

Fire Safety Policy and Procedures

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Signed
Chief Executive and Chair of Governance Committee

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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 managers 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 Porter 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
P = Periodically

A = Annually
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 be 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
Pre-Assessment Unit
Coffee Shop
Discharge Lounge
PALS Office

Visitor Car park adjacent A&E
Visitor Car park adjacent A&E
Visitor Car park adjacent A&E
Visitor Car park adjacent A&E
Visitor Car park adjacent A&E

1st Floor

Henry Moore Ward
Harold Ward
Main Theatres
Kingsmoor Ward
Same Day Admissions Unit
Temporary Theatres
Penn Ward
Saunders Ward

Visitor Car park adjacent A&E
Visitor Car park adjacent A&E
Visitor Car park adjacent A&E
Visitor Car park adjacent A&E
Visitor Car park adjacent A&E
Grass area between Neo Natal Unit and Restaurant
Grass area between Neo Natal Unit and Restaurant
Drop off area between EAU and the Fracture Clinic

2nd Floor

Dolphin Ward
Lister/Rowan Ward
Ray Ward

Visitor Car park adjacent A&E
Drop off area between EAU and the Fracture Clinic
Grass area between Neo Natal Unit and Restaurant

3rd Floor

Locke Ward
Harvey Ward
Haematology Day Unit

Drop off area between EAU and the Fracture Clinic
Grass area between Neo Natal Unit and Restaurant
Drop off area between EAU and the Fracture Clinic

4th Floor

ICU
HDU
Charnley Ward

Grass area between Neo Natal Unit and Restaurant
Grass area between Neo Natal Unit and Restaurant
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 be 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 12 th 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	
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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)			
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