingress of dust.
16. Ensure that at all times, site personnel work in a safe manner.
17. Be responsible for the correct disposal of all waste arising from the work.
18. Take all reasonable steps to ensure that their workers and sub-contractors are persons of good character, who have the necessary skills and experience to execute their duties.
19. Take reasonable steps to minimise the activation of unwanted fire alarm signals

4. Management of contractors on site

The Trust responsible manager shall have been in detailed consultation with the Head of Service/ head of nursing affected by the work, and liaised during planning with other specialists i.e. health and safety, facilities, infection control, security. The Trust's responsible manager shall be the contractor's first point of contact in communication with the Trust.
If the contractor is stopped working by a member of workers on health and safety grounds that is proved valid, no additional payments will be made to the contractor for this stoppage.

Contractors identification badges shall be worn and be clearly visible whilst on Trust premises.

The following work requires a permit to work:

- hot working including braising, welding, soldering, use of a glue gun or any process likely to give off fumes, which includes roofing works
- working at height
- confined spaces
- excavation works
- isolation of electrical systems
- isolation of fire safety systems
- high voltage work
- any work within the confines of the computer server rooms which shall be subjected to ITIL procedural checks by the IT department.
- work deemed by the responsible manager to require an additional risk control measures or safe systems of work
- work on asbestos containing materials (ACM's) – any suspicion of asbestos is to be reported immediately to the Trust's responsible manager and the Trust's asbestos procedure followed.

All the works undertaken by the contractors' workers or their sub-contractors workers shall be supervised by the contractor and shall comply with the Trusts policies, relevant guidance and Approved Codes of Practice.

The contractor shall ensure that all their workers comply with the security arrangement and procedures of the site.

The Trust encourages workers not to smoke and to lead a healthy lifestyle. The Trust accepts that there will be workers both employed by the Trust and contractors that will want to smoke during their allocated break times. To ensure that this does not pose increased risk to other workers, patients, visitors or Trust premises there are allocated shelters for this purpose (these will be pointed out at induction).Smoking anywhere in the grounds or at the entrances to the site will NOT be tolerated and contractors may be asked to leave site with no penalty to the Trust.

Contractors are not permitted to bring persons under the age of 18 on site unless they are on a recognised apprenticeship scheme, and approved by the responsible manager. Contractors are not permitted to bring animals onto Trust sites. No intoxicating liquor or prohibited drugs may be brought onto any Trust site. Persons appearing to be under the influence of alcohol and/or drugs will be escorted from site.

The contractor shall ensure that all accidents and near misses are reported in line with legislative procedures and the Trust Health and Safety Adviser shall be notified of any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reportable incident(s). If an ambulance is required, the contractor should dial 999 or 2222 from an internal phone and clearly state the correct location of the casualty.

5.1 Contractor appointment

All contractors will be appointed in writing by an official Order or formal letter of appointment on Trust letter headed paper. Trust terms of business shall apply. Copies of terms and conditions are available from the Trust responsible manager or procurement management. Selection of potential contractors will include competency, experience, accident statistics, HSE prosecutions, supervision and training of workers and Disclosure and Barring service checks.

5.2 Contractor employee checks

The contractor shall demonstrate that all contract workers shall have had the following checks undertaken:

- evidence of identity
- evidence of qualifications
- evidence of employment history over the previous eight-year period

- evidence of references (minimum of two)

5.3 Contractor workers recruitment

Contractors shall demonstrate their recruitment and selection policy and provide evidence of audits of the recruitment process.
Contractors shall have written procedures to ensure that any sub-contractors used can provide the same level of assurance on pre-appointment.
When on site, formal arrangements should be in place to control the coming and going of contractors when accessing the site to carry out work.

5. Construction (Design and Management) Regulations, 2015

The aim of the CDM Regulations, 2015, is to promote integrated team working from beginning to end of projects, by improving planning and management, identifying risks at an early stage so they can be eliminated or reduced, target effort where it can do the most good in terms of health and safety and discourage unnecessary 'red tape'.
All construction activities on Trust premises, including service and maintenance, shall be undertaken and managed in accordance with the CDM Regulations, 2015.

6. Control of Substances Hazardous to Health

The contractors' materials inventory, materials and selection methodology, together with the exposure control measures shall comply with the Control of Substances Hazardous to Health regulations 2002 (COSHH).
The associated risk assessment shall make adequate provision for the effects of products such as fumes, sprays or dust and identify measures to manage the risks both on and surrounding areas. Failure to disclose the use of substances that are subject to the COSHH regulations and provide suitable and sufficient risk assessments to the Trust's responsible manager, may result in the contractor being removed from site.

7. Permits to work

The Trust operates a permit to work system for a number of tasks performed on properties owned or occupied by the Trust. Permits to work can only be issued by Capital and Estates Management workers. Capital and Estates Management will agree the method of work with the contractor prior to the commencement of any work and when satisfied then issue a permit to work for the following activities.

Work on these activities shall not begin without a permit to work:

- hot working (including welding, braising, soldering glue gun or any process liable to give off fumes)
- roof access (fragile roofs, pitched/sloping roofs or on flat roofs) remembering to give consideration to the presence of fragile roof lights
- confined spaces
- excavation ensuring the cat scans have been completed and service records have been inspected prior to work starting
- asbestos; the contractor along with the Trust's responsible manager shall ensure that the Trust's asbestos register is checked prior to work commencing
- isolation of electrical systems
- isolation of fire safety systems
- high voltage
- network cabling

Where work involves any of the above, guidance shall be sought from The Trust responsible officer, who will, ensure that a relevant permit to work is issued. The Trust responsible manager will also ensure that the contractor is aware of fire evacuation procedures.

8. Risk assessments

Prior to any work being carried out on site the contractor shall provide risk assessments and associated method statements for all operations and activities. The method statement will provide assurance that appropriate control measures are incorporated into the safe systems of work for all identified hazards .Any request for information, by the contractor should be answered in five working days or less.

All method statements shall be submitted in good time to the responsible manager to enable them to comment, prior to the task being carried out. Five working days Copies of all risk assessments relevant to contractors shall be made available on prior to the commencement of works.

Risk assessments shall be in writing and include the following:

- construction materials
- construction vehicular movements
- COSHH storage use and disposal
- emergency procedures
- environmental impact
- excavation
- fire
- general public and workers safety
- hazardous chemicals
- lifting and slinging
- location of site
- major construction elements to buildings
- manual handling
- material storage
- scaffolding
- siting of plant and equipment
- temporary services
- trench work
- vehicle pedestrian segregation
- waste management
- welding, braising soldering glue gun and all hot works in general
- working at heights.
- construction machinery on site

9. Site entry and exit procedures

No activities shall be undertaken or omitted by the contractor or their workers or subcontractors, which shall obstruct, interfere with or make unsafe a defined access way or exit unless written permission is first obtained from the Trust responsible manager. The contractor will then be responsible for the provision of all necessary fencing, lighting or other warning device together with its positioning and maintenance to ensure safety at all times. The contractor will ensure cables; pipes and lines are not trailed through or across passageways causing an obstruction or trip hazard.

10. Arrival at site

The Trust responsible manager, managing the works is responsible for advising of the appropriate departmental workers of the date, time, and providing the contractor details and reason for attending.

Estates supervisors will inform the Trust responsible manager that the contractor has arrived on site for the work and contractors have signed in and been issued with Trust ID contractor badges and informed of work location. Local site rules pertinent to work and work method statements will be discussed and agreed. Where work is being carried out for an external department the contractor should contact the Trust responsible manager to confirm signing in/local induction details.
On arrival at the site and before commencing work, the contractor should report to the destination agreed in the pre-contract meeting to sign in.

11. Asbestos management

The Trust maintains a register of all known or suspected locations of asbestos that exist on their premises. The register shall be checked by the Trust responsible manager and contractor (log-in details for web based register will be provided in pre-start and tender documentation) before any work construction, refurbishment or maintenance work, which could potentially result in the disturbance of asbestos containing materials (ACM's). The hard copy of the register is held in the Capital and Estates department.

Where work is planned which may result in the disturbance of Asbestos Containing Materials the requirements of the Control of the Asbestos at Work Regulations 2012 shall be implemented in consultation with the Capital and Estates department. Any contractor finding what he believes to be an asbestos containing material on any Trust premises should stop work immediately and bring it to the attention of the Capital and Estates department and Trust responsible manager / primary contact.

12. Compressed Gas and LPG cylinders

Contractors will follow the precautions detailed in the manufacturer's literature on the storage and use of compressed gas and LPG and the HSE Guidance Booklet 'Compressed Air Safety' (2006). All cylinders will be stored upright and secured and be placed in a position that will not cause danger or obstruction.

13. Contractors' plant and equipment

All plant and equipment provided by the contractor shall be in good order and suitable for the use in the environment in which it is to be used. It is the contractors' responsibility that all regular necessary inspections of the plant and equipment used on Trust premises is undertaken at the appropriate intervals by competent people and that records are available for examination upon request.

Portable electrical tools and equipment shall be inspected and tested regularly. Any mains (220 – 240 V) power tools shall not be used on site. If battery powered tools are not available 110-v power tools should be used in conjunction with a 110-v safety isolating transformer.

14. Delivery and removal of materials

Deliveries will normally be conducted during normal working hours. Outside of these special arrangements shall be agreed with the responsible manager.
If large vehicles are required or potentially hazardous situations may arise from these activities security shall be informed with as much notice as possible.
It is the contractors' responsibility to off load and move into position their plant equipment and materials. Contractors should make the necessary arrangements to receive goods necessary for them to complete the works. No chemical may be discharged into Trust premises drainage system whatsoever unless neutralised and in compliance with local water requirements.

15. Dust and fumes

All operations that produce dust (e.g. disc cutting, chasing, high speed sawing etc) in excess of 10 mg/m^3 averaged out over eight hours, or any respirable dust in excess of 5mg/m^3 averaged out over eight hours is deemed to be a substantial concentration of dust and therefore within the definition of substances hazardous to health (COSHH) and subject to the Control of Substances Hazardous to Health Regulations. Therefore, agreed methods of work shall be established prior to the start of any of this work with the responsible manager.

Demolition may result in the release of aspergillus spores, which can cause a risk to vulnerable people. The contractor will provide a suitable and sufficient method statement describing how the release of dust is to be controlled. Dust producing equipment is to be controlled at source with local exhaust ventilation or dust suppression tools to the satisfaction of the Trust.

All work areas are to be suitably sealed against dust breakout to other areas. Working areas shall be cleaned as required by means that does not promote dust transfer.

16. Electrical safety

All work undertaken and equipment used shall comply with the Electricity at Work Regulations 1989 and approved codes of practice.

17. Equipment and tools

The contractor will ensure that all plant and equipment is in good condition adequately maintained and complies with the Provision and Use of Work Equipment Regulations 1998. Under no circumstances shall equipment be left out where there exists the possibility of it being interfered with by any other third party.

18. Fire safety

The contractor and their workers shall be fully conversant with the fire warning system and evacuation procedures of the building in which they are working.
Instructions on action to be taken in the event of a fire are posted in all buildings.

Contractors' workers and subcontractors are to make themselves familiar with the instructions and escape routes. Contractors shall obey all alarms. Where any work is to be carried out which will necessitate interference with fire appliances, alarms, warning systems or wiring the contractor will seek a permit to work from the Capital and Estates department. Fire escapes should not be obstructed at any time and shall remain clear during the scheme. At no time shall fire doors be wedged opened and left unattended.

19. First aid

The contractor is responsible for providing first aid material and for compliance with the First Aid at Work Regulations 1981 as amended. Although the site is a hospital with an A&E department, it is vital that contractor's personnel are suitably trained in basic emergency life saving techniques as time is critical in some emergency situations.

20. Gas installations

No contractor will work on a gas installation unless they are a Gas Safe Registered Engineers and are able to produce proof of Gas Safe Registration.

21. Hot works

All work involving the use of oxyacetylene welding or cutting equipment, arc welding, blowlamp or any other flame producing equipment will be subject to a Permit to Work through the Capital and Estates department. This includes roof work

22. Housekeeping

All contractors' debris and waste materials shall be collected by the contractor and cleared daily from the working area or on completion of the work (if the job does not extend into two days). The contractor without prior permission shall not use waste skips provided by the Trust. No debris is to be burnt on site.

23. Identification

Contractors are required to provide a means of identification before entering premises owned or operated by the Trust. Identification should be displayed at all times.

24. Incidents and dangerous occurrences

Contractors shall ensure that any accidents, near misses and/or dangerous occurrences on Trust premises are notified to the Trust responsible manager and the health and safety advisor as soon as practical, but within 24 hours.

Where this is not possible the contractor should contact switch board by dialling 0 from any internal phone or 01279 444455 externally and ask that the on-call Estates manager be made aware.

25. Insurance

Contractors will be required to provide evidence of appropriate public insurance as required by the contract.

26. Noise

The contractor will ensure that all possible steps are taken to reduce noise levels caused by their operations to a minimum and will abide by the requirements of the Control of Noise at Work regulations 2005.

27. Protective clothing

It is the contractor's responsibility to supply their workers with all necessary protective clothing and equipment for the work to be carried out safely and to monitor and ensure its use.

28. Security of premises

The contractor shall be required to ensure that before leaving any unattended premises that those premises are properly secured. Contractors are responsible for the security of their own equipment, tools and materials.

29. Site huts, skips and contractor vehicles

Contractor vehicles are permitted in Trust car parks as long as a daily contractor's parking ticket is purchased from the security office. Unless pre-arranged with the Trust responsible manager no reserved parking will be allocated. If it is necessary to drop off materials the Trust responsible manager shall be made aware well in advance if this could cause traffic or safety problems. Contractor parking tickets shall be displayed in the windscreen of the vehicle.
Contractor vehicles shall not obstruct traffic routes, yellow lines or block in other vehicles. If skips are to be put on site, arrangements for the safe positioning of skips should be made through the Trust responsible manager. Where possible contractors should use closed covered lockable skips with the use of open skips avoided to minimise the spread of dust. Temporary cabins toilets compounds or waste skips shall not be erected without the approval of the Trust responsible manager.

30. Welfare facilities

There is a restaurant on site along with a number of toilet facilities. Contractors are asked not to wear clothing that may be contaminated inside the hospital.

31. Training

The contractor will ensure their workers and sub-contractors are competent, trained and authorised to carry out the work being undertaken and understand the written safety instructions, risk assessments, method statements and safe systems of work relating to the work being carried out.

32. Waste

The contractor shall be responsible for the safe removal and disposal of waste arising from their works and for ensuring disposal is in accordance with the legislative requirement relevant to that waste. Where required or requested the contractor will furnish the Trust with details of where waste is disposed of and provide supporting documentation as necessary, in line with the Site Waste Management Regulations 2008.

All waste arising from the works shall be appropriately segregated.

The contractor shall be responsible for any damage or contribution caused by waste under their control and shall bear the full cost of any remedial measures as deemed necessary by the authorities.

The contractor shall ensure strict compliance with the Environmental Protection Act and the Waste Disposal Regulations.

33. Working at height

Contractors will ensure that they comply with the Working at Heights Regulations 2005 and do all that is reasonably practicable to prevent anyone falling. Contractors shall ensure that their workers and sub-

contractors are competent to work at heights. Work on fragile roofs, pitched/sloping roofs or on flat roofs within 1 metre of the edge will require a permit to work.

Ladders may only be used after a risk assessment has shown that other equipment is not justified because of the low risk and the work is of short duration. Where ladders are used they shall be of the correct type and grade, should be in good condition and effectively secured to prevent movement. Risk assessments shall be available at any time for inspection.

The contractor and Trust responsible manager shall ensure that:

- that no work at height is done if it is safer and reasonably practicable to do it in an alternative way
- all work at height is properly planned and organised
- all work a height takes account of the prevailing weather conditions
- those involved in working at height are trained and competent
- equipment for work at height is inspected
- the risk from fragile surfaces are properly controlled
- the risk from falling objects is properly controlled
- that the work is appropriately supervised.
- account is taken of the risk assessment that has been carried out as required under regulation 3 of the Management of Health and Safety at Work Regulations 1999.

When selecting equipment for work at height the contractor shall:

- use the most suitable equipment
- generally use collective protective measures for example guard rails and toe boards rather than personal protective equipment for example safety harnesses
- take account of the conditions
- ensure that all scaffolding or other temporary structures and their associated safety features comply with the specific requirements of Schedules 2 to 6 of the Working at Height Regulations 2005.

34. Associated documentation

- Fire safety policy, procedures and protocols
- Safe management of contractors policy
- Asbestos management policy
- Electricity at work policy
- Water management policy

35. Principle legislation and guidance

The Health and Safety at Work etc. Act 1974
The Management of Health and Safety at Work Regulations 1999
The Construction (Design and Management) Regulations 2015
The Provision and Use of Work Equipment Regulations 1998 (PUWER)
Control of Substances Hazardous to Health Regulations 2002 (as amended)
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
The Control of Asbestos Regulations 2006
The Regulatory Reform (Fire Safety) Order 2005

36. Important contacts

David Livingstone
– Director of Estates and Facilities ext. 7656
Clive Austin – Capital Projects Lead ext. 7244
Andrew Bell – Senior Estates Operations Manager ext. 7551
Bill Dickson – Environment, Sustainability and Waste Manager ext. 2839
Dave Clarke – Trust Fire Advisor, Security and Car parking Contracts Manager ext. 7581
Tony Taylor – Assistant Estates Operations Manager ext. 2853
Alison Morris – Trust Health and Safety Adviser ext. 2138

Addendum C

NHS Trust

Contractor's Health and Safety Requirements Booklet

Record of Receipt

Location/Site: _____
Contract Number: _____
Contract Title: _____
Contractor's Site Supervisor: _____
Trust's Project Engineer: _____
Company Name: _____
Start Date: _____ **Planned Completion:** _____

Site Supervisor's Declaration

I declare that I have received a copy of the above mentioned document and understand and accept the requirements contained therein.

I appreciate that the document's contents do not in any way whatsoever take away any of my legislative or contractual responsibilities. And understand that the document is offered in the spirit of co-operation, in order to effectively co-ordinate and carry out work at a shared work place in a safe and efficient manner, and thus minimise any risks to any affected persons to an acceptable level.

Mr _____ **Contract Supervisor**

Name: _____ **Date:** _____

The Princess Alexandra Hospital NHS

NHS Trust

Fire Safety Policy and Procedures

Version:	3.0
Ratified by:	Governance Committee
Date ratified:	15th March 2012
Name of originator/author:	Dave Clarke, Trust Fire Advisor
Name of responsible individual (sponsor) and committee (If appropriate):	Dave Clarke, Trust Fire Advisor
Date issued:	March 2012
Review date:	March 2014
Name of reviewer:	Dave Clarke, Trust Fire Advisor
Target audience:	All Staff

Signed …….. ……
Chief Executive and Chair of Governance Committee

Contents

Section 1: Fire Policy

1. Background

1.1 Fire is a potential hazard in all NHS premises. The consequences of fires in Hospitals and other health care premises can be especially serious because of the difficulties and dangers associated with the emergency evacuation of patients - many of whom may be highly dependent. The aim therefore, is to ensure that if outbreaks of fire occur, they are rapidly detected, effectively contained and quickly extinguished. This means that overall fire safety will depend on physical factors, such as; building design and construction, together with equipment, furnishing and human factors, such as; proper use of equipment and appliances, plus crucially, on current local policies for handling emergencies and on staff training in all these matters.

1.2 This document is designed to give guidance and instructions to the Chief Executive, Executive Director of Delivery, Directors, Associate Directors, Managers and Departmental Heads, and all employees of the Trust. It should be a ready source of reference at all staff levels.

1.3 At all times the predominant consideration must be the welfare and safety of human life and the prevention of fires.

1.4 This policy takes account of the large number of changes both in statutory duty and in the physical structure of the hospital and its managerial arrangements.

2. Statutory Requirements

The principle statutory requirements bearing on fire safety in all NHS premises that must be observed by the NHS Hospital Trusts at all times are:

- NHS Firecode
- The Building Act 1984 as amended by Building Regulations 2006 - Fire Safety Approved Document 'B' Volume 2 – Buildings Other than Dwelling houses
- Statutory Instrument 2005 No. 1541. The Regulatory Reform (Fire Safety) Order 2005
- NHS Housing in the Community, Housing Act 1985.
- NHS and Community Care Act 1990.

3. Duties and Responsibilities

3.1 ***Chief Executive***

The Chief Executive is responsible for ensuring the implementation of this document and the guidance detailed in the Department of Health's various Health Technical Memorandum Firecode documents.

3.2 ***Executive Director of Nursing***

The Executive Director of Nursing and Patient Care is the Executive Director appointed by the Chief Executive to be accountable for fire prevention matters within the Trust.

3.3 ***Fire Safety Manager***

The Executive Director of Nursing and Patient Care has delegated to the Fire Safety Manager, the actual responsibility for fully implementing this policy and procedures in all premises owned by the Trust or in premises fully occupied by the Trust and where the Trust has full and sole responsibility for the premises.

The Fire Safety Manager is responsible for ensuring that all building and engineering maintenance is undertaken on a regular and systematic basis for those building elements,

components and engineering services and equipment which have a direct implication on fire precautions. Individual responsibilities are detailed in appendix 1.

3.4 ***Fire Specialist Advisor (Authorised Person-Fire)***

The Fire Specialist Advisor known as the Authorised Person - Fire is responsible to the Fire Safety Manager for giving advice on all fire precaution matters and monitoring all fire precautions arrangements and work in all premises which fall within the jurisdiction of the Trust. Individual responsibilities are detailed in appendix 2.

3.5 ***Portering Services (see Section 2: General Fire Procedure)***

The hospital Porters play a key role in a fire emergency as they are the Fire Response Team.

3.6 ***Switchboard Staff (see Section 2: General Fire Procedure)***

The Switchboard staff have an important role to play in reporting the fire to the Fire Service and maintaining radio communication with the Fire Response Team.

3.7 ***Estates Department Staff (see Section 2: General Fire Procedure)***

The Estates Department staff will assist in any evacuation as required in accordance with the Fire Procedure.

3.8 ***Ward/Department Managers and Fire Wardens***

All manager's responsibilities and details of the role of a Fire Warden are specified in appendix 3. The role of Fire Wardens shall normally be undertaken by the Ward/ Department Manager within their own ward/department, or their designated deputy. The Fire Warden will require no more fire safety knowledge than is required of any other member of staff as this is a preventative role within the ward/department and not an enforcement role.

3.9 ***All Employees of the Trust***

It is vital that **every member of staff** understands his/her duty to observe and comply with fire regulations and procedures. It is essential for every member of staff to:

- Practice and promote safe fire prevention habits.
- Understand the character of fire, smoke and toxic fumes.
- Know the correct action to take in the event of fire.
- Every member of staff must follow the evacuation procedure for the area in which they are working.
- Observe general good practices to prevent the incidence of fire.
- Familiarise themselves with the fire risks and precautions in their ward/ department.
- Attend mandatory annual tutor led fire training sessions in accordance with Appendix 4 of this document.
- Participate in regular fire evacuation drills.
- Know the location and type fire fighting equipment available in their workplace.
- Know the escape routes from their workplace and ensure that they are kept free from obstruction e.g. by furniture, rubbish etc.
- Be aware of the procedure for raising the alarm when a fire is discovered or suspected.
- Ensure that items of equipment, furniture or furnishings purchased or obtained or donated for use in their ward/department, meet appropriate standards with regard to installation, connection and fire resistant qualities.
- Report instances of proper procedures not being implemented, i.e. fire doors wedged open, hazardous or flammable materials being stored adjacent to escape routes, faulty electrical equipment, gas appliances etc. initially to their manager or Fire Warden.

3.10 ***Training Department***

The Trust's Training Department shall be responsible for monitoring the attendance of all staff attending all aspects of Fire Safety Training by:-

3.10.1 Maintaining a register of all attendees of training to enable attendance to be monitored by the Training Department.

3.10.2 Ensuring that if staff fail to attend any part of any training or induction course, line managers will be informed of their staff member's non-attendance and will be asked to rebook the member of staff on the next available date.

3.10.3 In accordance with Trust Policy reporting the numbers of staff attending or not attending training to all mangers and the Business Unit Group at regular intervals.

3.11 ***Staff Working Off Site***

The Princess Alexandra Hospital NHS Trust staff working elsewhere than The Princess Alexandra Hospital site must be aware of the local fire arrangement for the site or building.

3.11.1 All statutory and mandatory update training for both Clinical and Non-Clinical staff working elsewhere than The Princess Alexandra Hospital site shall be carried out at The Princess Alexandra Hospital site.

3.11.2 Additional fire awareness training will be provided for staff not working on the Princess Alexandra Hospital site, at their place of work, by the Fire Advisor in liaison with the local PAH manager. This training shall cover local fire procedures relevant to the site or building.

3.12 ***Capital Projects Lead Manager***

The Capital Projects Lead Manager is responsible for:

3.12.1 Ensuring that all building and engineering work, new construction and alterations, which have implications for fire precautions, are carried out to a satisfactory technical standard and conforms with statutory and NHS requirements.

3.12.2 Liaising with the Fire Specialist Advisor to ensure compliance with Firecode, all legal requirements and, in particular, the submission for approval to the appropriate authority, for all new buildings and all alteration work to existing buildings.

3.12.3 For ensuring that all proposals for new buildings and alteration work to existing buildings undertaken by the Trust, are reported to the Fire Specialist Advisor for comment and advice at an early stage prior to commencement of works.

3.12.4 For the benefit of the future management of the premises, the design decisions in relation to new buildings or building alterations should be adequately documented as part of the fire strategy. This would include identifying where a design solution achieves the objectives of Firecode by another method. Any assumptions made during the design stage must be recorded in writing in the fire strategy and project file, where appropriate

3.13 ***Contractors***

All contractors must be issued with a copy of the Contractors Fire Procedure (see appendix 5) and instructed upon the use and location of fire alarm call points, extinguishers and fire escape routes.

3.14 ***Patients and Visitors***

All staff receive training in fire and evacuation procedures. In the unlikely event of a fire, the Nursing Staff will take control of the situation. If there is an emergency, patients and visitors will be asked to follow instructions given to them by staff.

3.15 ***Official Reports on Fire Precautions***

Reports which advise or instruct the Trust on various aspects of fire prevention may originate from the:

- Department of Health / Management Executive NHS (Firecode)
- Health and Safety Executive
- The Department for Communities and Local Government (DCLG)
- Essex County Fire & Rescue Service (ECFRS)

The Chief Executive will require the Fire Safety Manager and the Fire Specialist Advisor to examine such reports and make appropriate recommendations regarding their implementation, taking account of cost, priorities and feasibility.

The Fire Safety Manager will monitor the action taken to implement recommendations and report any shortcomings to the Executive Director of Nursing and Patient Care. Inspecting bodies, i.e. Fire Service or Health and Safety Executive, should be kept advised of all actions to implement their recommendations (or of a decision **NOT** to proceed with their recommendations) and should be invited to re-inspect when work is complete.

3.16 ***Fire Drills***

It is a mandatory requirement that fire drills must be carried out in all Trust premises to test communications, staff reaction and effectiveness of training, at least once per year. The Fire Safety Manager will liaise with the Fire Specialist Advisor to arrange fire drills, within clinical areas appropriate to the clinical Managers' activity in their areas of responsibility. The ward/department managers must be advised of the outcome of all fire drills held. The Fire advisor shall keep records of all evacuation drills carried out on the Princess Alexandra Hospital site.

3.17 ***Fire Notices (For Trust and Non-Trust Employees)***

Prominent notices describing the action to be taken in the event of a fire will be displayed in all ward/department corridors, (white on blue).

3.18 ***Compliance Committee***

This Committee whilst being the Fire Safety Committee for the Trust in accordance with Health Technical Memorandum 05-01 (Managing Healthcare Fire Safety) and therefore accountable for fire prevention matters within the Trust, has delegated to the Estates and Facilities Patient Safety and Quality Forum the actual responsibility for fully monitoring, reviewing and as, appropriate revising, this policy and procedures in all premises owned or occupied by the Trust.

The Estates and Facilities Patient Safety and Quality Forum will have a standing agenda item regarding fire safety.

One of the Estates and Facilities Patient Safety and Quality Forum's tasks is to determine Fire Procedures for the Trust. This includes devising plans to deal with fire/smoke outbreak, fire prevention, training etc. and to determine the Fire Policy for the Trust with regard to a major fire incident necessitating total evacuation of a building or hospital.

The Estates and Facilities Patient Safety and Quality Forum will meet at monthly intervals.

3.19 ***Contraventions of the Fire Safety Policy and Procedure***

Any contraventions of the Trust Fire Safety Policy and Procedure can have fatal consequences to staff, patients and visitors and must therefore be dealt with as swiftly as possible.

Any contraventions of the Fire Safety Policy and Procedure or of the Firecode Health Technical Memorandums (HTM's) or of fire safety good practice discovered by the Fire Specialist Advisor or notified to the Fire Specialist Advisor in writing from **any** member of staff, will be dealt with as follows:

3.19.1 The Fire Specialist Advisor shall carry out a written risk assessment of the alleged contravention and shall make appropriate recommendations in the form of an action plan with a timescale for rectification of the contravention, if proven. This Risk Assessment and action plan shall be sent to the Fire Safety Manager who shall, after approval forward a copy to the ward/department manager.

3.19.2 If there is a failure to rectify the contravention within the timescale set or there is a repeat of the contravention the original risk assessment and an additional explanatory addendum will be sent to the Fire Safety Manager who shall, after approval, forward a copy to the Head of Department responsible for the ward/department for action within a revised timescale, with copies to the ward/department manager.

3.19.3 If there is a continued failure to rectify the contravention within the timescale set or there is a repeat of the contravention the original risk assessment and additional explanatory addendums will be sent to the Fire Safety Manager who shall, after approval forward a copy to the Capital and Estates Patient Safety and Quality Forum for action with copies to the Chief Executive and Head of Department responsible for the ward/department,

3.20 ***Alteration, Enforcement and Prohibition Notices***

If an Alteration Notice, Enforcement Notice or Prohibition Notice is received from the enforcing authority (normally Essex County Fire and Rescue Service) the Chief Executive as the responsible person under the Regulatory Reform (Fire Safety) Order 2005 shall take immediate action to comply with said notice.

4. Policy and Procedures Monitoring Arrangements

The responsibility for the monitoring and evaluation of this Policy and procedure will be held by the Fire Safety Advisor. Monitoring will include:

- An annual audit of any Alteration, Enforcement or Prohibition notices received from the local Fire Authority.
- An annual evaluation of the fire evacuation drills carried out within Trust premises.
- An annual audit of the recording of testing of the fire alarm system within Trust premises.
- An annual audit of the recording of testing emergency lighting systems within Trust premises.
- An annual audit of the recording of testing and servicing of the fire fighting equipment within Trust premises.
- An annual evaluation of the role of the Fire Warden as practiced within the Trust.
- Annual review of the suitability of fire training provision for compliance with Firecode.
- A bi-annual audit of the fire risk assessments for compliance with the action plan within the individual risk assessments.
- Ongoing monitoring of the policy and procedures for compliance with guidance issued variously by NHS Estates.
- Ongoing monitoring of the policy for compliance with current legislation.
- The whole of the Trust Fire Policy and Procedures document will be reviewed every two years.

Section 2: General Fire Procedure

1. Introduction

This fire procedure must be known to all staff and practised regularly in conjunction with the fire training given by the Trust Fire Specialist Advisor to all staff. No written policy will work unless the staff responsible for its implementation are aware of its contents and are committed to making it effective. This procedure will cover all areas of The Princess Alexandra Hospital site except those covered in appendix 6 (other buildings) and should be read in conjunction with the Evacuation Principles (appendix 7).

2. The Fire Alarm System and Evacuation Procedures

2.1 When the continuous Fire Alarm sounds in a non-clinical area all staff in the area should immediately evacuate, closing doors and windows as they go and taking all members of the public with them. In clinical areas (Wards, Day Hospital, A & E, Theatres) staff must prepare for evacuation and the implementation of the ward evacuation plan (see appendix 8). All doors and windows must be shut, patients assessed regarding their mobility and escape routes cleared. If an evacuation is required medical gas supplies should be shut off using the valves provided. The decision to evacuate will be made jointly by the Fire Response Team Leader (see appendix 9) and the senior person in charge of the ward or department in conjunction with the Duty Matron as appropriate.

When the continuous fire alarm activates in either ICU or HDU the procedure outlined in appendix 10 will be adopted.

When the continuous fire alarm activates in Rainbow Day Nursery, the procedure outlined in appendix 11 will be adopted.

Nobody must re-enter the ward/department/building until the all clear has been given by the Fire Service and communicated by a Fire Response Team member. Only the Fire Service can authorise the resetting of the Fire Alarm.

For a list of assembly points at the Princess Alexandra Hospital site, see appendix 12.

2.2 When the intermittent Fire Alarm sounds staff in the affected zone should close all doors and windows (Doors held open by the fire alarm system can remain open), clear escape routes and prepare for evacuation by assembling at a predetermined location within the ward or department (See local fire safety plan for individual ward/department details). Any member of the public should be identified and their location noted.

2.2.1 When the intermittent fire alarm sounds in Theatres (Main, Temporary, Maternity or Day Stay Unit) or Endoscopy the procedure detailed in Appendix 13 will be followed.

2.3 If the intermittent alarm changes to a continuous alarm this indicates that the fire is spreading and has now entered your zone. If this happens, evacuation as described in 2.1 above should commence immediately.

2.4 In the event of an evacuation using lifts as a means of escape, the procedures outlined in appendix 14 will be adopted.

2.5 A template of a local evacuation plan is contained in appendix 15, this would normally be completed by the Fire Specialist Advisor.

3. Hospital Control Point

3.1 The gold control will be situated in the Lower ground Floor Maternity Admin area adjacent the Colposcopy Unit and Early Pregnancy Unit. It will be the focal point of the hospital once a major

incident has been declared and will co-ordinate all resources and act as the information centre for all staff involved in the incident. The Hospital Control Centre will collate data about evacuated patients and will determine their immediate and ongoing management. Other aspects of the Major Incident Procedure will be implemented as required.

4. Staff Responsibilities

4.1 *Fire Safety Manager*

The Associate Director – Estates and Facilities is the Fire Safety Manager who has the responsibility for ensuring that this policy is established and regularly reviewed and that fire prevention/fire safety is actively pursued throughout the Hospital. In addition the Fire Safety Manager is responsible for physically testing the Fire Emergency Plan periodically to ensure that it works effectively in practice. In a fire/evacuation he/she will be responsible for the duty detailed in Appendix 9.

4.2 *Portering Services (See Appendix 16 Action Cards B, C & D)*

The Hospital Porters play a key role in a Fire Emergency as they form an important part of the Fire Response Team (See Appendix 9). On the activation of the fire alarm all porters, other than the designated Fire Response Team for the day, will continue with their normal duties. Porters not designated as members of the Fire Response Team shall not attend the incident unless specifically requested to attend by the Fire Response Team Leader.

4.3 *Switchboard Staff (See Appendix 16 Action Card A)*

The Switchboard staff have an important role to play in reporting the fire to the Fire Service and maintaining radio communications with the Fire Response Team. In the event of a continuous fire alarm within switchboard, the Switchboard staff should not evacuate unless they are in immediate danger or are told to do so by the Fire Service or Fire Safety Manager. If evacuation is necessary the Senior Switchboard operator present should take the two-way radio in order to maintain communication with the Fire Response Team.

4.4 *Security Staff (See Appendix 16 Action Card E)*

Security Staff shall assist the Fire Response Team as detailed in action card E.

4.5 *Estates Department Staff (See Appendix 16 Action Card F)*

The Estates department staff will evacuate as required in accordance with this Fire Policy. The Engineer or the on-call Engineer will follow action card F.

4.6 *Medical Team*

The medical team will fulfil the roles identified in The Princess Alexandra Hospital Major Incident Plan as directed by the Fire Safety Manager in conjunction with Hospital Control Centre.

4.7 *All Other Staff*

Where an area is evacuated to the open air assembly point, once the evacuation is complete and a roll call has been taken a runner must be sent from each assembly point to the Hospital Control Centre to report any missing persons or other problems. The Fire Safety Manager may call for volunteers to assist in the evacuation, carry messages or assist in any other way.

4.8 *Contractors*

All contractors must be issued with a copy of Appendix 5 of this Policy and Procedure document and instructed upon the use and location of fire alarm call points, extinguishers and fire escape routes.

4.9 ***Visitors***

Visitors must be asked to leave all non-clinical areas in which the continuous fire alarm is sounding. Exceptionally in clinical areas where fire is developing quickly, they may be asked to assist with an evacuation; however, this should be avoided unless it is absolutely essential.

5. Fire Response Team - See Appendix 9

6. Other Buildings – See Appendix 6

7. Other Areas

7.1 **The Basement** is not normally occupied permanently and therefore a fire occurring could grow quickly without being noticed. Should a fire alarm operate in this area both members of the Fire Response team should investigate the area without putting themselves at any unnecessary personal risk.

If a fire does exist first aid fire fighting is not recommended.

All doors should be shut on the way back out to Ground Floor especially the double doors giving access to lower ground floor.

7.2 **Plant Rooms**, as with the Basement an investigation should be instituted by a responsible person and if a fire is in existence the doors should be shut and fire fighting left to the Fire Service.

7.3 **Fracture Clinic Drop off Zone** - the area of roadway bordered by Fleming Ward, Switchboard, Melvin Ward, Fracture Clinic and the Emergency Assessment Unit is designated as a **NO PARKING ZONE** due to the access requirements of Essex County Fire & Rescue Service (ECFRS) for their high reach appliances in an emergency.

This area may be used as a Drop Off/Pick Up Zone only, by ambulances and private vehicles, however extended waiting or parking in this area is forbidden and must be strictly enforced.

The only agreed exception (by ECFRS) is the occasional provision of the mobile MRI Scanner Unit for extended periods in order to maintain the clinical service provided by the Trust.

Appendix 1: The Fire Safety Manager's Duties and Responsibilities

The Fire Safety Manager's duties and responsibilities include:-

- Ensuring that fire fighting equipment is serviced and maintained in accordance with BS EN 3 and updated records kept.

- Ensuring that all fire doors and fire exit doors are serviced and maintained in accordance with the relevant British Standards and that a record of the servicing is maintained and updated.

- Ensuring that Contractors are instructed (before commencing work) on the fire procedure for the premises on which they are working and to ensure Hot Work permits are issued prior to work on a daily basis.

- Ensuring that fire warning and emergency lighting systems are adequately maintained and tested in accordance with Firecode – Fire safety in the NHS Health Technical Memorandum 05-03: Operational provisions Part B: Fire detection and alarm systems BS5839 and BS 5266 respectively and records kept of such tests.

- Ensuring appropriate levels of management are always available to ensure decisions can be made regardless of the time of day.

- Supervising the day to day management of fire safety requirements.

- Ensuring that Managers are aware of their responsibilities observing fire precautions and ensuring that fire alarms and fire fighting equipment are regularly maintained.

- Ensuring that Managers are aware of their responsibilities for ensuring that all staff participate regularly in training and fire drills.

- Arranging for the co-ordination and direction of staff actions in a fire emergency and subsequently arranging for the investigation and reporting of incidents in conjunction with the Manager of the department.

- Monitoring and maintenance of fire fighting appliances on a regular basis.

Appendix 2: The Fire Specialist Advisor's Duties and Responsibilities

The Fire Specialist Advisor's duties and responsibilities include:-

- Advising on the content of the Trusts Fire Safety Policy.
- Assisting with the development of the Trust Fire Strategy.
- Providing expert advice on the application and interpretation of fire legislation and fire safety guidance, including Firecode.
- Advising on fire precaution measures and recommending the order of priorities.
- Attending fire incidences.
- Surveying and reporting on the standard of fire safety in Trust premises and on the adequacy of staff training in fire precautions.
- Preparing training programmes and liaising with the Fire Safety Manager on the organising of fire drills and the training of staff.
- Co-operating with Local Authority Fire Service Officers in the inspection of Trust buildings and the investigation of outbreaks of fire therein.
- Keeping updated records of fires and, when necessary, preparation of fire reports.
- Liaising with other external bodies having mandatory or advisory fire precaution responsibilities, e.g. Health and Safety Executive, Fire Service, Home Office Inspectorate.
- Advising on the suitability of fire fighting equipment in each Department.
- Advising Manager's etc where alterations to rooms and buildings are contemplated and where there are changes in procedures or staffing levels which may affect the Fire Policy.
- Preparing the content of regular tutor led fire training sessions for all staff and providing fire training sessions for specific groups of staff on request, including induction training for new staff members.
- Undertaking regular fire safety risk assessments of all wards/departments. Additional fire risk assessments will also be undertaken where significant changes have taken place in the use or layout and design of an area or when specific requests for inspections are made. (Reports will be sent to the Fire Safety Manager for information and action).
- Monitor, in the course of his/her normal duties, the patient care areas and principal escape routes to ensure compliance with basic fire precautions.
- Monitor and report to appropriate Managers for remedial action when equipment, packages, beds etc are incorrectly stored in escape routes, near fire exits or fire fighting equipment.
- Remove all obstructions and or wedges which are used for holding open fire doors.
- Attend major fire drills.

Appendix 3: The Duties and Responsibilities of Ward/Department Managers and Fire Wardens

The Ward/Department Managers and Fire Wardens duties and responsibilities include:

- That every member of their staff regularly participates in fire precaution training, including fire lectures and evacuation drills.

- That all staff, whether temporary, part-time, junior, senior or voluntary receive instruction in both the general fire precautions of the hospital premises and the specific risks in their ward / department.

- That all staff attend a tutor led fire training session in accordance with Appendix 11 of this document and records of attendance are maintained for a minimum of three years by the Trust's Training Department.

- That all new staff, immediately upon appointment, are instructed in the specific fire risks, precautions and procedures of the ward/department, including the location and use of fire fighting equipment, alarm points, fire exits and escape routes. (Instruction may be verbal, by demonstration or by practical demonstration).

- That all staff under their control practice good fire safety at all times and do not prejudice or interfere with physical fire protection arrangements e.g. wedging open fire doors, blocking fire exits etc.

- That they carry out routine and regular fire audits within their area of responsibility to ensure all fire precautionary and safety measures are in good condition and fully operational.

- Raise issues regarding local area fire safety with line management and, if appropriate, the Fire Specialist Advisor.

- Organise the fire safety regime within their ward or department.

- In addition to the normal fire safety training the Fire Warden may be nominated from time to time to attend off site additional fire safety training sessions.

- Assist with the co-ordination of the response to an incident within their ward or department.

- Be responsible for roll call during an incident.

- Be trained to tackle small fires with fire fighting equipment, where appropriate.

- Organise the fire safety regime within their ward or department.

- Ensure that any proposal to change the use or physical structure of a ward or department, which might have an impact on the fire policy or the Trust's statutory duty in respect of fire is reported to, and approved by, the Fire Safety Manager and the Fire Adviser **before** any change is initiated.

- Ensure that a suitable member of staff within the ward/department is carrying out the role and responsibilities of the Fire Warden in their absence from the ward/department for whatever purpose and regardless of the time scale of absence, e.g. off duty, attending meetings, lunch breaks etc.

- Advise the Fire Safety Advisor, in writing, of the name and designation of all persons acting as Fire warden, and any subsequent changes, as detailed above.

Appendix 4: Fire Safety Training Needs Analysis

Staff Groups

Fire Safety Training Needs

	Clinical Managers	Clinical Staff	Clerical Managers	Clerical Staff	Support Managers	Support Staff
Induction training						
Generic	**NS**	**NS**	**NS**	**NS**	**NS**	**NS**
Specialist training						
Fire Warden	**AN**		**AN**		**AN**	
High Dependency Units	**A**	**A**				**A**
Refresher training						
Fire prevention	**A**	**A**	**A**	**A**	**A**	**A**
Action in the event	**A**	**A**	**A**	**A**	**A**	**A**
Response teams	**A**				**A**	**A**
Practical training						
Patient evacuation	**A**	**A**				
Fire Drills	**A**	**A**	**A**	**A**	**A**	**A**
Extinguishers	**AN**	**AN**	**AN**	**AN**	**AN**	**AN**

NS = New Starter **A = Annually**
P = Periodically **AN = As necessary**

E-Learning can be used as an alternative to tutor lead training; however clinical staff shall only substitute e-learning a maximum of every other year, non-clinical staff shall not substitute e-learning for more than a maximum of two consecutive years

Appendix 5: Contractors Fire Procedure

All contractors should make themselves aware of the local fire safety plan for the ward/department in which they are working so as to establish the predetermined location for assembly within the ward/department.

An intermittent sounding of the fire alarm sounders means there may be a fire in an adjacent ward/department.

A continuous sounding fire alarm is an instruction to evacuate the ward/department /building.

On detecting a fire

1. Remove persons from immediate danger.
2. Sound alarm by breaking glass of fire alarm call point.
3. Shut doors and windows adjacent to the fire.
4. Do not call switchboard.
5. Attack fire only if this can be done without jeopardising personal safety.

On hearing an intermittent fire alarm

6. Prepare for evacuation by clearing escape routes for patients and staff.
7. Go to ward/department predetermined location.
8. Await further instruction from Hospital staff

On hearing a continuous fire alarm

9. Prepare for evacuation by clearing escape routes for patients and staff.
10. Leave the ward/department/building by the nearest available exit. Close fire doors as you go.
11. **Do not use lifts**.
12. **Do not** re-enter the ward/department/building until instructed to do so by the Hospital Fire Response Team, or Fire Service.

Should evacuation of an area be necessary, this will be co-ordinated at the scene of the fire by the Hospital Fire Response Team, or Fire Service.

Appendix 6: Other Buildings

The areas listed below are generally only occupied during normal working hours Monday to Friday, therefore they will be treated as independent units and will evacuate fully direct to the open air assembly point upon the actuation of the fire alarm system. All other aspects of the Fire Procedure for the Hospital remain in force.

- Parndon Hall
- Narvik House
- Drammen House
- Kalmar House
- Arendal House
- Grane House
- Social Club
- Basement and Plant Rooms
- Oslo House
- Norway House (Rainbow Nursery)

Appendix 7: Evacuation – Basic Principles And Planning Assumptions

INTRODUCTION

The requirement to either wholly or partly evacuate the hospital in the event of a fire or other serious incident must be planned for carefully and thereafter practised periodically to ensure that the evacuation can be effectively and smoothly carried out at any time.

BASIC CONSIDERATIONS

The basic principle of any evacuation from a hazard is that staff and patients can turn their back on the hazard and walk to a place of safety. A place of safety is normally accepted to be outside in the open air completely away from the building. Regrettably such a simplistic approach is not always realistic or practicable in a hospital for the following reasons:

(1) Patients who are seriously ill and often totally incapacitated cannot be moved easily either in their beds or otherwise. This is particularly true of patients in an ICU and to a lesser degree those in geriatric wards.

(2) Patients located on upper floors cannot be readily or easily carried downstairs without considerable physical effort and staff assistance. Nursing staff may be faced with having to evacuate patients weighing in excess of 120 kilos.

(3) Removing patients into the open air, particularly in the winter may have serious medical repercussions and in the case of the old and infirm may actually prove fatal.

(4) Staff resources, particularly at night and at weekends are often at a minimum with as few as only two nurses on duty in each ward and with only three porters available throughout the hospital.

(5) The time required to complete an evacuation may not be sufficient to permit each patient to be transported along the route of escape to open air before the hazard overtakes them. This is particularly relevant in the case of fires and explosives.

(6) Always assuming that evacuation has been carried out successfully there still remains a need to care for the patients in the post evacuation period, which may include their transportation to other locations both on and off the site.

(7) An evacuation will require support and additional resources if it is to succeed. Consequently, the hospital's full emergency plan will probably need to be brought into operation at the earliest possible time.

EVACUATION PROCEDURES / REQUIREMENTS

As has been stated already, total evacuation into open air cannot be easily or readily achieved in a hospital environment, therefore a system of horizontal evacuation is often employed as an interim arrangement in order to buy time. Horizontal evacuation is generally only applicable where the evacuation is necessitated because of a fire.

Horizontal evacuation involves moving both staff and patients from the immediate scene of the fire to another location on the same floor, which will provide a comparative place of safety. This approach can only be successfully employed if the following elements are available:

(1) Fire resisting compartments or sub-compartments exist either in the ward itself or immediately adjacent thereto.

(2) Fire doors which give access from one fire resisting compartment to another close immediately after the evacuation has passed through them and all other fire doors which give access to the affected compartment are closed.

(3) That principle circulation routes along which an evacuation will proceed are free of all obstructions so that beds, wheelchairs etc can be easily pushed along the escape route.

(4) That staff have carefully pre-planned how and to where an evacuation will be made.

(5) Those involved in the evacuation remain cool, calm and collected and carry out the procedure which has been planned and practised.

(6) One member of staff takes command and makes the necessary clinical and other decisions upon which the evacuation will rely for its success.

PLANNING THE EVACUATION

Any plan must be capable of working at anytime of the day or night. It is best to plan on the basis that there will be the minimum number of staff available and the maximum number of patients. In other words plan for the worst case scenario.

(1) The first task in making an evacuation plan is to identify where the fire resisting compartments are, both in and adjacent to the ward, and where the fire exits are located. Fire compartments are usually easy to identify because they will be separated by fire doors which are self closing. In wards on the Main Block the access door from the lift lobby is a fire door as is the one and a half door two-thirds down the ward and the final door giving access to the escape staircase. Consequently, each ward has two fire compartments. Each door into a compartment, when closed, will give approximately thirty minutes protection from smoke and heat. Therefore, the first part of the plan should involve moving both patients and staff from the effected area to an adjacent fire compartment. The plan at this stage must be flexible so that a fire occurring anywhere in the ward can be dealt with in evacuation terms.

(2) The second part of the plan must consider where the evacuation should progress to next, if the fire is growing and developing. The second stage of the evacuation can be either horizontal or vertical depending on the circumstances. If the fire is rapidly spreading then vertical evacuation should be started, if the fire is reasonably stable and controlled, further horizontal evacuation maybe feasible. There can be no definitive course of action for all circumstances, this can only be determined by judgement on the day. Theoretically at this stage both the Fire Service and other hospital resources will have arrived to assist in both the decision making and the actual evacuation process. Second stage evacuation can be into an adjacent ward or onto the floor below or straight out into open air.

(3) The third part of the plan should consider who should be evacuated and in what order. As a general rule those nearest the fire should be moved first and the remainder moved progressively thereafter relative to their proximity to the fire. Once this initial movement has been achieved, full evacuation into the next compartment should involve moving the walking patients first then those who can be easily moved either in wheelchairs These decisions are of a clinical nature and should be made by the Senior Nurse or Doctor present.

(4) In circumstances where the only route of escape is onto a staircase, patients should be taken through the doors onto the staircase and held on the landing until everybody has been evacuated, or alternatively if the incident is in the tower block section of the hospital the emergency bed lifts can be used to evacuate patients. However if these lifts are used then an immediate Major Incident Internal Category 3 must be called The doors onto the staircase are fire resisting so they will give half an hour protection whilst evacuation down the stairs or lift, as appropriate is commenced.

(5) In the case of ICU and Theatres, evacuation must be considered a last resort and provided the fire doors are shut and the fire is not in the immediate area at least thirty minutes is available to

mobilise additional resources to carry out an evacuation if this becomes unavoidable. When the alarm sounds in these areas, staff should immediately start preparing for an evacuation.

PHYSICALLY EVACUATING PATIENTS

As has been previously stated, moving patients will not be easy, and only a very few methods can be employed in the early stages because of the limited number of staff available. Which methods to employ are governed primarily by the clinical / medical condition of the patients and their relative weight and mobility.

(1) WALKING

Wherever possible, patients should be encouraged to walk without assistance from staff. In this way one member of staff can lead a number of patients into the nearest safe area.

(2) WHEELCHAIRS

Where it is relatively easy to put patients into wheelchairs, this method should be used, for those who cannot move without assistance. Once in the wheelchair they are easily moved and can be moved again if necessary in stage 2 of the evacuation.

(3) BEDS

It is possible to push a limited number of beds during an evacuation; however, beds take up a lot of room and can block the routes of escape. Similarly, it may need two people to push each bed, doors will need to be held open to get them through which may allow the fire to spread more rapidly than it would otherwise. Beds should be used only where there are no practical alternatives due to the condition of the patient.

(4) CARRYING

There are a number of methods for carrying patients, however, they are all resource intensive and involve at least two members of staff and, quite often three per patient. For patients who are extremely bulky or heavy, attempts to carry them can cause injuries to staff which can lead to the patient being dropped and injured and above all else will rapidly exhaust staff members. This method should only be used where all other methods are unavailable. The only exception to this would be the movement of young babies (even young children can be quite heavy).

OTHER ISSUES

Serious fires in hospitals are thankfully rare, therefore, in most circumstances only the first stage of the evacuation will be necessary as the fire will be quickly put out by either hospital personnel or by the Fire Service. If full evacuation does become necessary, then the hospital's major incident plan will be activated.

All evacuation plans should be tested from time to time, to check that they actually work in practice. Such tests should be as realistic as possible and should involve other services such as the Fire Service and the Ambulance Service.

Evacuation plans for other parts of the hospital should also be developed and should include roll calls, assembly points and the management and control of members of the public.

Members of the public already within a ward can sometimes be used in an evacuation from a ward, but, as a general rule, if the fire alarm sounds consideration should be given to asking them to leave the building by the nearest available exit and all entry into the area is to stopped.

CONCLUSION

Preparing for an evacuation using the basic principles listed above, should allow for it to be achieved safely and effectively should a real event occur. Each ward and department should fully understand and plan for their own evacuation and where appropriate should reach agreements with adjacent wards and / or departments where the evacuation plan involves them. If you are in doubt about any aspect of the planning process, do not hesitate to contact the Fire Advisor for the Trust.

Appendix 8: Evacuation Procedures for Clinical and Non-Clinical Areas

1. Discovering a fire

1.1 Any member of staff discovering a fire within the hospital shall immediately close the door to the room containing the fire and raise the alarm by breaking a fire alarm break glass call point.
1.2 Warn other staff of fire
1.3 Contact switchboard on extension **2222** immediately
1.4 Working with other members of staff, if necessary, move patients, visitors and staff away from the fire through a pair of self-closing fire resisting doors.
1.5 Await arrival of Fire Response Team and Fire Service
1.6 Only if safe to do so attempt to extinguish fire.

DO NOT PUT YOURSELF IN ANY PERSONAL DANGER

2.0 Hearing the continuous fire alarm – Clinical areas

2.0.1 Close all windows and doors within ward/department
2.0.2 Check all rooms for signs of fire – **without putting yourself at personal risk**
2.0.3 The Senior member of staff on duty within the ward/department is to contact switchboard on extension **2222** immediately and inform them if a fire has been found and what the fire is.
2.0.4 If a fire is found warn other staff of fire.
2.0.5 Working with other members of staff if necessary move patients, visitors and staff away from the fire through a pair of self-closing fire resisting doors.
2.0.6 If no sign of fire is found the senior member on duty within ward/department is to contact switchboard on extension **2222** and inform them you cannot find any sign of a fire.
2.0.7 If no sign of fire is found all staff shall assemble at the predetermined location for the ward/department and await the arrival of the Fire response team and Fire Service.

The decision to evacuate clinical patient care areas will be made jointly by the senior person in charge of the ward or department present, the Duty Matron and the Fire Response Team Leader, who will initially instigate horizontal evacuation where possible. If evacuation of clinical areas becomes necessary or if the fire is spreading the Fire Response Team Leader will call for assistance via Switchboard from adjacent wards and departments and ask Switchboard to activate the Hospital Major Incident Procedure and to inform the Ambulance Service accordingly. Upon their arrival the Fire Service will take over the control of the fire and evacuation and will be assisted as requested by hospital staff.

2.1 Hearing the continuous fire alarm – Non-Clinical areas

2.1.1 Close all windows and doors within department
2.1.2 Check all rooms for signs of fire – **without putting yourself at personal risk**
2.1.3 The Senior member of staff on duty within the department is to contact switchboard on extension **2222** immediately and inform them whether or not a fire has been found and if so, what the fire is.
2.1.4 Evacuate the department either to the outside assembly point or to a suitable refuge beyond the area where the alarm is sounding continuously, regardless of the discovery of a real fire.

3.0 Hearing Intermittent Alarm (Pulse Tone) – All areas

3.1 Close all windows and doors in ward/department
3.2 All staff to assemble at the predetermined location for the ward/department
3.3 All non-essential clinical and other duties to cease.
3.4 If essential clinical duties continue – ensure other members of staff know your location.
3.5 Plan for the possible evacuation of patients and visitors.

3.6 Await further instruction from Fire Response Team or Fire Service

4. The Fire Safety Manager, in liaison with the A & E Consultant, will identify areas unaffected by the fire in which patients can be treated and sheltered.

5. The Fire Safety Manager in conjunction with Hospital Control Centre will co-ordinate the hospital response to the fire and evacuation.

6. An aide-memoir to assist evacuation pre-planning is shown in appendix 7 of the Trust's Fire Policy.

Appendix 9: Fire Response Team

1. FIRE RESPONSE TEAM

The full Fire Response Team shall consist of:

The Portering Supervisor (Fire Response Team Leader)
One General Porter
The A&E Porter (Substitutes for the A&E Porter shall be the EAU Porter in the first instance or a member of Security Staff in the second instance).
Security Staff
Estates Staff
The on duty Manager
The on duty Matron
The Fire Safety Manager
The Fire Advisor

The normal initial attendance for the Fire Response Team at a fire call shall be the Portering Supervisor, General Porter and A&E Porter (or substitute).

The Duty Manager and/or duty Matron shall attend as necessary dependant on the location of the incident.

The Fire Safety Manager and/or Fire Advisor shall attend as necessary

2. ROLES AND RESPONSIBILITIES OF FIRE RESPONSE TEAM

The role and responsibilities of the Fire Response Team, except where differed elsewhere in this document, shall be as follows:

3. Portering Supervisor (Fire Response Team Leader)

The Portering Supervisor shall be nominally in charge of the incident initially and shall be the liaison link with the Fire Service on their initial attendance, and the communications link to Switchboard - See Fire Response Team Action Card B

The Portering Supervisor shall also:

Where possible before the arrival of the Fire Service inform the A & E Porter of the current situation at the fire alarm location

Safely investigate the cause of the incident and, if possible, and advise switchboard of the current situation (i.e. a false alarm or real fire)

Assist Ward/Department Managers with any evacuation of Patients/Visitors

Liaise with Duty Manager and/or Duty Matron if in attendance

Call for additional Porters for support in an evacuation, if necessary

4. General Porter

The general Porter shall assist the Portering Supervisor as required by the Portering Supervisor – See Fire Response Team Action Card C

5. A & E Department Porter

See Fire Response Team Action Card D

6. Security Staff

See Fire Response Team Action Card E

7. Estates Staff

See Fire Response Team Action Card F

8. On-Duty Manager

The On-Duty Manager shall attend fire incidents as necessary, or if specifically requested:

To assess the business continuity impact of the fire incident

To initiate the required procedures to ensure the minimum disruption to the business continuity of the hospital prior to the full application of the Trust Major Incident procedure

To inform, at the earliest opportunity, the On-Call Executive Director of the fire alarm incident if there is a real fire and/or an evacuation takes place

9. On-Duty Matron

The On-Duty Matron shall attend fire incidents as necessary, or if specifically requested:

To assist, as required, the clinical staff in charge of the area in the prioritisation process for a potential evacuation of a ward/department prior to the full application of the Trust Major Incident procedure.

In liaison with the On-Duty Manager inform, at the earliest opportunity, the On-Call Executive Director of the fire alarm incident if there is a real fire and/or an evacuation takes place

10. Fire Safety Manager

The Fire Safety Manager shall attend fire incidents as necessary, or if specifically requested, to assist in arranging for the co-ordination and direction of staff actions in a fire emergency, in liaison with the On-Duty Manager and/or On-Duty Matron, and subsequently arranging for the investigation and reporting of incidents in conjunction with the Manager of the ward/department.

11. Fire Advisor

The Fire Advisor shall attend fire incidents as necessary, or if specifically requested, in an advisory capacity to the remainder of the Fire Response Team.

Appendix 10: Evacuation Procedure for Intensive Care Unit and High Dependency Unit

When the continuous fire alarm activates in either ICU or HDU the following procedure shall be adopted: -

1. The decision to evacuate ICU and/or HDU will be made by the senior person present and in charge of the unit in liaison with the Duty Matron. Due to the possible very high risks to patients should an evacuation of ICU or HDU be undertaken, the following procedure shall be adopted: -

2. Initially patients shall be left in situ and only visitor's evacuated using phased horizontal evacuation.

3. If the incident directly involves a patient area within ICU and/or HDU and the conditions become untenable, then those patients on life support machines shall have their beds lowered as far as practicable. Staff shall then evacuate themselves and patients not on life support machines from the area using phased horizontal evacuation.

4. If it subsequently becomes necessary to evacuate patients who are on life support machinery the senior clinical person present and in charge of the unit shall set the priority order of evacuation of the patients in conjunction with the Duty Matron.

Appendix 11: Rainbow Nursery Fire Alarm System and Evacuation Procedures

1.0 INTRODUCTION

This fire procedure must be known to all staff and practised regularly in conjunction with the annual fire training given by the Trust's Fire Specialist Advisor to all staff. No written policy will work unless the staff responsible for its implementation are aware of its contents and are committed to making it effective.

2.0 THE FIRE ALARM SYSTEM

2.1 When the continuous Fire Alarm sounds all staff within the Nursery shall immediately evacuate the premises by the nearest available exit and assemble at the Assembly Point for the premises, closing doors and windows as they go and taking all children and any members of the public with them.

Nobody must re-enter the building until the Fire Service has given the all clear.

Only the Fire Service can authorise the resetting of the Fire Alarm.

3.0 STAFF RESPONSIBILITIES

Person In Charge

3.1 Upon hearing the fire alarm the person in charge of the Nursery shall contact switchboard on Extn. 2222

3.2 The person in charge shall then evacuate the premises by the nearest available exit and take with them the daily register of staff and children.

3.3 When at the assembly point for the premises the person in charge shall take a roll call of all staff. Upon the arrival of the Fire Service the Officer in Charge of the attending Fire Service shall be informed that either all persons are accounted for, or the names and if possible last known location of any missing staff.

4.0 EVACUATION

BASIC PRINCIPLES AND PLANNING ASSUMPTIONS

4.1 INTRODUCTION

The requirement to evacuate the Nursery in the event of a fire or other serious incident must be planned for carefully and thereafter practised periodically to ensure that the evacuation can be effectively and smoothly carried out at any time.

4.2 BASIC CONSIDERATIONS

The basic principle of any evacuation from a hazard is that staff and children can turn their back on the hazard and walk to a place of safety. A place of safety is accepted to be outside in the open air completely away from the building.

4.3 EVACUATION PROCEDURES / REQUIREMENTS

Any evacuation of the Nursery relies on the following elements being available during the evacuation.

4.3.1 That staff have carefully pre-planned how and to where an evacuation will be made.

4.3.2 Those involved in the evacuation remain cool, calm and collected and carry out the procedure, which has been planned and practised.

4.3.3 One member of staff takes command and makes the necessary decisions upon which the evacuation will rely for its success.

Assembly Points for Rainbow Nursery

The Assembly Point for the Nursery shall be the soft play area within the garden adjacent to the Hospital Staff Car Park.

In the event that this area becomes untenable the Assembly Point shall be moved to the Hospital Staff Car Park adjacent the Nursery Garden

Appendix 12: Assembly Points at The Princess Alexandra NHS Hospital

Main Building Complex

Basement	Public Car Park opposite Estates Corridor

Lower Ground Floor

Estates Corridor	Public Car Park opposite Estates Corridor
Stores	Public Car Park opposite Estates Corridor
Mortuary	Public Car Park opposite Estates Corridor
Linen Stores/Workroom	Public Car Park opposite Estates Corridor
CSSD	Public Car Park opposite Estates Corridor
Medical Records	Public Car Park opposite Estates Corridor
Domestics Offices	Public Car Park opposite Estates Corridor
Kitchen/Restaurant	Public Car Park opposite Estates Corridor
LGF Pharmacy	Car Park outside Alexandra Day Unit
Corridor from Restaurant to Maternity Reception	Car Park outside Alexandra Day Unit
Alexandra Day Unit	Car Park outside Alexandra Day Unit
Endoscopy Unit	Car Park outside Alexandra Day Unit
Catheter Lab	Car Park outside Alexandra Day Unit
Labour Ward	Car Park outside Alexandra Day Unit
Ante-Natal	Car Park outside Alexandra Day Unit
Trust HQ & Adjacent Offices	Car Park outside Alexandra Day Unit
Neo Natal	Grass area between Neo Natal Unit and Restaurant
Stroke Unit	Michael Letcher Cellular Pathology Car Park
Birthing Unit	Car Park adjacent Rainbow Nursery
Holoscopy Unit	Grass area between Neo Natal Unit and Restaurant
Women's Health Unit	Grass area between Neo Natal Unit and Restaurant
IVF Unit	Grass area between Neo Natal Unit and Restaurant
Colposcopy clinic	Grass area between Neo Natal Unit and Restaurant
Administration Block LGF	Michael Letcher Cellular Pathology Car Park
Samson Ward	Car Park outside Alexandra Day Unit
Chamberlen Ward	Car Park outside Alexandra Day Unit
Radiology Offices	Public Car Park Opposite Estates Corridor
Tye Green Ward	Public Car Park Opposite Estates Corridor
Hospital Radio Studio	Public Car Park Opposite Estates Corridor

Ground Floor

Fleming Ward	Drop off area between EAU and the Fracture Clinic
Switchboard	Drop off area between EAU and the Fracture Clinic
OPD Corridor	Drop off area between EAU and the Fracture Clinic
Pathology	Grass area between Neo Natal and Kitchen
Pharmacy -Dispensary	Grass area between Neo Natal and Kitchen
Medical Secretaries	Drop off area between EAU and the Fracture Clinic
Medical Records	Drop off area between EAU and the Fracture Clinic
Radiology	Drop off area between EAU and the Fracture Clinic
OPD	Visitor Car park adjacent A&E
OPD/Cardiology	Visitor Car park adjacent A&E
Physiotherapy	Car Park outside Alexandra Day Unit
Inpatient Therapy	Car Park outside Alexandra Day Unit
Cardiac Assessment unit	Car park outside Alexandra Day Unit
Fracture Clinic	Drop off area between EAU and the Fracture Clinic
Accident and Emergency	Drop off area between EAU and the Fracture Clinic
Emergency Assessment Unit (EAU)	Drop off area between EAU and the Fracture Clinic
Melvin Ward	Drop off area between EAU and the Fracture Clinic

Netteswell Ward	Visitor Car park adjacent A&E
Pre-Assessment Unit	Visitor Car park adjacent A&E
Coffee Shop	Visitor Car park adjacent A&E
Discharge Lounge	Visitor Car park adjacent A&E
PALS Office	Visitor Car park adjacent A&E

1st Floor

Henry Moore Ward	Visitor Car park adjacent A&E
Harold Ward	Visitor Car park adjacent A&E
Main Theatres	Visitor Car park adjacent A&E
Kingsmoor Ward	Visitor Car park adjacent A&E
Same Day Admissions Unit	Visitor Car park adjacent A&E
Temporary Theatres	Grass area between Neo Natal Unit and Restaurant
Penn Ward	Grass area between Neo Natal Unit and Restaurant
Saunders Ward	Drop off area between EAU and the Fracture Clinic

2nd Floor

Dolphin Ward	Visitor Car park adjacent A&E
Lister/Rowan Ward	Drop off area between EAU and the Fracture Clinic
Ray Ward	Grass area between Neo Natal Unit and Restaurant

3rd Floor

Locke Ward	Drop off area between EAU and the Fracture Clinic
Harvey Ward	Grass area between Neo Natal Unit and Restaurant
Haematology Day Unit	Drop off area between EAU and the Fracture Clinic

4th Floor

ICU	Grass area between Neo Natal Unit and Restaurant
HDU	Grass area between Neo Natal Unit and Restaurant
Charnley Ward	Drop off area between EAU and the Fracture Clinic

Other Buildings

William's Day Hospital	Grass area between Narvik House and Arendal House
Gibberd Ward	Grass area near Gibberd Ward
Bevan Ward	Grass area near behind Drammen House
Eye Unit	Grass area between Neo Natal Unit and Restaurant
Parndon Hall	Car Park at front of building
Social Club	Grass area outside the front of the Social Club
Oslo House	Grass area between Narvik House & Arendal House
Narvik House	Grass area in front of building
Arendal House	Grass area in front of building
Drammen House	Grass area behind building
Training & Development Centre	Patient drop off point outside Eye Unit

(Kalmar House)	
Grane House	Grass area in front of building
Rainbow Day Nursery (Norway House)	Soft Play area in Nursery Garden
Michael Letcher Cellular Pathology Unit	Rainbow Day Nursery Car Park
Boiler House	Visitor Car park adjacent A&E

Appendix 13: Evacuation Procedure for All Theatres and Endoscopy

When either the continuous or intermittent (pulse tone) fire alarm activates in any theatre area within the hospital the following procedure shall be adopted for that theatre area:

1. No patients will be accepted into the theatre reception or holding area, whether self presenting or accompanied by porters or other staff.

2. No anaesthesia, either general or local, will be administered to patients.

3. No new surgery or procedures will be started.

4. Surgery or procedure already in progress MAY continue at the discretion of the senior staff member present and responsible for the operation/procedure within the theatre in use.

5. Where surgery or procedure continues the reception staff shall, in consultation with the Fire Service Officer in Charge of the incident, regularly update any individual theatres still in use as to the level of continued safety of the patient and staff from the incident.

6. If it is deemed necessary by the Fire Service Officer in Charge of the incident to evacuate any occupied theatres during an incident the reception staff in liaison with the Fire Safety Manager, shall instigate the Major Incident Procedure, if not already in place, and arrange for the removal of the patient and staff from the affected theatre.

Appendix 14: Evacuation Procedure Using Lifts as Means of Escape

1. Lifts

1.1 When the fire alarm sounds continuously within the central core of the tower block, the lifts will automatically return to the ground floor and the doors will open, and remain so, until the fire alarm system is reset. ***The lifts within the central core of the tower block are not acceptable for use in any emergency evacuation.***

1.2 In the event of a life and death emergency within the Tower Block in an area not affected by the fire alarm which requires a patient transfer, the use of the central core lifts by Porters may be permissible in extreme circumstances, by use of the medical service override function within the lift. The use of the lifts in this circumstance **must** be approved by the Senior Fire Service officer in charge of the incident **prior to the use of the lift**.

1.3 This exception does **NOT** apply to any lifts within the Jenny Ackroyd Unit, Eye Unit, or Michael Letcher Cellular Pathology Unit

1.4 The lifts at either end of the tower block have been specifically designed so as to be suitable for use as a means of escape for patients on beds or in wheelchairs as well as for those that are ambulant, with or without assistance. In the event of an incident within a ward within the tower block the decision to evacuate a ward will be made jointly by the senior nurse in charge of the ward, the Duty Matron and the Fire Team Leader in accordance with item 2.1 of this Procedure.

1.5 **If the evacuation of any ward requires the use of this lift**, then the following procedure will be instigated.

1.5.1 The priority order in which patients are to be evacuated will be the responsibility of the senior nurse in charge of the ward in conjunction with the Duty Matron who will identify those patients that can walk and those that may need additional support (i.e. in wheelchairs or in beds). In general terms, but not exclusively, walking patients will be evacuated first.

1.5.2 Initially patients from the ward containing the incident will be evacuated to the ward below.

1.5.3 Patients in the East Wing ground floor ward will evacuated directly to the ground floor lift lobby, where they will be transferred by hospital ambulance to another ward within the hospital.

1.5.4 Due to the layout of the Ground floor in the west end of the tower block, it will not be possible to evacuate patients from the first (1st) floor ward, or any of those above, to the Ground Floor. It will, therefore, be necessary to transport patients from the first (1st) floor ward to the lower ground floor lift lobby, where they will be transferred by hospital ambulance to another ward within the hospital.

1.5.5 Dependant on the seriousness of the incident it may be necessary to evacuate patients from any or all of the upper floors directly to the lowest floor lift lobby, where they will be transferred by hospital ambulance to another ward within the hospital or, if necessary, off site.

2. Staff Responsibilities during Lift Evacuation

During a lift evacuation robust control of the procedure will be required to ensure the safe removal of patients to lower floors of the hospital.

To make possible this control, upon the decision being made to carry out vertical evacuation using the escape lifts, the following duties will be performed:-

2.1 Fire Response Team – Portering Supervisor

The Fire Response Team Portering Supervisor will liaise with the General Porter to ensure that patients are moved to the correct area.

Assist the General Porter in the transfer of patients from the ward to the escape lift.

Notify Switchboard via telephone number 2222 of the intention to use the escape lift and to instruct switchboard to instigate the Major Internal Incident Procedure and activate the pagers for an internal major incident

2.2 Fire Response Team – The General Porter

The General Porter will take control of the bed lift and load the lift with either a single bed bound patient or multiple wheelchair and/or walking patients and travel with them to either the ward below or to the floor giving access to open air.

Upon arrival at either the lower ward or the floor giving access to open air the General Porter within the lift will be assisted by a member of the Security Staff in transferring the patient(s) either to the ward or to ambulances for transport to another part of the Hospital or to another Hospital site

2.3 Fire Response Team - A & E Porter

The A & E Porter will carry out his/her duties in accordance with Action Card “D” of the Trust Fire Policy & Procedure.

2.4 Security Staff

One member of the security staff will attend the entrance to the escape lift on the floor below the incident, or such floor as designated, to assist the General Porter in the lift with the transfer of patients from the lift to a lower ward or the floor giving access to open air Lift Lobby as instructed by the Portering Supervisor

The second member of the Security Staff will remain in the lowest floor Lift Lobby to assist in the transfer of patients and to maintain contact with the General Porter within the lift via the lift internal communication system.

Until the setting up of the Major Incident Gold Control the Security Staff in the lowest floor Lift Lobby shall direct the Essex County Fire and Rescue Service to the incident, while remaining within the floor giving access to open air escape lift lobby

2.5 Switchboard

Upon being informed by the Portering Supervisor via telephone number **2222** that the bed lift is to be used for evacuation purposes Switchboard shall:-

2.6 Within normal working hours:-

Activate the pagers for an internal major incident.

Notify Security and request the attendance of two Security staff members to the appropriate open air entrance to the escape lift lobby.

How we respond to this type of incident is clearly documented in the major incident policy under category three incidents, which would significantly impact on the normal activities and functions of the hospital

2.7 Outside of Normal Working Hours

Activate the pagers for an internal major incident.

Notify Security and request the attendance of two Security staff members to the Lower Ground Floor entrance to the escape lift.

Inform the Duty Manager of the use of the bed lift.

How we respond to this type of incident is clearly documented in the major incident policy under category three incidents, which would significantly impact on the normal activities and functions of the hospital

Appendix 15: Template for local fire action plan

Fire Safety Plan for **********

Discovering a Fire

1. Any member of staff discovering a fire within ********** shall immediately close the door to the room containing the fire and raise the alarm by breaking a fire alarm break glass call point.

2. Warn other staff of fire

3. Contact switchboard on extension **2222** immediately

4. Working with other members of staff, if necessary, move patients, visitors and staff away from the fire through a pair of self-closing fire resisting doors.

5. Await arrival of Fire Response Team and Fire Service

6. Only if safe to do so attempt to extinguish fire. **DO NOT PUT YOURSELF IN ANY PERSONAL DANGER**.

Hearing the continuous fire alarm

1. Close all windows and doors within **********

2. Check all rooms for signs of fire – **without putting yourself at personal risk**

3. Senior member of **********staff on duty within **********is to contact switchboard on extension **2222** immediately and inform them if a fire has been found and what the fire is.

4. If a fire is found warn other staff of fire.

5. Working with other members of staff if necessary move patients, visitors and staff away from the fire through a pair of self-closing fire resisting doors.

6. If no sign of fire is found the senior member on duty within **********is to contact switchboard on extension **2222** and inform them you cannot find any sign of a fire.

7. If no sign of fire is found all staff shall assemble at the **NURSES STATION** and await the arrival of the Fire response team and Fire Service.

Hearing Intermittent Alarm (Pulse Tone)

1. Close all windows and doors in **********

2. All staff to assemble at the **NURSES STATION**

3. All non-essential clinical and other duties to cease.

4. If essential clinical duties continue – ensure other members of staff know your location.

5. Plan for the possible evacuation of patients and visitors.

Await further instruction from Fire Response Team or Fire Service

Appendix 16: Fire Response Team Action Cards

THE FIRE TEAM WILL CONSIST OF THE FOLLOWING MEMBERS:-

(A) SWITCHBOARD

(B) PORTERING SUPERVISORS (TEAM LEADER)

(C) GENERAL PORTER (TEAM MEMBER)

(D) A & E PORTER (TEAM MEMBER)

(E) SECURITY STAFF

(F) ENGINEER OR ON-CALL ENGINEER

THE FOLLOWING ACTION CARDS ARE FOR USE BY MEMBERS OF THE FIRE TEAM ONLY:-

ACTION CARD 'A'

FACILITIES SWITCHBOARD STAFF

1. For PAH dial 999

2. Notify the fire service of:-
   (a) Name of the hospital
   (b) Name of the road e.g. Hamstel Road
   (c) Postcode (CM20 1QX),
   (d) Location of the fire and the floor level

3. Bleep Fire Response Team, Duty Manager (blp 020) and Duty Matron (blp 626) - using voice over facility inform team of:-
   (a) Location of fire
   (b) Nature and extent of fire (if known)

4. Turn on 2-way radio - establish communications with Fire Response Team Leader

5. Contact on-call Engineer

6. Contact on-call Estates Manager

7. When notified by Fire Response Team Leader of the situation at the incident, contact Fire Service again by dialling 999 and advise their control of the information received from the Team Leader

8. Inform on-call Fire Safety Manger if real fire

9. Inform Duty Manager who will inform on-call Board Member / Director (if real fire)

10. Inform Fire Advisor if real fire

11. Call for further assistance as requested by the Fire Response Team leader

12. Institute hospital Major Internal Incident Category 3 procedure if requested to do so by the (1) Fire Response Team Leader (2) Fire Safety Manager (3) Duty Manager (4) Board Member / Director

NB DO NOT RELAY INCOMING CALLS TO WARDS OR DEPARTMENTS WHEN ALARM IS SOUNDING.

ACTION CARD 'B'

PORTERING SUPERVISOR (FIRE RESPONSE TEAM LEADER)

You are in overall charge until the arrival of the Fire Service upon hearing the continuous or intermittent fire alarm or being informed of fire alarm activation via the fire bleep:

1. Don the "Fire Marshall" arm band and establish radio contact with Fire Response Team Member

2. Proceed with Fire Response Team Member to the location of the fire alarm activation.

3. Assess the situation and inform Switchboard if there is a real fire or if the activation is a false alarm. If it is safe to do so fight the fire with the fire extinguisher available.

4. If the incident is an obvious false alarm the Fire Response Team Leader shall authorise the silencing of the fire alarm. However, the resetting of the fire alarm can only be allowed upon the authorisation of the Fire Service Officer in Charge attending the incident

5. If patients are in immediate danger commence a fire evacuation - after consulting with the senior clinical person in charge and the Duty Matron to ascertain which patients can:
   (a) Walk to safety
   (b) Be transported in wheelchairs
   (c) Must be carried or pulled to safety

6. Work closely with the nursing staff to carry out horizontal evacuation initially.

7. Call for further assistance if required
   (a) From adjacent wards
   (b) From accident and emergency
   (c) From the Hospital Ambulance

8. If the fire is serious or spreading and requires patient evacuation instruct switchboard by radio to activate the PAH Major Internal Incident Category 3 procedure.

9. Only enter an unoccupied or locked areas on the site with extreme caution or until escorted by the Fire Service.

10. At the conclusion of the incident advise the Duty Manager, if not already in attendance, via Switchboard of the nature of the incident including any fire related damage done if it is a real fire

ACTION CARD 'C'

GENERAL PORTER (FIRE RESPONSE TEAM MEMBER)

You will join and assist the Portering Supervisor throughout the fire emergency

Upon hearing the continuous or intermittent fire alarm or being informed of fire alarm activation via the fire bleep:

1. Don a "Fire Marshall" arm band and establish radio contact with A & E Fire Response Team Member

2. Proceed with Fire Response Team Leader to the location of the fire alarm activation.

3. Assist Team Leader to assess and fight the fire - if it is safe to do so.

4. As directed by Team Leader assist nursing staff to evacuate patients.

5. As directed by the Fire Response Team Leader, collect Fire Service Personnel from the access point of the zone of activation and escort them to the actual incident

6. Remain with team leader throughout the incident assisting unless otherwise directed by the Team Leader. Under no circumstances leave Team Leader on his / her own, except during an evacuation using the emergency bed lifts.

ACTION CARD 'D'

ACCIDENT & EMERGENCY PORTER (FIRE RESPONSE TEAM MEMBER)

Upon hearing the continuous or intermittent fire alarm or receiving notification by fire bleep:

1. Don the "Fire Marshall" arm band and establish radio contact with Fire Response Team Leader and Fire Response Team Member

2. If The A&E porter is unavailable to attend he is to establish radio contact with the Emergency Admissions Unit (EAU) Porter to attend in his place who shall don the "Fire Marshall" arm band and shall then establish radio contact with the Fire Response Team Leader and Fire Response Team Member

3. If the EAU porter is unavailable to attend he is to establish radio contact with Security to attend who shall then establish radio contact with the Fire response Team Leader and Fire Response Team Member

4. Proceed to the corner of the access road adjacent the Helipad and await the arrival of the Fire Service.

5. Direct the Fire Service to the location of the incident and maintain contact with the Fire Team Response Leader via the radio and inform him that the Fire Service have arrived and where they have been directed to.

6. Contact the Team Response Leader via the radio and inform him that the Fire Service have arrived and where they have been directed to.

7. Pass on any information received from the Team Response leader to the Fire Service about the extent of the fire and progress of any evacuation.

ACTION CARD 'E'

SECURITY STAFF

Upon hearing the continuous or intermittent fire alarm or receiving notification by fire bleep:

1. Transfer radios on to Band 1 – as used by the Porters

2. If contacted by the EAU Porter proceed to the corner of the access road adjacent the Helipad and direct the Fire Service to the scene of the fire

3. Direct the Fire Service to the location of the incident and maintain contact with the Fire Team Response Leader via the radio and inform him that the Fire Service have arrived and where they have been directed to.

4. Pass on any information received from the Fire Response Team Response Leader to the Fire Service about the extent of the fire and progress of any evacuation.

5. If no contact is received from the EAU Porter, go to the zone of actuation of the fire alarm

6. **DO NOT ENTER ZONE OF ACTIVATION** (Continuous fire alarm sounders)

7. Control access to zone of activation allowing authorised personnel only access

8. Authorised personnel: Fire Response Team, Fire Safety Manager, Fire Adviser, Site Manager, Duty Matron, Fire Service Personnel and other such persons as requested by the Fire Response Team Leader. Do not allow access to zone to other personnel without authority from an authorised person as shown above.

9. Only if specifically requested by authorised personnel, assist with evacuation of occupants of zone of activation under the instruction of the clinical staff in charge of the zone or Fire Service Personnel or Fire Safety Manager or Fire Adviser.

ACTION CARD ‘F’

ENGINEER OR ON-CALL ENGINEER

Upon hearing a continuous or intermittent fire alarm or being informed of same by switchboard:

1. Go to switchboard

2. Await instructions from either the Fire Team Response Leader or Fire Service Officer in charge to:

   (a) Shut down supply services
   (b) Silence alarms
   (c) Secure the area and reinstate services once stand down has been given

Do not go to the fire location other than when requested to achieve (A), (B) or (C) above

Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this procedural document, please contact the Head of Corporate Services, together with any suggestions as to the action required to avoid/reduce this impact.

A full impact assessment will need to be undertaken. The results of which will then need to be reviewed by the Trust's Equality and Diversity Steering Group.

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed: Fire Policy and Procedures	Yes/No/ Unsure	Comments
1.	**Title Fire Safety Policy and Procedures**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	

	Title of document being reviewed: Fire Policy and Procedures	Yes/No/ Unsure	Comments
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and return it to the author of this document.			
Name	A Zeller	Date	June 2011
Signature			

Committee Approval (please name Committee)			
If the committee is happy to approve this document, please sign and date it and return it to the author of this document.			
Name		Date	
Signature			

Version Control Sheet

Version	Date	Author	Status	Comment
3.0	March 2012	Dave Clarke, Trust Fire Advisor		

Plan for Dissemination of Procedural Document

Acknowledgement: University Hospitals of Leicester NHS Trust.

Section 1 – To be completed by the author and attached to any document when submitted to the Head of Governance & Risk Management for policies and protocols, and the Trust Lead for Audit and Effectiveness who will coordinate submission at the appropriate committee for consideration and ratification.

Title of document:	The Princess Alexandra Hospital NHS Trust Fire Policy and Procedures		
Date finalised:	June 2011	**Dissemination lead: Print name and contact details**	Martin Mizen Extn 7013
Previous document already being used?	**Yes**		
If yes, in what format and where?	The above policy supersedes The Princess Alexandra Hospital NHS Trust Fire Policy approved 12th June 2009		
Proposed action to retrieve out-of-date copies of the document:	To be removed from public folders (and archived). When disseminating new policy a request will be made to destroy any existing paper copies of the preceding document		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
		Electronic	
Clinical Directors – See Attached List		Electronic	
Associate Directors	Martin Mizen – Weekly Meeting	Paper	
Senior Managers – See Attached List		Electronic	
Service Managers – See Attached List		Electronic	

Section 2 – To be completed by Corporate Services / Audit and Effectiveness and returned to the Dissemination Lead

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		**Date due to be reviewed**	

Section 3 – To be completed and held by the Dissemination Lead

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**
All Staff	Electronic (placed on public folders & InTouch			Dissemination carried out by Corporate Services

	Weekly)			

METHOD STATEMENT REVIEW AND APPROVAL

This form is to be completed and attached to the front of every method statement written by or on behalf of PAH employees, its subcontractors or agents

Method statement title				
Method statement no. Revision Date				
Part 1 – Content Note Method statements shall provide answers to who? what? why? when? where? and how? As you read the method statement tick the appropriate box to record whether the required information is included / not included / not applicable				
Who?	Yes	No	N/a	Comment
Who is doing the work (company name and address)?				
Who is the work for (company name and contact name)?				
Who is responsible to implement the method statement?				
Who is going to manage the works on site?				
Who wrote the method statement (and they must sign and date it)?				
Who are the subcontractors for the person implementing these works?				
What?				
What work is to be carried out (outline works covered by this statement)?				
What is the current revision of the method statement?				
What are the changes against the prior addition?				
What tools will be used (hand, battery, 110v, Genie hoists, etc.)?				
What access equipment will be use?				
What are the permit requirements for these works?				
What are the emergency contact procedures?				
Where?				
Where is the site that the works will be carried out at (address)?				
Where in that site are the works to be done?				
Where are the first aid facilities?				
Where is the COSHH requirement detailed?				
When?				
When is the works to be started and finished?				
When are restrictions on noise, etc. in force?				
When (where and how) will deliveries be made?				
When will operatives and supervisors sign off the method statement?				
Why?				
Why are gloves and/or eye protection not to be used for this operation?				
Why are steps to be used?				
How?				
How they will do the works (step by step of the operation)?				
How are they to access site (route, inductions, etc.)?				
How will falls be prevented (PPE is a last resort)?				
How do they assess the risks?				
How did they assess the COSHH requirements?				
How will information be passed to those doing the works (sign-off sheet)?				

METHOD STATEMENT REVIEW AND APPROVAL

Part 2 – Review/approval by PAH representative

This method statement has been reviewed and has been assigned the following status:

A* The method statement is approved so the work described can commence.

B* The method statement **including the hand written revision(s)** is approved so the work described can commence and proceed for a maximum of two weeks. Within this two week period the method statement shall be revised, resubmitted and assigned A status.

C* The method statement is inadequate so **the work described cannot commence**. The additional information as detailed in the comments column in Part 1 is to be added and the method statement re-submitted for approval. The work described may only commence when the method statement has been assigned A or B status.

***** delete as appropriate

Part 3 – PAH sign off

The method statement and review form shall be read and understood by any SRW employee that may have a managerial or supervisory role for the work described in the method statement. These employees shall enter their name, signature and date below as a record that they have read and understood this method statement and this form.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Part 4 – Distribution:

Name _____ Company name _____

Name _____ Company name _____

Name _____ Company name _____

Name _____ Company name _____

Name _____ Company name _____

Name _____ Company name _____

Safety Procedure
for the Health and Safety
Requirements of Contractors Undertaking Work on
The Princess Alexandra Hospital Trust

The Princess Alexandra Hospital NHS
NHS Trust

CAPITAL AND ESTATES DEPARTMENT

Hamstel Road
Harlow
Essex
CM29 1QX
Fax No: (01279) 827 480
Tel No: (01279) 827244

Contents

APPENDICES

1 INTRODUCTION

During the course of its normal operations the Trust will require the services of Contractors to supplement their internal resources.

Such contracts will vary in content from the mundane and routine to the need for specialist services. No matter what the technical complexity of the contract there is a need to ensure that the Contractors address the Health and Safety aspects of contracts appropriately, such that their Safety Standards and Control Measures are consistent with those of the Trust.

This Safety Policy addresses the issues associated with the management of Health and Safety aspects of contracts and Contractors. As such it sets out an appropriate framework of rules and procedures to provide Safe-Systems-of-Work when Contractors are used.

2 SCOPE

2.1 This Safety Policy sets out the Trust's rules and procedures for the control of the Health and Safety aspect of contracts and Contractors, employed by the Trust for work at their sites.

2.2 Contractor's activities shall be monitored by the Trust's staff to ensure that the agreed Health and Safety Systems and procedures are implemented and operated appropriately. This is particularly important where the Contractor's activities may affect the Health and Safety of the Trust's employees or the general public, including patients and suppliers of goods and services.

3 PURPOSE

3.1 While the prime responsibility for ensuring the Health and Safety of Contractor's employees rests with their own management, it is nevertheless the Trust's policy, without relieving the Contractors of any of their responsibilities, to ensure that the activities of Contractors engaged by the Trust are effectively managed by:

i) Monitoring the activities of Contractors to ensure that safe working practices and measures are adopted.

ii) Giving the Contractor sufficient information and training (where appropriate), to make him aware of potential site specific hazards, and any precautionary control procedures with which he has to comply.

3.2 Hence, the primary purpose of this Policy is to lay down the Capital & Estates Department's mandatory requirements for ensuring that the Contractors both receive the appropriate safety information from the Trust, and work within the constraints of the Trust's safety procedures.

3.3 The Contractor shall normally, where appropriate, work to the Trust's Permit-to-Work procedures. However, if required, and subject to the approval of the Project Manager (and included as a condition of contract), the Contractor may work to his own Safety Rule Procedures and their associated management systems.

4 CONTRACTUAL DEFINITIONS

Client:	The Trust that accepts the tender by the Contractor and awards the contract accordingly.
Contractor:	The Tenderer whose tender has been accepted by the Trust,. This includes the Contractor's legal personal representatives.
Sub-Contractor:	Any Organisation/Person named in the tender and contract who shall undertake specific items of work for the main Contractor.
Contract:	The agreement, in whatever form as appropriate, between the Trust and the Contractor for the execution of work; comprising all the associated documents to which reference may properly be made in order to ascertain the rights and obligations of the parties under the agreement.
Contractors Safety Representative:	The person nominated by the Contractor, accepted the Project Manager, and ratified at the Contract Pre-Site Meeting, who shall be accountable for ensuring that all his contract and sub-contract staff associated with the contract comply with their contractual and statutory safety obligations.
Project Manager:	The person responsible for carrying out certain delegated duties in connection with the site management of Contractors. Such duties shall include liaising with the Contractor on matters of safety and monitoring them for compliance with their contractual and statutory safety obligations.
Safety Policy Statement:	The Contractor's written statement of his general policy with respect to the Health and Safety at Work of his employees and his organisation, and the arrangements for carrying out that policy. This shall not be confused with any contract specific requirements, especially any contract METHOD STATEMENTS.

5 HAZARDS

The hazards to which a Contractor may be exposed to or create whilst undertaking work on the Trust's sites are manifold. They comprise the intrinsic hazards associated with the systems and their ancillary plant/operations worked upon, and any possible hazards created by the Contractor during the actual process of work. The hazards must also be considered within the context of not just the exposure of the Contractors personnel to the hazard, but also any possible ensuing impact on the Health and Safety of the Trust's staff and patients.

Such hazards and associated hazardous processes include:

- Electricity 415V and below
- Rotating Plant and Machinery
- High Pressure Steam and Water
- Compressed Air
- Noise and Vibration
- Heat : Stress/Contact/Burns
- Storage, including materials handling
- Radiation
- Explosion and Fire
- Manual Handling
- Provision of Access
- Machine and Hand Tools
- Exposure to substances Hazardous to Health
  - including biological agents
- Working in Confined Spaces
- Working on Buried Services
- Falling Objects/Working on Roofs
- Clinical Waste
- Transport

- Slinging, Rigging and Lifting Equipment

Note:
The above list is not meant to be exhaustive, but is intended to illustrate the complex and interactive nature of the Trust's operations, and highlight the requirements for Contract Management as an integral part of the Trust's Safe-Systems-of-Work.

6 IDENTIFICATION OF REQUIREMENTS AND GUIDANCE

6.1 The Health and Safety at Work etc. Act 1974 (HSW Act)

The legal requirements covering the co-ordination of the Trust's activities with those of Contractors in their employ are embodied in the Act.

Responsibilities under the Act cannot be abdicated through Contractual arrangements.

6.2 Summary of Requirements

These Regulations set out broad general duties that apply to almost all kinds of work. They require the employers to: -

a) Assess the risks to the Health and Safety of their employees and anyone else who may be affected by their activity, so that the necessary preventive and protective measures can be identified.

b) Make arrangements for putting into practice the Health and Safety measures that follow from the Risk Assessment, covering planning, organisation, control, monitoring and review, in other words, the management of Health and Safety;

c) Set up emergency procedures;

d) Give employees information about, Health and Safety matters.

e) Co-operate with any other employers who share a work site;

f) Provide information to people working in their undertaking who are not their employees;

g) Make sure that employees have adequate Health and Safety training and are capable enough at their job to avoid risk (especially contract/Contractor management);

h) Give some particular Health and Safety information to temporary workers, to meet their special needs;

i) Provide competent assistance to deal with general fire Safety risks.

j) Provide employees with information on fire provision and in a shared workplace co-operate and co-ordinate with others in fire provisions.

The Regulations also place duties on employees to follow Health and Safety instructions and report danger.

7 GENERAL REQUIREMENTS

The Trust shall include within the Contract Documents the Contractors "General Health & Safety" requirements to which the successful tenderer will be contractually bound to abide. This is especially important should the Trust require the contractor to implement the Trust's own specific Permit-to-Work, Safety Systems etc. Such tender requirements will serve to highlight the Trust's commitment to Health & Safety, and afford the tenderer the opportunity to price his bid accordingly.

All Health and Safety issues should be vigorously pursued and resolved at the earliest practicable stage of the contract cycle. However, novel work/processes should not be prevented where they have a positive impact on the Health and Safety aspect of the work. If there is any doubt about the application of such techniques, clarification should be sought from the Contractor, and/or independent specialist advice sought where appropriate.

7.1 The Trust's Responsibilities

Consistent with their legal duties and responsibilities and required Health and Safety standards, the Trust shall:

7.1.1 When selecting Contractors for work, consider their technical competence, within the context of the required work and their safety performance. If no previous experience of the Contractor's safety performance is available to assist in making this judgement, references from previous clients may be helpful where appropriate:

7.1.2 Consider and examine the Contractor's understanding of the Safety requirements of the contract, and his proposals for dealing with the Health and Safety aspects of the contract. Any perceived inconsistencies, inadequacies should be resolved prior to the issue of a contract.

7.1.3 Ensure that the successful Contract documents include:

a) A Health and Safety Policy Statement (for companies employing more than five people), which gives a clear account and guidance on the general Health and Safety aspects of their contract work.

b) A Health and Safety Plan for the contract work addressing such issues as:

- Description of the precautions to be taken for specific hazards connected with the work.

- General site procedures
  - responsibilities,
  - points of contact;
  - reporting procedure etc.

- Details of any Sub-Contractors the Contractor intends to use on the contract works.

- Training requirements and Certification/accreditation details and other support documentation, where appropriate.

c) Method Statements for complex/hazardous operations etc., where the Risk Assessment requires a specific control procedure for the job in hand, i.e.:-

- Confined Space Working
- Working at Heights
- Using hazardous substances (i.e. cleaning fluids, adhesives etc.)
- Buried Services
- Burning, Welding, Cutting and other Hot Work

7.1.4 Ensure that any Method Statements are assessed by a person who has sufficient knowledge of the type of work to be done. Such assessments shall be recorded in writing and formally communicated to the Contractor to ensure a full understanding and agreement concerning Health and Safety issues before the work is allowed to proceed.

7.1.5 While it is understood that the prime responsibility for the Health and Safety of Contractor's employees rests with their own management, their Health and Safety may be affected by the Trust's operational systems and activities and other activities carried out at their sites by non-employees. In consideration of this the Trust shall, so far as is reasonably practicable, ensure that:

a) the sites working environment is safe and without risk to Health;

b) the working activities of the Trust's employees, and any other contracted staff on the Trust's sites do not create a Health or Safety hazard to the Contractor's staff

c) there is safe means of access to and egress from the place of work;

d) where a person has to work at a place from which he is liable to injury from falling, that appropriate means shall be used to ensure his safety;

e) with the exception of specialist tools and equipment (specified in the contract document) no tools and equipment will be provided or made available by the Trust;

f) any special tools and equipment, as agreed in contract, supplied by the Trust are in a good and safe condition, and fit for purpose. Where appropriate, training in the use of such tools and equipment shall be provided by the Trust.

7.1.6 Ensure that the Contractor is given sufficient information to make him aware of potential hazards and instructed in any Health and Safety Control Procedures with which he shall have to abide by. Such procedure may well include the Trust's Permit-to-Work Systems, Infection Control Procedures etc.

7.1.7 Hold a pre-work contract meeting to ensure that all the Health and Safety issues referred to are addressed appropriately and recorded and signed by both parties to that effect before any work is started. The meeting shall be the forum for a full and free exchange of Health and Safety issues relating to the Contract.

7.1.8 At the Pre-Site Meeting The Project Manager shall present the Contractor with the Contract Health and Safety issues as illustrated in Appendix 3. The contents of which shall be fully discussed and finally accepted (where relevant and appropriate) in writing by the Contractor's Site Supervisor.

7.1.9 Confirm in writing to the Contractor's site representative the name, designation and contract numbers for the Contracts.

7.1.10 Set up a system for regular reporting and communication between the Project Manager and the Contractor's site representative, to ensure that Health and Safety issues are regularly detailed and problems etc. resolved and recorded as such during the operation of the contract.

7.1.11 Ensure that The Project Manager keeps proper records of Health and Safety issues in the Contract's project file, for auditing and referencing purposes as appropriate.

7.1.12 Provide the Contractor with information and training (where appropriate) on the requirements of the site's emergency procedures with regard to fire, first aid, accident and dangerous occurrences. Such information transfer shall be recorded in the Contract File, by The Project Manager.

7.1.13 As and where appropriate, under the terms of the contract agreement, either provide the Contractors employees with, or ensure the Contractor provides, suitable and sufficient welfare facilities, e.g.;

- Sanitary conveniences
- Washing facilities
- Showers (if required by the nature of the work)
- An adequate supply of wholesome drinking water
- Changing room

7.2 The Contractor's Responsibilities

Before an employer sends his employees to site or premises to work he should satisfy himself that suitable and adequate arrangements have been made for their Health, Safety and Welfare.

Consistent with their legal duties and responsibilities and required Health and Safety standards, the Contractor shall:

i) Supply a Health and Safety Policy Statement (for companies employing more than five people), which gives a clear account and guidance or the general Health and Safety aspects of their contract work.

ii) Provide a Health and Safety Plan for the Contract consistent with the requirements expressed in Section 7.1.

iii) Provide details of how he intends to put the Health and Safety Plan into effect, including monitoring procedures to ensure compliance with the agreed Health and Safety standards. And the nominated Personnel for Health and Safety issues/meetings etc.

iv) Ensure that any Method Statements provided as part of the Safety Plan are assessed by the Trust, and that such assessments are formally communicated to themselves.

v) Manage the Health and Safety aspects of the contract appropriately, such that they not only assure the Health and Safety of their own employees but also that of the Trust's employees, clients and other contractors, who may be affected by the Contractor's work activities.

vi) Agree with The Project Manager, the Permit-to-Work procedures to be used where necessary. This shall normally entail the adoption of the Trust's own Permit systems, but subject to The Project Manager agreement, the Contractor's own Permit Systems, where appropriate, may be accepted for implementation.

vii) Provide a list of persons for nomination as Competent Persons and Supervisors, to receive and implement the Trust's safety documents. Where the Contractor is to use his own Systems he shall provide a list of the Competent and Supervisory Persons who are going to operate and work the Systems. Any support certification, safety documents and their associated procedures, and evidence of training and competencies.

viii) Provide and maintain registers and records as appropriate comprising such items as:

- people authorised to drive vehicles and operate plant and machinery
- accident record book
- named employees and their certificate of competency for specialised equipment, e.g.:
  - fork lift trucks
  - mobile cranes
  - scaffolding
  - Ionising radiation sources
  - abrasive wheel use etc.
- prescribed register for Lifting Tackle, Lifting Machines and Scaffold etc.

Note:
The Contractor shall ensure that the above and any similar records are available for scrutiny by The Project Manager, throughout the operation of the contract.

ix) Provide the Project Manager with any detailed requirements of segregated Contractor controlled work areas and any other site logistics etc., including agreed safe access to and egress from the place of work.

x) Provide the Project Manager with draft but detailed commissioning/procedures and requirements etc. as soon as practicable.

xi) Agree to abide by the general safety procedures and requirements set out in the Contractors "General Health and Safety" booklet supplied as part of the Contract. And accepted as a guidance document with the purpose of promoting the safety of all parties either undertaking, controlling or affected by the work activities. This issue of the Safety Booklet does not in any way whatsoever relieve the Contractor of any statutory obligations or Trust's contract requirements placed upon him by the terms of the Contract.

xii) Attend a Contract Pre-site Meeting (and all subsequent meetings as required) at which all the related Health and Safety aspects of the work are jointly discussed and agreed with the Trust. All contract meetings shall be minuted by the Trust and agreed by the Contractor.

xiii) Ensure that at the Pre-Site Meeting that all hazardous substance to be brought to site and any hazardous processes to be used are part of the contract and tabled, fully debated and agreed. Such agreement shall be recorded in the minutes, along with any similar statements from the Trust's perspective consistent with the requirements, which are intended to ensure that the Contractor is given sufficient information to make him aware of potential hazards and any precautionary procedures with which he shall have to comply.

xiv) Ensure that he is aware of the Trust's emergency communications systems and procedures for reporting fires, injuries, diseases and dangerous occurrences and Trust procedure for incidences.

xv) Ensure that he is aware of the Trust's Fire and Site Evacuation Procedures.

xvi) Ensure that he has in place appropriate procedures for informing his sub-Contractors of the Trust's safety procedures and requirements.

xvii) Agree with The Project Manager (subject to the terms of the contract agreement) the provision of suitable and sufficient welfare facilities e.g. toilets, washing facilities changing rooms etc.

7.3 The Contract Pre-Site Meeting

A primary purpose of the Contract Pre-Site Meeting is to ensure that all Health and Safety issues are appropriately addressed and that all the consequential relevant understandings and agreements are recorded as such by both parties in the form of agreed contractual minutes. The formality and size of the Pre-Site Meeting should normally reflect the size, cost and complexity of the project. However, no matter what the size of the contract comprehensive notes and records should be kept by The Project Manager of all significant aspects relating to Health and Safety matters.

7.3.1 <u>Significant Health and Safety Requirements</u>

The Project Manager should ensure that the following Health and Safety information is presented and/or received at the Inaugural Contract Meeting, and recorded as such, along with any associated discussions and agreements, where appropriate;

The Project Manager shall ensure that:

i) Minutes of the meeting are compiled and agreed by both the Trust and the Contractor's representative;

ii) a list is provided of all members of the meeting, to include their roles and responsibilities;

iii) the contract Project Manager's name, title and points of contact are provided;

iv) communication routes, reporting procedures and points of contact are established;

v) the Trust's Non-Clinical Risk Manager is named;

vi) the Contractor's Site Supervisor and/or Safety Personnel are named;

vii) any Sub-Contractor safety personnel are named;

viii) the Contractor is provided with sufficient information to make him aware of potential hazards and any Health and Safety Control Procedures with which he shall have to comply with,

ix) the Contractor provides a Health and Safety Policy Statement, where appropriate;

x) the Contractor provides a Health and Safety plan for the contract, complete with Method Statements and Risk Assessments, where appropriate;

xi) the Method Statements are assessed and validated by the Trust, and that such assessments are formally communicated to the Contractor as quickly as possible.

xii) the Permit-to-Work Systems are agreed along with the appropriate personnel to operate them safely, and that they have received suitable and sufficient induction and training in the operation of the Safety Rules.

xiii) the Contractor names his Competent Persons to receive and clear the Trust's Safety document or his Supervisory staff and Competent Persons necessary to operate their own systems, along with copies of permits and other support pro-formas etc. All such list of personnel and allied documentation should normally be provided at least one week before the start of any site work.

xiv) the Contractor explains how he shall implement the Safety Plan;

xv) the contents and role of the Trust's Contractor Health and Safety requirements Booklet are explained to the Contractor, and secure signed record to that effect.

xvi) any access requirements, including scaffolding, are agreed and that any associated inspection requirements are understood and complied with.

xvii) the Contractor is aware that it is a requirement that all accidents requiring first aid and any serious incidents/dangerous occurrences are reported as soon as practicable to The Project Manager.

xviii) the Contractor is aware of the Trust's emergency procedure for fire, site evacuation, dangerous occurrences and emergency first aid;

xix) the Contractor provides appropriate Personal Protective Equipment to suit the environment of the working area;

xx) any hard hat/ear defender areas etc. are clearly signed and highlighted;

xxi) the Contractor is aware that all portable electric tools should operate at 110V AC where practicable. All such portable tools and equipment must be supported by records of proof of maintenance as required by "The Electricity at Work Regulations 1989", and/or the "*Provision and Use of Work Equipment Regulations, 1998"*;

xxii) any lifting facilities are stipulated by the Contractor and supported by any certificates required under relevant legislation as appropriate;

xxiii) the Contractor is aware that The Project Manager, can insist on scrutinising any contract documentation he considers appropriate, after giving reasonable notice to the Contractor of the requirement;

xxiv) the Contractor's out-of-hours telephone numbers, for use in case of an emergency only are readily available;

xxv) the Contractor is fully aware of his obligations only to use suitably trained staff, and that The Project Manager, may use what ever devices/systems he considers appropriate to monitor and corroborate this requirement (without causing an unsettling industrial relations problems);

xxvi) the Contractor is aware of the requirement to attend regular meetings, as appropriate and reasonable, to ensure that the Health and Safety requirements are reviewed and updated as and when necessary, and that the agreed procedures are being complied with;

xxvii) the Contractor has appropriate procedures for informing his sub-contractors of site safety requirements and any associated monitoring and control procedures.

xxviii) the Contractor is aware of the requirements for use of approved tools, equipment, and processes, and the procedure associated with monitoring for compliance;

xxix) the Contractor is aware of the arrangements to obtain agreement from Project Manager, to bring hazardous materials on site and the associated control procedures for their use and storage

xxx) the Contractor accepts The Project Manager's ruling and procedures for stopping Contractor's work in the interests of safety.

xxxi) emphasise the requirements for good housekeeping and its impact on safe-systems-of-work, especially the requirements associated with the removal and disposal of waste.

xxxii) the Contractor is aware (subject to the terms of the contract) of the arrangements for his employees welfare facilities e.g. toilets, washing facilities, changing room etc.

Note:

The above list is not exhaustive, but is compiled to illustrate the importance of the Pre-Site Meeting on Health and Safety. It is recommended that a tick list of activities should be compiled by The Project Manager, to act as a prompt to ensure that all significant Health and Safety issues are addressed appropriately, recorded as such and modified in the light of experience.

7.4 Safety Rules

The Project Manager, shall decide at the specification/Tender Assessment stage of the contract cycle, as to whether the contract shall be run under the Trust's permit systems or the Contractor's own permit systems.

If the Contractor is reluctant to use the Trust's Permit Systems due to the cost/training implications, consideration should be given to excluding the Contractor. However judgement shall be sought by The Project Manager, on this matter.

Caution should be exercised by The Project Manager when considering the request to use the Contractor's own permit systems. As such, the appropriate Trust's Authorised Persons should be used to help evaluate the effectiveness of the Contractor's systems and any problems associated with their implementation, operation and integration with the Trust's operational activities.

The operational implications can be dire in terms of patient safety and well being when releasing plant and/or apparatus for maintenance work. The Contractor shall be fully informed of any possible operational impact of his work by the Project Manager before work is started.

7.4.1 Contracts Under the Trust's Safety Rules

The Project Manager, shall ensure that:

(1) The Contractor is fully conversant with the Trust's Permit System and as such has undergone any induction/training requirements stipulated by the Project Manager.

(2) The Contractor's nominated Supervisor(s) and Competent Person(s) are certified by the Trust to receive specified safety documents, and which include the following safety documents.

- High Voltage Permit-to-Work
- Limitation-of-Access
- Safe-to-Work Permit (Low Voltage)
- Live Working Permit
- Medical Gas and Pipeline Systems (MGPS) Permit, and
- Selected Person's Reports, including
  - Hot Work
  - Buried Services
  - Work on Roofs
  - COSHH Assessments
  - Confined Space Working, etc.

Note:

Reference should be made to the Permit-to-Work Safety Policy for detailed information on the operational requirements of the Permit System. However, in the case of MGPS, due to their specialised requirements only Contractors registered with Quality Assurance BSI Schedule QAS3720.1/206.1A under BS5750 and who operate a suitable scheme of employee training and grading shall be allowed to work on such systems.

(3) The Contractor keeps secure and safe any safety documents and their associated keys issued to him, and returns them when requested to by The Project Manager (but no later than the date registered on the Safety document application form, Appendix 2, unless an extension to the date has been agreed by The Project Manager.

(4) The Contractor shall request safety documents the Project Manager, using the pro-forma illustrated in Appendix 1.

(5) A log shall be kept, reference Appendix 2, listing all the Contractor's Safety document requests against a specific contract. The log shall be kept in a central position giving easy access by the Project Manager for ad-hoc inspection.

(6) The Contractor is trained in the Trust's emergency procedures for fire and emergency evacuation.

(7) Monitor and record the Contractors Safety performance and compliance with the safety rules requirements. Such monitoring shall be used to build up data for a Contractor's performance file to facilitate future judgements about further contract awards. Also close monitoring will enable early detection of any Health and Safety management problems/inadequacies which might impact on the Health and Safety of both the Contractor's and the Trust's employees etc.

(8) The Contractor is fully aware of the geographical boundaries of his work area and the points of isolation from the system associated with the issue of any safety documents.

(9) The Contractor is fully aware of and uses the safe routes of access and egress of the work areas.

(10) The Contractor is fully aware that non-compliance with any of these requirements may result in a penalty which may result in dismissal from site if the incident is perceived as being an act of gross misconduct.

7.4.2 Contracts Under the Contractors own Safety Rules

In special circumstances it may be appropriate for The Project Manager to agree to the Contractor using his own Permit-to-Work Systems, controlled by his own Supervising Officers (Authorised Persons). In such circumstances the Contractor's Supervising Officers shall be able and expected to prepare the plant for work by their own Competent Persons. This may well include the isolation, venting and purging etc. of the plant/apparatus to achieve Safety-from-the-System, and the issue and cancellation of their own Safety Documents. Their Control Measures shall also ensure adequate control of any further system or work derived hazards, by whatever methods are considered appropriate.

In such circumstances the following issues need to be considered by The Project Manager, and the Contract Supervisor:

(1) It should have been agreed at the tender stage, by The Project Manager, that the Contractor could use his own permit systems including their attendant site management resources, but excluding isolating hardware and safety signage.

(2) There shall be a demonstrable clear benefit for the Contractor to use his own permit system that outweighs any perceived complications of allowing a different permit system to run alongside the Trust's Systems.

(3) Geographical and system boundaries need to be clearly defined; this should be done at the contract pre-site meeting where appropriate. The work area, piece of equipment and/or part of the system affected need to be clearly identified and demarcated. The points of isolation between the Contractor's work areas/area of responsibilities and the Trust's areas of responsibility need to be clearly defined. The interface between the two systems and its operation must be fully understood by all affected parties. The interface points of isolation should normally be only under the control of the Trust.

(4) Normally the points of isolation defining the areas of responsibility should be under the Trust's control, and as such the Contractor should be issued with a Trust's Permit-to-Work in all cases where the points of isolation are to remain secure throughout the work. However, if the Contractor needs to energise and reinstate and/or restore motive power (steam, electricity, water, oil, gas etc.), as part of the contract work on a number of occasions, then the control of the points of isolation by the Contractor.

(5) The Project Manager, in liaison with whatever expert they consider appropriate e.g. Site Non-Clinical Risk Officer, Selected Person etc., shall vet the Contractor's safety procedures and their Supervising and Competent Persons, to ensure appropriate standards of both the Safety Systems and the personnel operating them.

(6) The Project Manager, as appropriate shall closely monitor and audit the enactment of the Contractor's Safety Procedures. Any inadequacies should be dealt with at the point of identification, and resolved by the Contract Supervisor. Any disputes/failures to agree shall be referred to The Project Lead Manager, who may well take punitive action against the Contractor for non-compliance with his own procedures.

(7) The Project Manager, must ensure that all necessary Method Statements have been supplied by the Contractor, and that he or his delegate, has vetted them. He should be satisfied that they are adequate control measures for the risks involved and are consistent with the requirements of the Contractor's permit systems.

(8) The Project Manager, must ensure that the Contractor has been made aware of any significant site/process hazards that might adversely affect the Health and Safety of his work force. And that the Contractor has adequately addressed the associated control measures to bring the risk down to an acceptable level. This is of particular importance when considering points of isolation and demarcation of the Contractor's areas of responsibility. Trust safety documents which give the Contractor authority to restore power (steam, electricity, etc.) must be fully explained to and understood by the Contractor.

(9) All permit locks, chains and Danger - Caution, Permit-to-Work Signs etc., shall be provided by the Trust to the Contractor, to ensure consistency of approach and correct safety identification/demarcation of the plant/apparatus etc.

8 RESPONSIBILITIES OF PERSONNEL

8.1 Head of Capital & Estates

The Head of Capital & Estates has the delegated authority and responsibility (by the Director of Finance) for the authorisation of the issue and operation of the Health and Safety aspects of the Contract Management Policy.

In discharge of his duties and responsibilities the Head of Capital & Estates shall:

- Ensure that appropriate policies and procedures are in place to promote safe systems of work within the context of Health and Safety aspects of Contractor Management, in compliance with the requirements of the 1974 HSW Act etc. and its allied cascade legislation detailed in Section 6, by the issue of this Policy.

8.2 The Project Lead Will

- Appoint a Project Manager to undertake the day-to-day management of Contractors under his control, consistent with the requirement s laid down in this Policy.

- Monitor, control and evaluate the application and effectiveness of operation of the Safety Policy on a continuous ad-hoc basis.

- Undertake a formal, annual review of the operation of this Safety Policy to ensure its practical application, and consider any necessary changes to its contents in response to changes in legislation or its interpretation, and/or changes in local circumstances.

- Moderate and arbitrate in cases of dispute The Project Lead Manager and the Contractor's Nominated Supervisor on matters of Health and Safety. And exercise, where appropriate, punitive actions against the Contractor in the case of non compliance with the Trust's Health and Safety standards as enforced by the Project Manager and set out in the conditions of contract. Such actions may culminate in the expulsion from site of a Contractor's employee or the whole company's representatives as considered necessary. Where serious sanctions are to be taken against a Contractor, including the striking off from any future tender lists, The Head of Capital & Estates shall ensure that he can act in a fair and non-partisan manner primarily within the context of Health and Safety.

- Suspend work or take appropriate action to deal with the actions of the Contractors employees to ensure that Health and Safety requirements of the Trust are met.

8.3 Project Manager

The Project Manager shall accept the duties and responsibilities for managing the Health and Safety aspects of Contractors consistent with the requirements stipulated in Section 7.

8.4 The Contractor

The Contractor's main responsibilities are implicit in the requirements detailed for The Project Manager. In order to ensure that an adequate representation is made to the Contractor there shall be two main focuses for Health and Safety requirements.

The first shall comprise the issue of an "Health and Safety Requirements" Booklet, which shall be given to the Contractor at the tendering stage, and secondly the holding of a Pre-Site Contract Meeting, where all aspects of Health and Safety pertaining to the operation of the contract work shall be discussed and agreed.

8.4.1 Health and Safety Requirements Booklet

Appendix 3 illustrates the Contractors Health and Safety requirements resume, which shall be issued at the point of Tender and compliance with all its contents, where appropriate, shall be a condition of contract.

The purpose of the resume shall be to promote the safety of Contractors and Trust staff etc., by setting out general requirements for work at the Trust's sites. It shall also include any significant specific hazards and their associated precautionary measures. The hazards identified and the procedural requirements contained within this resume are not to be considered exhaustive, but are those frequently met at the Trust's sites and form common causes of accidents.

As such, the contents shall be considered as 'prompts', highlighting the need for further consideration and/or the need for more rigorous control and monitoring procedures, in compliance with legislative requirements or the Trust's local procedures, as appropriate.

The Contractor is required to sign on to the resume (see Appendix 3 Addendum D) and thus accept all its content's, terms and conditions. Any proposed deviation or non- compliance with its requirements shall be raised with and agreed by The Project Manager in writing, prior to the start of the affected activities. The document shall be raised at the Contract Pre-Site Meeting and accepted by all parties.

8.4.2 The Contract Pre-Site Meeting

The Contractor shall attend an Meeting where the main aim shall be to set out and agree the implementation, operation and monitoring of any Health and Safety requirements associated with the contract.

- Accept the requirements detailed in the Health and Safety resume, and seek and agree with the Project Manager any clarification of issues as appropriate.
  - The Contractor shall not just benignly accept the resume, he shall be pro-active, and fully aware of the documents implications and the obligations that it places on him.

- Name and Introduce the Contract Safety Supervisor / Representative

- Agree Safety Documents and Notices Procedures
  - Trust's Permit requirements/Contractor's Permit requirements
  - Signs and Notices

- Provide a list of perspective Competent Person(s)
  - details of any induction/training requirements for supervisory and craftsmen to receive and clear presented safety documents

- The Issue and Control of Safety Document Procedures
  - Receipt/clearance procedures
  - Use of Caution/Danger Notices
  - Keys and Key Safes
  - Abnormal clearance procedures etc.

- Demarcation of Work Area/Points of Isolation
  - Key controls
  - Screen, barriers, notices etc.

- Agree Communication Procedures
  - Project Engineer and the Contractor's Safety Supervisor
  - Planned contract meetings
  - Minutes and their validation etc.

- Agree Use of Vehicles
  - Fork lift trucks
  - Lifting vehicles
  - Cranes etc.
  - Method statements for their use
  - Competent Person Certification as appropriate etc.

- Agree use of Portable Electrical Tools
  - Unique Tag Nos.
  - Inspection records and methods of testing etc.

- Agree use of slinging, rigging and lifting gear etc.
  - SWL, Unique ID clearly marked
  - Weight of Load, confirmation where necessary etc.

Note:

The proposed agenda items for the Contract Site Meeting is not intended to be exhaustive, but to offer guidance on the significant issues which must be addressed prior to the start of any site work.

9 REFERENCE DOCUMENTS

9.4 Legislation

9.4.1 Health and Safety at Work Act etc. 1974

9.4.2 Management of Health and Safety at Work Regulations 1999

9.4.3 Confined Space Regulations 1998

9.4.4 Factories Act 1961, Section 30 - Hot Work related activities

9.4.5 Environmental Protection Act 1990

9.4.6 Ionising Regulations 1985

9.4.7 COSHH Regulations 2002

9.4.8 Control of Asbestos at Work Regulations 2002

9.4.9 Personal Protective Equipment at Work Regulations 1992

9.4.10 Workplace (Health, Safety and Welfare) Regulations 1992

9.4.11 The Electricity at Work Regulations

9.4.12 Pressure Systems Safety Regulations 2000

9.4.13 The Manual Handling Regulations 1992 (As Amended)

9.4.14 The Construction (Health, Safety & Welfare) Regulations 1996

9.4.15 The Provision and Use of Work Equipment Regulations 1998

9.5 Safety Policy Module Memoranda

9.5.1 Permit-to-Work Systems

9.5.2 HV & LV Systems

9.5.3 COSHH

9.5.4 Asbestos

9.5.5 Confined Spaces

9.5.6 Hot Work

9.5.7 MGPS

9.5.8 Pressure Systems

9.5.9 Manual Handling

9.5.10 Working at Heights, Scaffolding, Ladders, Step Ladders and Trestles

9.5.11 Gas

10 MONITORING AND MANAGEMENT CONTROL

10.1 Audit

To ensure satisfactory implementation of all safety requirements associated with Contractor management.

10.1.1 Random Job Inspection

The Project Lead Manager should undertake an audit of the implementation and operation of the Contract Management Health and Safety procedures. The audit shall be random and cover the full scope of the system, viz.:

- Inspection of the contract pre-site meeting minutes to ensure that all relevant safety issues have been addressed appropriately, including;
  - The Contractor's safety plan and statement of implementation
  - Agreement on the Permit System
  - Site Emergency Procedures
  - Nominated Supervisors and Competent Person(s), etc.

- Permit-to-Work issue and lock-off procedures execution, correctness in filling in of the pro-formas, standard isolation sheet, log books etc., including inspection of actual system/plant isolations.

- Safety document : check details for accuracy and compliance with the safety procedural rules, including:

  * Contractor Safety Document request pro-formas

  * Supervisor and Competent Person's current certification

  * Lists of nominated Supervisor(s)/Competent Person(s)

  * Preparation, issue and recording, (safety document log, Appendix 2)

  * Selected Person's Report

  * Isolations

  * Key and Safety document control and Personal Safety

  * Clearance and Cancellation Procedures

- Checks carried out on Work in Progress against current Safety Documents in force

- Supervisor and Competent Person(s) (Contractor) : Discussions to ensure that he/she understands the scope and the limit of the work and the safety precautions to take/have been taken. And is aware of any additional process/work related safety precautions/control measures required.

- Sub-Contractor checks
  - ensure that there are appropriate communication procedures in place for the main contractor to inform any of his sub-contractors of site safety requirements.

- Inspection of Key Safes, Permit Keys, declaration cards etc., to ensure correct utilisation and adherence to procedure

- Inspection of Selected Person's Reports, and examination of the correctness of the report records

- Inspections to ensure that transportable electrical equipment/lifting tackle, lifting machines etc. comply with statutory requirements.

- Check the Supervisor/Competent Person for compliance with any additional safety measures, either detailed on the Safety Document or part of the general safety provisions requirements, i.e.

  - Personal Protective Equipment
  - Respiratory Protective Equipment
  - Gas Testers
  - Earthing devices and test equipment etc.
  - General housekeeping, tidy work method/work area,
  - Hazardous substance use etc.

The Project Manager should initial the contract log and enter whatever comments are appropriate for record purposes.

The Project Manager shall be trained by the Project Lead Manager in the principles and operation of the Trusts Safety Rule Procedure.

Addendum B

Duty of Care : Controlled Waste Transfer Note

Section A - Description of Waste

1. Please describe the waste being transferred:

2. How is the waste contained?

Loose ☐ *Sacks* ☐ *Skip* ☐ *Drum* ☐ *Other* ☐ - *Please describe:*

3. What is the quantity of waste (number of sacks, weight etc.):

Section B - Current holder of the Waste

1. Full Name (BLOCK CAPITALS):
2. Name and Address of Company:

3. Which of the following are you? (please ✓ one or more boxes)

producer of the waste	☐	*holder of waste disposal or waste management licence*	☐	- *Licence Number: Issued by:*
importer of the waste	☐	*exempt from requirement to have a waste disposal or waste management licence*	☐	- *Give reason:*
waste collection authority	☐	*registered waste carrier*	☐	- *Registration number: Issued by:*
waste disposal authority (Scotland only)	☐	*exempt from requirement to register*	☐	- *Give reason:*

Section C - Person collecting the Waste

1. Full Name (BLOCK CAPITALS):
2. Name and Address of Company:

3. Which of the following are you? (please ✓ one or more boxes)

waste collection authority	☐	*holder of waste disposal or waste management licence*	☐	- *Licence Number: Issued by:*
waste disposal authority (Scotland only)	☐	*exempt from requirement to have a waste disposal or waste management licence*	☐	- *Give reason:*
exporter	☐	*registered waste carrier*	☐	- *Registration number: Issued by:*
☐		*exempt from requirement to register*	☐	- *Give reason:*

Section D

1. Address of place of transfer/collection point:

2. Date of Transfer:

3. Time(s) of transfer (for multiple consignments, give 'between' dates):

4. Name and address of broker who arranged this waste transfer (*if applicable*):

5. Signed:
Full name:
(BLOCK CAPITALS)
Representing:

Signed:
Full name:
(BLOCK CAPITALS)
Representing: