NHS

QE Gateshead
Quality and excellence in health

Policy No:	RM79
Version:	2.0

Name of Policy:	Fire Safety Policy
Effective From:	10/12/2015

Date Ratified	12/11/2015
Ratified	Health and Safety Committee
Review Date	01/11/2017
Sponsor	Deputy Chief Executive
Expiry Date	11/11/2018
Withdrawn Date	

Version Control

Version	Release	Author/Reviewer	Ratified by/Authorised by	Date	Changes (Please identify page no.)
1.0	14/11/2013	G Aisbitt	H&S Committee	14/11/13	Original
2.0	10/12/2015	G Aisbitt	H&S Committee	12/11/15	Pages: 3, 11, 12, 13, 14, 15, 27 & 28

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Fire Safety Policy

1 Introduction

The Fire Policy provides a framework of core safety measures across all of the Trust's property and premises with the function to provide guidance to all staff.

2 Policy scope

The Fire Safety Policy applies to all staff employed by or on behalf of Gateshead Health NHS Foundation Trust including:

- Permanent staff
- Temporary staff
- Students
- Agency staff
- Contractors
- Sub contractors
- Volunteers (*WRVS, Meet & Greet, Chaplaincy*).

It is the policy of Gateshead NHS Foundation Trust to protect all persons on Trust premises from the hazards of fire. This policy forms part of the Trust's overall Health & Safety Strategy.

The Trust will ensure that:-

- Adequate means for escape are provided and maintained.
- Premises are maintained in a safe condition with fire protection structures.
- Systems of work minimise fire risks.
- Fire training is provided for all staff and other relevant groups (e.g. voluntary workers).
- An adequate fire warning system is provided and maintained.
- Adequate means for fighting fires are provided and maintained.
- Housekeeping standards are monitored to minimise fire risks.

Hospitals within the Trust also have staff from other Healthcare providers and certain services are provided by them. The responsibility for service provision are defined within the local Fire Strategy and Fire Procedures. Mutual procedures are in place for co operation and communication between all such Healthcare organisations.

Fire protection needs will be assessed and appropriate resources allocated to meet these needs on a risk-prioritised basis.

All staff are required to adhere to this policy to protect themselves, patients and other visitors to the Trusts' premises.

3 Aim of policy

The aim of this policy is to set how Gateshead Health NHS Foundation Trust will ensure its statutory duties are met with regard to fire safety and will be advised and followed by relevant guidance issued by the Department of Communities and Local Government, Fire Authority, Health and Safety Executive and Department of Health. In particular, compliance with The Regulatory Reform (Fire Safety) Order 2005, and the Firecode suite of documents, published by the NHS. These will be monitored and documented on an annual basis.

4 Duties - roles and responsibilities

Chief Executive

The Chief Executive is responsible to the Trust Board for the overall implementation of this Policy and in particular for ensuring that:-

- Responsibilities for fire precautions are properly assigned.
- Ensure an Executive Director is appointed at Board level who will have the nominated responsibility for fire safety matters.
- Any requirement for additional resources being required to meet this policy is brought to the attention of the Trust Board.
- Compliance with this Policy and Firecode is monitored and documented.
- Fire safety is considered prior to any changes in the Trust's activities.
- ALL staff receive appropriate training in fire safety relevant to their responsibilities, and fire risks are adequately assessed.
- Systems of work do not compromise fire safety.
- Agree and Sign the Annual Certificate of Fire Safety Management following advice from The Executive Director responsible for Fire.

Trust Board

All directors will ensure where practicable that arrangements in regards fire safety of their staff employed within their division, are made known, maintained and reviewed whenever there is a change of operation or location.

Fire safety will be recognised as an integral part of business performance and will be an integral part of the contract of employment for all staff.

Divisional Managers and Divisional Directors

Divisional Managers, Executive Directors, Associate Directors, General Managers, Community Service Managers, Heads of Departments and Senior Nurses

These managers are responsible for monitoring the day to day adherence to the agreed fire precautions in the areas under their control and in particular for ensuring that:-

- Fire evacuation routes and fire exits remain clear and fire doors are not wedged open.
- Housekeeping standards are maintained and any combustible waste is frequently removed.
- Staff, patients and visitors adhere to no smoking policy, including the use of E-Cigarettes which are currently not allowed to be used within Trust buildings or premises.
- Systems of work do not result in excessive fire risks, seeking advice from the Fire Safety Advisor as and where appropriate.
- Any changes to substances in use, plant, equipment, furniture or fittings do not result in excessive fire risks, seeking advice from the Fire Safety Advisor, where appropriate.
- When notified staff attend fire training and, where necessary, arrangements are made to allow time off from their duties to attend such training in accordance with this Policy.
- Any perceived fault in the fire warning system, first aid fire fighting equipment, means of escape or other fire safety precautions are brought to the immediate notice of the Estates department via the Trust call logging system.
- Staff, on their first day of employment and others, as appropriate, are instructed in the laid down fire evacuation procedures for the areas in which they will be working. A local fire safety induction form should be completed by their department manager on their first day on the ward or department.
- Any temporary disruption to fire precautions is notified in advance to the Fire Safety Advisor and, where appropriate, additional or modified arrangements agreed so that fire safety is not compromised.

- Contractors and visitors to site are monitored and any increased fire risk is reported to the Fire Safety Advisor. All Contractors to abide by the Trust's Safety Guidance & Site Rules for Contractors & Estates Staff handbook.

The Fire Safety Manager

The Fire Safety Manager is responsible for the day to day compliance of the policy and in particular for ensuring that:-

- A system of monitoring compliance with this Policy and Firecode is established and reports are forwarded to the Chief Executive.
- This policy is reviewed on a two yearly basis in consultation with Staff side organisations, Health and Safety Committee and Safety Committee and the results of reviews are presented to the Chief Executive.
- A risk assessment system is established to provide, if necessary, a prioritised programme of additional fire protection needs to be agreed with the Chief Executive annually in accordance with Firecode requirements.
- Deputies are appointed at all Trust sites in order that a designated person is available to co-ordinate action in any fire situation.
- A fire training programme is established for all staff and attendance at training seminars is monitored.
- Fire evacuation procedures are drawn up for all premises and parts thereof, and practice evacuations are routinely carried out to monitor their effectiveness.
- All fire incident reports are monitored, relevant reports raised for statutory bodies and the NHS and ensuring appropriate action is taken to minimise re-occurrence.
- All official correspondence relating to fire safety is co-ordinated and requirements are agreed with the local Fire Authority.
- Action in the event of a fire is co-ordinated, in accordance with the prepared procedures.
- Procedures are drawn up to ensure adequate fire precautions are incorporated in all hospital developments and all Capital Developments, and that during any maintenance or construction activities, fire safety is not compromised.

Fire Safety Advisor

The Fire Safety Advisor is responsible for ensuring that:-

- Legislation, and official guidance on fire safety is disseminated advising the Fire Safety Manager of any implications for the Trust.
- Activities are co-ordinated in relation to Fire Legislating requirements, advising the Fire Safety Manager as appropriate.
- Fire safety audits are co-ordinated and reports are prepared for the Fire Safety Manager.
- Fire risk assessments for all the Trusts' premises, and parts thereof, are completed and documented and updated on at least an annual basis and presented to the Fire Safety Manager.
- Liaison is maintained between Estates staff, project managers, local building control and local Fire Authorities with regard to fire precautions in new or modified premises, as well as existing buildings forming part of the Trusts' properties.
- Advice is given on the provision, positioning and required maintenance of all fire alarms, automatic fire detectors, emergency lights, first aid fire fighting equipment, fire safety signs and notices.
- Records in relation to fire incidents are established, and fires occurring in suspicious circumstances are investigated in liaison with local Police and local Fire Authorities ensuring that fire incident reports are prepared.
- Monitoring of unwanted fire signals is carried out and necessary action taken to prevent re-occurrence and reduce the number of incidents.
- Staff are aware of the possibility of arson on Trust premises and any necessary action is taken to try to reduce the possibility of occurrence and mitigation of effects.

- Advice is available regarding fire precautions during maintenance and construction activities, monitoring such activities and, where necessary ensuring effective steps are taken to ensure fire precautions are not subverted.
- Fire evacuation procedures are prepared and documented to cover all reasonably foreseeable fire incidents, in liaison with appropriate managers.
- Fire safety training programmes are prepared for all staff and other relevant groups, and presented on a regular basis.

Fire Wardens
An appropriate number of Fire Wardens to be appointed for each Ward and Department to ensure continuity of fire safety within the Ward or Department. Their role is to carry out the following within their appointed area:

- Raise issues regarding fire safety. (Fire Warden Check Sheet).
- Call Log any issues raised via the Trust's Backtrac FM Estates Call Logging system.
- Assist with co-ordination of the response to an incident.
- Support Duty managers on fire safety issues

A copy of the Fire Warden Check Sheet can be found at Appendix 1 of this policy.

Health & Safety Committee
The Health & Safety Committee is chaired by the Director of Estates and Facilities who directly represents the Chief Executive. This committee provides a central forum through which the trust can consult staff representatives on health and safety matters, including fire safety, and provides an opportunity for Staff side to work with the trust in keeping under review the measures taken for health and safety issues.

Trade Union representatives
Shall make representations to the employer on behalf of members on any health, safety, fire and welfare matter.

Shall represent members in consultation with HSE inspectors or other enforcing authorities such as Tyne and Wear Fire and Rescue Service.

Shall inspect designated workplace areas on an ongoing basis.

Shall investigate any potential hazards, complaints by members and any causes of accidents, dangerous occurrences and diseases.

Queen Elizabeth Switchboard Operator
In the event of a fire in the hospital, the safety of the patients and staff is largely dependent upon the carrying out of a pre-determined and practised plan of action.

On activation of a fire alarm incident the Queen Elizabeth Switchboard Operator will follow the procedures laid down in section 7 of the QEH *"Hospital fire plan/staff fire instruction"* for the Switchboard Operator. A copy of the instructions can be found at Appendix 2 to this policy.

Designated Nurse
In the event of a fire in the hospital, the safety of the patients and staff is largely dependent upon the carrying out of a pre-determined and practised plan of action.

On activation of a fire alarm incident the Designated Nurse will follow the procedures laid down in the QEH *"Hospital fire plan/staff fire instruction"* for the Designated Nurse. A copy of the instructions can be found at Appendix 2 to this policy.

All staff
In the event of a fire in the hospital, the safety of the patients and staff is largely dependent upon the carrying out of a pre-determined and practised plan of action.

It is of little use providing the protection afforded by fire separation, alternative means of escape, fire alarms, and fire-fighting appliances, if at the time of an emergency, lack of knowledge or understanding of one or more members of the staff results in wrong action being taken.

Staff must realise that they have a personal responsibility to make themselves fully aware of the action to be taken, before, during and after the occurrence of fire.

All staff have a duty to exercise reasonable care in relation to fire safety and in particular to:-

- Attend fire training annually.
- Adhere to no smoking policy. (Including the use of E- Cigarettes).
- Bring to the attention of their manager any perceived fault in fire precautions.
- Take part in evacuation drills when required to do so.
- Ensure their activities do not impede fire evacuation routes.
- Follow closely any specific fire procedures drawn up for their safety, particularly with regard to evacuation procedures on hearing the fire warning system alarm.
- Raise the alarm if they detect or suspect a fire.
- Ensure necessary fire exit routes are kept clear and not obstructed.
- Ensure fire doors are kept closed and, if on magnetic catches, not obstructed.
- In the event of a fire sound the alarm, evacuate the area and close all doors, in accordance with the laid down evacuation procedure.
- Following this if it is safe to do so, without taking personal risks, attempt to extinguish the fire using the appropriate fire fighting equipment, if trained and competent in the use of the equipment.
- Assist other wards and departments with evacuations as and when called upon to assist.
- Report all fires to their managers, no matter how minor.

A copy of the QEH *"Hospital fire plan/staff fire instructions"* can be found at Appendix 2 to this policy.

A copy of the BGH *"Hospital fire plan/staff fire instructions"* can be found at Appendix 3 to this policy.

5 Definitions

The Trust – Gateshead Health NHS Foundation Trust

Fire Alarm System – Fixed and portable hardware and software designed to detect components of fire, provide facility to raise an alarm in the event of a fire and equipment for raising alarms and notifying relevant staff of the location of a fire alarm activation.

Fire Fighting Equipment – portable and fixed equipment designed to extinguish or reduce a fire.

Trust Premises – All premises under the control of the Trust.

Staff – All persons who are employed by the Trust whether on permanent or temporary contracts (written or implied), paid or unpaid and shall include persons employed through recruitment and employment agency providers to assist the Trust in the delivery of services, but excluding contractors and third parties undertaking works for or on behalf of the Trust.

6 Main body of the policy

6.1 Fire Training

All new staff must receive basic fire safety training as soon as possible on induction into the Trust to ensure that they know how to respond if an outbreak of fire is discovered. All staff, including part-time and agency staff must receive formal fire training to include emergency evacuation and first stage fire fighting procedures appropriate to their actual place of work once per year.

The Fire Safety Advisor will prepare and present a programme of training for all staff. Staff shall attend fire training on an annual basis. Where appropriate the programme will include provision for staff habitually working outside of normal office hours. Attendance at training shall be closely monitored and recorded. Departmental managers shall ensure that staff are trained in the evacuation procedures for the area(s) in which they work during the first day of their employment.

Staff may conduct their annual fire safety training via E-Learning on a Bi-annual basis. All staff must attend a face to face fire lecture at least every other year if they do conduct their fire safety training via E-Learning, this would be one year E-Learning, then the next year via face to face and so on.

A local fire safety induction form is available from the Fire Safety Advisor, that all members of staff should complete on their first day of employment within a ward or department to ensure that they are familiar with their place of work. This form should also be used when wards and departments move location within the Trust to again ensure that all staff are familiar with their place of work.

Once completed all local fire safety induction forms should be held by the ward or department manager for their records to prove that all their staff under their remit have completed a local fire safety induction of their place of work.

Additional Fire Safety Training in regards Fire Warden Training and Evacuation Chair Training is delivered continually throughout the year by the Trust Fire Safety Advisor. Dates and timings for any such training are held within the Trust OD & Training Department.

6.1.1 Fire Warning System

Fire warning systems are installed throughout the Trust's premises. Staff will receive appropriate training in the operation of their particular system. On hearing the relevant warning the need to evacuate promptly in accordance with the laid down procedure will be stressed to staff and the failure of staff to comply with this requirement could result in disciplinary action. Copy of QEH “Hospital fire plan/staff fire instructions” can be found at Appendix 2 and a copy of BGH “Hospital fire plan/staff fire instructions” are at Appendix 3 to this policy.

In the event of a fault with the fire warning system temporary arrangements will be put in place to ensure fire safety is not compromised.

The operation of the system will be tested to at least the standards laid down in official guidance.

6.1.2 First Aid Fire Fighting Equipment

Appropriate fire fighting equipment to enable staff to deal with minor outbreaks of fire is available throughout the Trust's premises. The Fire Safety Advisor will advise on the selection and siting of appropriate equipment, liaising with the local Fire Authority as appropriate.

Staff will receive theory training in the use of this equipment during the fire training programme. Electronic training equipment available to offer more hands on training in the use of fire extinguishers.

Nominated Fire Wardens receive additional training in the use of this equipment during the Trust Fire Warden training course.

A documented system of examination and maintenance of all such equipment will be established and monitored.

6.1.3 Modifications to Premises

Fire protection structures will be maintained when premises are modified. To ensure designs are adequate in this regard advice will be given by the Fire Safety Advisor**. The Project Department** will inform the Fire Safety Advisor as well as both local building control and local Fire Authorities of any proposed modifications.

Construction will be supervised by appropriate Estates staff to ensure protection structures are maintained.

6.1.4 Contractors

The activities of contractors with regard to fire risks will be initially controlled by contract specifications and site rules. Their activities will be closely monitored. Any serious breaches will be brought to the immediate attention of the **Head of Estates**.

All Contractors will be issued with a copy of the Trust's *"Safety Guidance & Site rules for Contractors & Estates Staff"* handbook, and a signature will be required on receipt of the handbook.

6.1.5 Housekeeping

The maintenance of good housekeeping standards has a key role in fire prevention. Standards will be closely monitored by all managers to ensure that combustible waste is not allowed to accumulate, escape routes are kept clear at all times and rules with regard to the storage of flammable substances are adhered to.

6.1.6 Evacuation Procedure

Evacuation procedures are in place for all the Trust's premises, and parts thereof. Responsibility for the preparation of adequate procedures rests with departmental Managers who will liaise with the Fire Safety Advisor as appropriate. Fire notices posted at strategic points throughout the premises will identify Assembly Points where managers will account for all patients, staff and others who may have been present in the department at the time of the incident.

6.1.7 Practice Evacuations

Practice evacuations will be arranged by the Fire Safety Advisor and will take place periodically to check the effectiveness of procedures and training, and to familiarise staff with fire procedure. Records will be kept of these practices and the outcome used to review procedures and training programmes, as appropriate.

Full evacuation drills will be conducted in all non patient sleeping areas, and limited evacuation drills will be conducted within all patient sleeping areas, depending on patient categories and condition at the time of a proposed evacuation drill.

6.1.8 Fixtures, Fittings, Textiles and Furniture

Fixture, fittings, textiles and furniture can play a key role in the spread of a fire, and can produce toxic gases and vapours when they burn. Where there is any doubt about the fire properties of new items, managers should seek advice from the Supplies or the Fire Safety Advisor prior to placing orders.

Most items are available with suitable fire resistant properties to satisfy Fire Authority and Department of Health specifications.

6.1.9 Flammable Liquids and Gases

Flammable liquids and gas storage is covered by statutory requirements. If in doubt regarding these requirements managers should seek advice from the Fire Safety Advisor prior to placing orders. Where reasonably practicable, non-flammable substances should be substituted.

6.2. Electrical Equipment

All electrical equipment should be used strictly in accordance with the manufacturer's instructions and where appropriate isolated from power when not in use. All staff should also abide by the Trust's Electrical Equipment Protocol RM18.

Advice on the suitability of electrical equipment should be sought from the **QE Facilities department** where there is any doubt. Equipment owned by the Trust and its wiring will be periodically inspected by **QE Facilities** staff. Staff should ensure that any equipment owned by themselves or patients is checked by estates staff prior to use. Staff should never attempt to carry out any unauthorised adjustment, repair or modifications to electrical equipment and should disconnect any suspect equipment immediately and report the matter to their manager.

6.2.1 Fire Risk Assessment

Trust Fire Safety Advisor is responsible for completing fire risk assessments of all Trust premises and parts thereof. The results of these assessments will be reported to the Fire Safety Manager and used to plan a prioritised programme of remedial works.

Assessments will be reviewed **every two years** and the results of these reviews reported as above.

Risk Assessments can be located online via trust intranet using the following link on the home page:

6.2.2 Arson

An effective defence against arson is the alertness of staff. Staff should be aware of strangers and challenge them politely, especially if they are in restricted and/or isolated areas. They must also be aware of any service users who have a history of starting fires. Anything untoward should always be reported immediately to management.

6.2.3 Permits to Work

Certain types of hot work involving the use of oxyacetylene / oxypropane cutting equipment, arc welding equipment, blowlamps, bitumen boilers, braising and soldering equipment and any other equipment producing heat or having naked flames, involve significant fire hazards. If these fire hazards are not adequately controlled the risk of fires starting can be significant.

The Trust has in place a "permit to work" procedure to ensure that such processes are tightly controlled. It provides an opportunity to define in a clear and precise manner the way in which the risks arising from activities will be controlled and signed off by an appropriate person.

Permits will clearly outline:

- Exact location of work
- Day, date and duration of permit
- The process(es) to be carried out
- Who is to supervise and who is to carry out the work
- Types of tools/equipment and any PPE (if applicable) required
- Any special or specific precautions, e.g, type of fire extinguisher required
- Authorised signatories

7 Equality and diversity

This policy has been written to ensure where reasonably practicable compliance with all current employment legislation and in particular, does not lawfully discriminate within the meaning of the:

- Race Relations Act 1976 and Amended Act 2000.
- Sex Discrimination Act.
- Disability Discrimination Act 1995 and 2005.
- Human Rights Act 1998.
- Civil Partnership 2005.
- Employment Equality / European Directives on;
  Religion & Belief 2003;
  Sexuality 2003;
  Age 2006;
- **Equality Act 2010**
- Gender Duty 2007

Or any other relevant legislation relating to the discrimination in the employment of employees.

As a consequence of Gateshead Health NHS Foundation Trust's Policies on Equality and Diversity, all staff will be expected to develop awareness of potential communication barriers, in particular at ward level and patient care areas to support fire safety protocol.

If required a Personal Emergency Evacuation Plan (PEEP) form must be completed for all members of staff who may need assistance in evacuating any of the Trust's premises in the event of an emergency. Copy of Trust PEEP Form at Appendix 4 to this policy.

8 Process(s) for monitoring compliance with the policy

8.1 Compliance with Firecode

Compliance with Firecode will be monitored by the Fire Safety Advisor on a continuous basis and any significant non-compliance reported to the Fire Safety Manager.

The Director of Estates and Facilities will advise the Chief Executive of the nature of any Firecode non-compliance and agree a programme and timescale of remedial measures.

8.2 Reporting Fires & Unwanted Fire Signals

All fires and unwanted fire signals are to be reported to the Fire Safety Advisor using the Trust's Accident/Incident Report System (DATIX). The report is to be originated from the Department where the incident occurred and where possible be submitted within 24 hours of the incident occurring. The appropriate Switchboard will separately record all incidences where the fire alarm was activated by whatever means and submit the reports to the Fire Safety Advisor within 24 hours

8.3 Trust Health and Safety Committee

The Trust Health and Safety Committee will keep under review the Trust's performance on fire safety by considering the following:

- Fire Safety Policy
- Reports from Bi-monthly H&S meetings in regards the number of Fires or Unwanted Fire Signals within the Trust.
- Fire Safety Training undertaken.
- Fire Safety Audits conducted by local Fire authority.
- Fire Safety Annual Report.
- Any other relevant fire safety reports.
- **Trust Fire Safety Risk Assessments.**
- **Trust Fire Safety Audits.**

9. Process for monitoring compliance with this Policy:

Regular monitoring and fire safety is essential to ensure that the arrangements in place for managing fire safety are effective and compliant with relevant statutory provisions. The trust will use a variety of mechanisms to monitor and audit the fire safety arrangements. As a minimum, this will include monitoring compliance with:

Standard/process/issue	Monitoring and audit			
	Method	By	Committee	Frequency
Compliance with HTM 05 suite of documents	Fire risk assessment	QEF Fire safety advisor	H&S Committee	2 yearly

	& audits			
Compliance with Regulatory Reform (fire safety) Order 2005	**Fire safety audits**	**Tyne & Wear Fire & Rescue Service**	**H&S Committee**	**Annually**
Monitor – Fire safety incidents	**DATIX incident reporting system**	**QEF Fire safety advisor**	**H&S Committee**	**Bi-monthly**

An action plan will be produced if necessary to address where improvements should be made. Review of the action plan will be overseen by the H&S Committee.

10 Policy implementation (including awareness raising)

All members of staff will be informed via e-mail and via Trust Health and Safety Committee meetings, when updated version is available on the Intranet.

A copy of this policy will also be placed within every Fire Risk Assessment conducted by the Trust Fire Safety Advisor.

11 References

Regulatory Reform (Fire Safety) Order 2005
Firecode – Fire Safety in the NHS

12 Associated documentation

RM01	Risk Management Strategy
RM02	Health and Safety Policy
RM18	Electrical Equipment Protocol
RM28	Building and Engineering Works Policy
RM37	Smoke Free Hospital Policy
OP48	Lone Worker Policy
PP14	Equality in Employment Policy.

Appendix 1

Date of Check / / 20	**FS1** **Fire Safety Check List**				**Department/Ward/Area** …….	
Item	**Requirement**	**Verification ✔ as Appropriate**			**Additional Information**	**Date Defect Reported**
		D	**S**	**N/A**		
A Fire Extinguishers	1 Correct Type				Check	
	2 Correct Location				Check have not been removed and are clearly visible and readily accessible.	
	3 Condition				Check for damage	
	4 Security Tag				If not in place report	
	5 Safety Pin				If not in place report	
	6 Servicing Date				Date required within 12 months	
	7 Wall Brackets				Check for security/stability	
B Fire Resisting Doors	1. Condition*				Check for damage	
	2. Door fit into Frame				Check if door sticking	
	3. Door seals				Check smoke/heat seals in place	
	4. Self Closer *				Check for correct activation	
	5. Magnetic Release				Test release button/switch	
	6. Glazing				Check for condition	
	7. Instruction Signs				Appropriate signs in place	
	8. Wedged open				Check for any doors wedged open	
	9. Vision Panels				Check free from obstruction, i.e. coats, pictures etc	
C Fire Alarm System	1 Break Glass Unit*				Check for damage, clearly visible.	
	2 Sounders/Beacons*				Check for damage/operation	
	3 Audibility*				Check during weekly test	
	4 Indicator Panel*				Check for damage/any fault light showing	
	5 Detector Heads				Check if clear of any obstructions	
D Emergency Lighting	1 Illuminated Signs				Check for damage/operation	
	2 Condition of Unit				Check for damage	
E Fire Exit Signs and Notices	1 Fire Exit /Exit Signs				Check for damage/legibility	
	2 Fire Exit Keep Clear				Check for damage/legibility	
	3 Push Bar/Pad to Open				Check for damage/legibility	
Continue Over						

FS1 Fire Safety Check List						
Item	**Requirement**	**Verification ✔ as Appropriate**			**Additional Information**	**Date Defect Reported**
		D	**S**	**N/A**		
F Exit Routes	1 Normal Access/Egress				Check for obstructions/storage. Walk route to check	
	2 Fire Exit Routes *				Check for obstructions/storage. Walk route to check.	
	3 Door Operating Device				Check for operation of device	
	4 Door Lock Magnetic*				Check green breakglass device	
	5 Push Bar/Pad				Check operation of device	
	6 External Escape Route				Check for parked cars, free from vegetation, moss etc.	
G General Notices	1 Action in Case of Fire Notice*				Check for damage/legibility/in place	
H General Defects	1 Tidiness - External				Check state of surroundings	
	2 Storage - External				Check suitability	
	3 Storage - Internal				Check are store rooms tidy	
	4 Change of use of rooms *				Check i.e. office to store room etc.	
	5 Other Hazards				Alcohol Gel etc check if stored correctly	
	6 Tidiness - Internal				Are all materials stored well away from possible sources of ignition	

D = Defective Item S = Satisfactory Condition N/A = Not Applicable * Treat as Urgent and Report

Forward defect report to Fire Safety Officer

- **For Urgent contact Fire Safety Officer on x 2593**
- **Call Log Numbers x2452 or x2462**
- **Via Intranet: Click on Info services / Click on Systems / Click on Estates FM / Follow on screen prompts / Enter pin Number = 9 then Dept Ext No. / You can then view outstanding issues or raise a new call log / Log out when completed.**

Appendix 2

GATESHEAD HEALTH NHS TRUST

QUEEN ELIZABETH HOSPITAL

HOSPITAL FIRE PLAN/STAFF FIRE INSTRUCTIONS

1. PERSONAL RESPONSIBILITIES:

In the event of a fire in the hospital, the safety of the patients and staff is largely dependent upon the carrying out of a pre-determined and practised plan of action.

It is of little use providing the protection afforded by fire separation, alternative means of escape, fire alarms, and fire-fighting appliances, if, at the time of an emergency, lack of knowledge or understanding of one or more members of the staff, results in wrong action being taken.

Staff must realise that they have a personal responsibility to make themselves fully aware of the action to be taken, before, during and after the occurrence of fire.

Fire Training All new staff must receive basic fire safety training as soon as possible on induction into the Trust to ensure that they know how to respond if an outbreak of fire is discovered. All staff, including part-time and agency staff must receive formal fire training to include emergency evacuation and first stage fire fighting procedures appropriate to their actual place of work once per year.

2. GENERAL INFORMATION

2.1 **Alarm Sounders** A continuous alarm sound will indicate that there is a fire in your part of the hospital. An intermittent sound will indicate that there is a fire in the hospital premises, but not in the immediate vicinity. This can change to a continuous sound, at which time action should be as for a fire in the area.

2.2 **How the Fire Alarm is Activated** The fire alarm sounders will be activated in one of the following ways:-

(a) by breaking the glass of any fire alarm point
(b) automatically by heat detectors, smoke detectors, sprinkler system (laundry, Jubilee Wing Basement Plant room).
(c) Activation of the fire alarm system automatically relays a message to the fire brigade.

2.3 **Fire Alarm Panels** Fire alarm panels indicating the area/locations in which the fire has occurred are situated in various parts of the hospital. You should make yourself familiar with their location in the areas in which you are working.

2.4 **Fire Fighting Appliances and Equipment** Fire appliances and equipment have been provided to enable staff to tackle a fire prior to the arrival of the Fire Brigade. You must know their location, how they operate and for what fires they are suitable. See Section 6.

2.5 **Emergency Lighting** To assist escape in the event of an electrical power failure escape lighting has been installed.

2.6 **Fire Exit/Final Exit Doors** which are locked magnetically will automatically release in the event of a continuous fire alarm activation.

2.7 IN BRIEF

YOU MUST KNOW:

The location and method of operation of the fire alarm operating points.
The alternative means of escape and the routes to them.
The place of safety designated as an assembly point.
The need to take a roll call.
The location, method of operation and uses of each type of fire fighting appliance and equipment.

YOU MUST ENSURE:

That fire and smoke stop doors are kept closed (**not wedged or propped open**). (Other than those designed to close automatically when the fire alarm is activated)

That fire and smoke stop doors are not obstructed so as to prevent them closing.

That escape routes are not obstructed.
That doors affording means of escape can be easily opened.

Finally, if you are in doubt as to what you must do then you must ask for further guidance. Also you must report any circumstances which appear to prejudice safety in respect of fire.

3. PROCEDURE FOR RAISING THE ALARM

3.1 Break Glass Points Any member of staff who discovers or suspects an outbreak of the fire must:

(a) Raise the alarm immediately by breaking the glass of the nearest fire alarm point. This action will relay the location of the fire to the fire alarm indicator panels.

(b) Make a 3333 call and inform the Queen Elizabeth Hospital switchboard operator of the location and nature of the fire. You will be informed by the switchboard operator that you are being connected to Fire Brigade Control. See Appendix 3 regarding Call Challenge.

(c) Confirm that the details have been correctly received by the Fire Brigade Control Operator by asking him/her to repeat the message.

(d) Use the dial 3333 facility to relate further information on the incident to the switchboard.

4. THE MOVEMENT/EVACUATION OF STAFF AND PATIENTS IN AN EMERGENCY

4.1 General (Non Patient Areas)

4.1.1 Action on Hearing a Continuous Alarm Sound

On hearing a **CONTINUOUS ALARM SOUND ALL** occupants of that part of the building who are not involved in specific duties, i.e. fighting the fire, sweep and search, responding to the alarm call or moving/attending to patients/visitors will evacuate in a safe and orderly manner, so as to prevent the possibility of panic, to their **ASSEMBLY POINT** by the most direct safe route through the nearest safe exit to the open air. They will remain there until-

(a) requested for certain duties, or

(b) the emergency is concluded and they are able to return to their normal duties. The Senior Fire Brigade Officer will decide when it is safe for all occupants to re-enter the building.

4.1.2 Action on Hearing an Intermittent alarm Sound

ON HEARING AN INTERMITTENT ALARM SOUND STAFF SHOULD REMAIN AT THEIR PLACE OF DUTY FROM WHERE THEY MAY BE SUMMONED IF REQUIRED **– Only trained staff should be required to assist in the evacuation of patients.**

BE PREPARED – if the fire spreads the intermittent alarm in your area could change to a continuous alarm indicating that you should evacuate in accordance with detail set out above.

4.2 Patient Areas

4.2.1 Action on Hearing a continuous Alarm Sound

Evacuation of Ward and Other Patient Areas *The decision to evacuate a ward or patient area will be taken in the first instance by the person in charge of that particular ward or department at that time depending upon the severity of the fire. If the patients are in no immediate danger, they need not be moved. However, it must be stressed that if they are in any danger whatsoever, movement must be immediate. Subsequently, the designated nurse will take charge of operations at the scene until the arrival of the Fire Brigade. The person in charge is required to report to the designated nurse/fire brigade officer on their arrival. The person in charge will undertake the duties of the designated nurse if he/she does not attend the scene*

In the event of no obvious fire or smoke danger If there is no danger to patient or staff and no movement of patients or staff is necessary, the person in charge of the incident should at the earliest convenience, stand the back-up team down (see 4.2.2).

NB. ***It should be stressed that the backup team should remain on stand-by duty whilst there is any danger.***
In the event of fire or smoke the senior member of staff present will make the decision as to whether evacuation is necessary. If evacuation does become necessary, you must conduct yourself in a calm and orderly manner so as to give confidence to the patients and so avoid the possibility of panic which could result in injuries.

Evacuation will take place in four stages:-

(a) Removal of patients from the immediate vicinity of the fire.
(b) Removal in accordance with the principles of progressive horizontal evacuation to behind the nearest fire door, which should then be closed. Take a roll call.
(c) Removal to an adjacent ward on the same level. Take a roll call.
(d) Removal to a lower level down a staircase and from there to the relevant assembly point. Take a roll call.

Do not use the lifts without the authority of a Fire Brigade Officer.
Assistance in carrying out patient evacuation may be available by staff from adjacent wards/department, and trained staff drawn from the assembly point. Fire Brigade personnel will be on the scene within minutes and will also be able to assist particularly if evacuation to a lower level is required which may be determined by the Fire Brigade Officer in charge.

4.2.2 ACTION TO BE TAKEN ON HEARING AN INTERMITTENT FIRE ALARM

(a) Ward Managers/Heads of Departments in areas where intermittent alarms are sounding should release any available staff who will consult the nearest fire panel to determine the location of the incident and then proceed to the location. The back up staff will remain at the entrance of the ward/department until their assistance is requested by the DN/person in charge or the staff member they delegate.

If there are sufficient back up staff a door guard will be appointed by the ward/dept staff member requesting assistance. The door guard will remain at the entrance and retain the name badges of back up staff entering the ward. In the event there are insufficient back up staff the staff member requesting assistance will retain the name badges of the back up staff entering the ward. Back up team members who subsequently arrive will remain at the entrance of the ward/dept where the above procedures will apply.

(b) **BE PREPARED** – if the fire spreads the intermittent alarm in your area could change to a continuous alarm indicating that you should evacuate in accordance with the details set out above:-

4.3 When Evacuation is Necessary

To ensure all persons are accounted for during evacuation the senior person present will ensure that a sweep and search of all rooms is undertaken in which it is safe to do so.

You must conduct yourself in a calm and orderly manner and so avoid the possibility of panic, which could result in injuries.

You must turn off electrical and heating appliances which could, if left on, present a hazard. This particularly applies to the kitchen equipment and washing machines.

You must close doors as you vacate so as to prevent the spread of fire. Should you ever have to pass through a smoke filled area, remember that the most breathable air is at floor level (you should only do this in a dire emergency).

To ensure all staff are accounted for, when assembled at the place of safety, a nominated person will take a roll call.

Procedures for dealing with fire are set out in section 5.

If gas or electrical equipment is involved, **endeavour** to turn off the supply if it is safe to do so.

5. DEALING WITH FIRE

5.1 First Aid Fire Fighting

On discovering a fire, if safe to do so, staff can tackle the fire but this must be done safely in accordance with the advice below. The precise sequence of action priorities will depend upon the nature of the fire.

5.2 Under no circumstances should staff expose themselves to undue risk.

5.3 Your first consideration is the safety of the patients and, therefore, action in dealing with any fire immediately endangering them must be your first priority. One obvious instance is when a patient's bed is on fire. If the fire is such that you can tackle it without endangering your personal safety, then you should do so, using the appropriate appliance or equipment. To do this you must,

obviously know the location, method of operation and suitable uses for each type of appliance. Do not activate the fire equipment until you are as close as possible to the seat of the first.

YOU MUST ALWAYS KEEP YOURSELF BETWEEN THE FIRE AND MEANS OF ESCAPE

If you are unable to tackle the fire, then you must endeavour to confine it by closing doors to the room or area on fire. Also, close the windows, but not, if in doing so you endanger your personal safety.

6 FIRE FIGHTING EQUIPMENT AND APPLIANCES

In the hospital, the following fire fighting appliances and equipment have been provided. Instructions are given on each type regarding the method of operation.

Hose Reels, Water Extinguishers and Sprinklers Produce water, which is the most widely used extinguishant, and the best means for use on fires involving solid carbonaceous materials such as wood, paper, fabrics, etc. The Jubilee Wing basement plant room have automatic sprinkler systems.

Carbon Dioxide Extinguishers Produce carbon dioxide gas, which can be used for any fire but particularly for use on burning liquids and electrical fires. **(Beware of noise and low temperature of the gas NEVER direct onto any person.)**

Foam Extinguishers Produce "foam" which can be used for fires involving flammable liquids, such as oils, fats, varnishes, paints, etc., which they extinguish by the blanketing action of foam layer. The foam extinguishers in use in the hospital are the Foam Spray A.F.F.F. (Aqueous Film Forming Foam) type.

Fire Blankets Can be used on small fires involving containers of fats and flammable liquids or any small fire which can be totally enclosed. Can provide the best method for dealing with people whose clothes are alight.

General It should be appreciated that water in vases, buckets, basins, jugs or even soda siphons may be used successfully to extinguish a small fire of the carbonaceous type.

7 SPECIAL DUTIES OF SPECIFIC STAFF

7.1 Queen Elizabeth Switchboard Operator

On receipt of a fire call via:
Activation of the Fire Alarm
The telephonist will:

(a) Dial 999 and request the Fire Brigade **and** give the Fire Brigade the following message:-
'Fire at Queen Elizabeth Hospital, Gateshead and;

(a) the location of the fire within the hospital
(b) the entrance gate to be used to access the site designated by a letter.
On receipt of a call via the emergency line 3333, inform the caller that you are putting them through to the Fire Brigade.
Connect caller to the Fire Brigade.

(b) Call out the Fire Team on the paging system using a group alert and advise them of the location of the fire.
(c) Call out other duty staff as appropriate
(d) Complete a Fire Incident Report form and forward it to the site engineer.
(e) In the absence of the duty engineer silence the alarm on the instructions of a senior member of staff present or the Senior Fire Brigade Officer.

The hospital telephonist puts out a test call on the 'Fire' bleeps each day and the Fire Team confirm that their bleeps are functioning.

7.2 Fire Team

The hospital fire team is responsible for responding to fire alarms on the hospital site when alerted by the hospital telephonist, using the "fire bleep system" to convey information on the locations of the fire.

The hospital fire team has a "core" membership of Designated Nurse, Shift Fitter, Security, who will respond when alerted throughout the 24 hour period. Other officers may join the team during normal working hours (9.00 am – 5.00 pm Monday to Friday) or when requested by members of the fire team.

Designated Nurse

There will always be a designated nurse carrying the "Fire Bleep" and this officer will attend the designated patient area wearing an orange armband and will take charge at the scene of the fire, in conjunction with the Departmental Head and until the arrival of the Fire Brigade. The Designated Nurse will be responsible for co-ordinating and directing the actions of staff in the emergency, ensuring that correct procedures are implemented, notifying the Senior Nurse with site responsibility of incidents of note. The Designated Nurse can arrange for the fire alarm to be silenced BUT NOT RESET (**see confirmed false alarm, shift fitter**), as soon as he/she is satisfied that all available staff have responded. They will ensure an IR1 incident form is completed.

Shift Fitter

Attends the scene of the incident and will liaise with the Senior Fire Brigade Officer present and isolate services as appropriate in the vicinity of the fire. Advises the Fire Brigade on location and type of services. Returns all services to normal when the incident is concluded. He will be responsible for silencing the alarm on the instruction of the senior person present or the Senior Fire Brigade Officer. Reset the fire alarm after and only after confirmation by the fire brigade.

Confirmed False Alarm.

If the person "In Charge" at an incident states that the incident is a confirmed false alarm, a 3333 call has been made to the Fire Brigade informing them of this fact and they have confirmed that they are NOT RESPONDING, shift fitter will silence and reset the fire alarm system.

Security

Is responsible for meeting the Fire Brigade appliances at the appropriate entrance and directing them to the location of the fire, following on himself to give assistance. Security may be required to obtain keys to afford access to non-nursing areas and will be responsible for ensuring that premises are secure after the Fire Brigade have left.

7.3 Other Officers Who May Join the Team

(a) **Duty Engineer**

Outside normal working hours, the Duty engineer will be contacted where appropriate and will attend the scene of the fire and carry out engineering duties.

(b) **On Call Director**

Outside normal working hours, the on-call Director will be notified to attend in the event of an actual fire at the discretion of the Senior Nurse.

(c) **Nominated Officer (Fire)**

The Nominated Officer (Fire) will be notified to attend in the event of an actual fire at the discretion of the Senior Nurse. The Nominated Officer (Fire) has a deputy who may be available to deputise in his absence.

7.4 Senior Nurse with Site Responsibility/Senior Nurse on Call

Will be responsible for any relocation of patients etc and will inform the director of nursing in the event of a serious incident involving the evacuation of patients. The on call director will also be informed of all fires and will attend to co-ordinate activities if patient evacuation is required.

In Premises with Single Stage Fire Alarm

Staff Action on Hearing an Alarm

(i) Staff should ensure that any persons resorting to the premises are told to leave and assisted if necessary. Evacuate the building via a safe route as set out below. See that all **fire/smoke stop doors** in your immediate vicinity or through which you have to pass are closed.

Roll Call

(ii) A roll call will be taken at the assembly point by your roll call officer. To ensure the roll call is carried out as quickly and as accurately as possible, **it is the duty of each member of staff to report to their roll call officer before congregating with other members of staff at the assembly point. It is imperative to account for all persons.**

When Evacuation is Necessary

To ensure all persons are accounted for during evacuation the senior person present will ensure that a sweep and search of all rooms is undertaken in which it is safe to do so.

You must conduct yourself in a calm and orderly manner and so avoid the possibility of panic, which could result in injuries.

You must turn off electrical and heating appliances which could, if left on, present a hazard. This particularly applies to the kitchen equipment and washing machines.

You must close doors as you vacate so as to prevent the spread of fire. Should you ever have to pass through a smoke filled area, remember that the most breathable air is at floor level (you should only do this in a dire emergency).

To ensure all staff are accounted for, when assembled at the place of safety, a nominated person will take a roll call.

Procedures for dealing with fire are set out in section 5.

If gas or electrical equipment is involved, **endeavour** to turn off the supply if it is safe to do so.

PREMISES WITH SINGLE STAGE FIRE ALARM
QEH SITE

1	**NEW PATHOLOGY**
2	**ENGINEERS**
3	**ANTE NATAL UNIT**
4	**DAY NURSERY**
5	**NEW IT DEPARTMENT**
6	**ESTATES DEPARTMENT**
7	**DOMESTICS PORTA_CABIN**
8	**MAIN BOILER HOUSE**
9	**TRUST HEADQUARTERS/EDUCATION CENTRE**

Fire Alarm Panels

Fire alarm panels indicating the area/locations in which the fire has occurred are situated in various parts of the hospital:-

ECC Level 2
ECC Level 3
ECC Level 4
Telephone Switchboard Room
Surgical Block L2,L3,L4,L5,L6 at Lift Lobby
Main Hospital Entrance
Maternity Department
Engineers Department
Windy Nook Entrance
Out Patients Department
Out Patients Department Offices 1st Floor
Medical Physics
New IT Department (Old Children's Services)
Ward 20
Adjacent to Physio Gym
New Pathology
Endoscopy
Breast Diagnostic x 2
Estates Department
Clinical Skills (Library)
Elmwood (St Bede's)
Elmwood (Finance)
Tranwell x 2
Cragside
Jubilee Wing Main Entrance
Ward 21
Ward 22
Ward 23
Ward 24
Ward 25

Localised panels which only indicate the location of the premises on the Main Panels re located as follows:-
Gynaecology/oncology/Plant Room
Education Centre
Ante Natal Clinic
Day Nursery
Windy Nook Outpatients

EMERGENCY LINE 3333 PROCEDURE

Upon activation of the fire alarm a responsible person from the ward/department in which the alarm has originated must make a **3333** to switchboard.

The caller will be informed by the switchboard operator that they are being put through to the Fire Brigade.

The caller should give the Fire Brigade as much information about the incident as they know. The number of appliances that the Fire Brigade send to the hospital can be dependent on the information received on the 3333 call. An initial attendance is always dispatched irrespective of any 3333 call.

If the fire alarm activation is caused by a malicious/accidental operation of a breakglass call point or is a confirmed false alarm, this information should be passed to the Fire Brigade. The Fire Brigade can then make the decision not to respond to the incident. They will inform the caller if they are not responding. This information of a non-attendance must be relayed to the Designated Nurse/Shift Fitter.

It must be stressed that callers do not inform the Fire Brigade that the incident is a False Alarm unless you are 100% sure that it is one.

Appendix 3

GATESHEAD HEALTH NHS TRUST

BENSHAM HOSPITAL

HOSPITAL FIRE PLAN/STAFF FIRE INSTRUCTIONS

1 **PERSONAL RESPONSIBILITIES:**

In the event of a fire in the hospital, the safety of the patients and staff is largely dependent upon the carrying out of a pre-determined and practised plan of action.
It is of little use providing the protection afforded by fire separation, alternative means of escape, fire alarms, and fire-fighting appliances, if, at the time of an emergency, lack of knowledge or understanding of one or more members of the staff, results in wrong action being taken.

Staff must realise that they have a personal responsibility to make themselves fully aware of the action to be taken, before, during and after the occurrence of fire.
Fire Training All new staff must receive basic fire safety training as soon as possible on induction into the Trust to ensure that they know how to respond if an outbreak of fire is discovered. All staff, including part-time and agency staff must receive formal fire training to include emergency evacuation and first stage fire fighting procedures appropriate to their actual place of work once per year.

2 **GENERAL INFORMATION**

2.1 **Alarm Sounders** A continuous alarm sound will indicate that there is a fire in your part of the hospital. An intermittent sound will indicate that there is a fire in the hospital premises, but not in the immediate vicinity. This can change to a continuous sound, at which time action should be as for a fire in the area.

2.2 **How the Fire Alarm is Activated** The fire alarm sounders will be activated in one of the following ways:-

(a) By breaking the glass of any fire alarm point
(b) Automatically by heat detectors, smoke detectors.
(c) Activation of the fire alarm system automatically relays a message to the fire brigade.

2.3 **Fire Alarm Panels** Fire alarm panels indicating the area/locations in which the fire has occurred are situated in various parts of the hospital.

- The main panel is situated in the lobby at the top of the link corridor.
- Other panels are situated on the ground floor adjacent to old wards 1,2,3,4 and Main Reception Desk.

You should make yourself familiar with their location in the areas in which you are working.

2.4 **Fire Fighting Appliances and Equipment** Fire appliances and equipment have been provided to enable staff to tackle a fire prior to the arrival of the Fire Brigade. You must know their location, how they operate and for what fires they are suitable. See Section 6.

2.5 **Emergency Lighting** To assist escape in the event of an electrical power failure escape lighting has been installed.

2.6 **Fire Exit/Final Exit Doors** which are locked magnetically will automatically release in the event of a continuous fire alarm activation.

2.7 **IN BRIEF**

YOU MUST KNOW

- The location and method of operation of the fire alarm operating points.
- The alternative means of escape and the routes to them.
- The place of safety designated as an assembly point.
- The need to take a roll call.
- The location, method of operation and uses of each type of fire fighting appliance and equipment.

YOU MUST ENSURE:

That fire and smoke stop doors are kept closed (**not wedged or propped open**). (Other than those designed to close automatically when the fire alarm is activated).

That fire and smoke stop doors are not obstructed so as to prevent them closing.
That escape routes are not obstructed.
That doors affording means of escape can be easily opened.

Finally, if you are in doubt as to what you must do then you must ask for further guidance. Also you must report any circumstances, which appear to prejudice safety in respect of fire.

3 PROCEDURE FOR RAISING THE ALARM

3.1 **Break Glass Points Any member of staff who discovers or suspects an outbreak of the fire must:**

(a) Raise the alarm immediately by breaking the glass of the nearest fire alarm point. This action will relay the location of the fire to the fire alarm indicator panels.

(b) Make a 3333 call and inform the Queen Elizabeth Hospital switchboard operator of the location and nature of the fire. You will be informed by the switchboard operator that you are being connected to Fire Brigade Control.

(c) When connected to the Fire Brigade state :-

Fire at Bensham Hospital, Gateshead, access via Fontwell Drive,

The location of the fire within the hospital.

(d) Confirm that the details have been correctly received by the Fire Brigade Control Operator by asking him/her to repeat the message.

(e) Use the dial 3333 facility to relate further information on the incident to the Fire Brigade

(f) See Appendix 1 regarding Call Challenge.

4 THE MOVEMENT/EVACUATION OF STAFF AND PATIENTS IN AN EMERGENCY

4.1 Staff Action on Hearing a Continuous Alarm Sound

4.1.1 On hearing a **CONTINUOUS ALARM SOUND** staff should ensure that **ALL** occupants evacuate that part of the building to their **ASSEMBLY POINT** by the most direct safe route through the nearest safe exit to the open air. Patients should be assisted as necessary. Section 4.3 "When evacuation is necessary" set out the main rules to be followed during evacuation.

4.1.2 Persons will remain at the assembly point until the emergency is concluded and they are able to return to their normal duties. The Senior Fire Brigade Officer will decide when it is safe for all occupants to re-enter the building.

4.1.3 **The senior person in the department** shall be responsible for;

- The co-ordination of the evacuation. Ensuring a sweep and search is undertaken of all rooms in which it is safe to do so.
- Positioning door guards to prevent unauthorised/ accidental entry to area.
- Ensuring a role call is taken.

4.1.4 Where necessary, Liasing with adjacent/adjoining departments to ensure a co-ordinated approach to the evacuation, sweep and search, positioning of door guards etc.

4.1.5 Where necessary, liasing with senior persons of evacuated departments to determine extent of incident and decide who will communicate with the fire brigade.

4.1.6 Ensuring an incident (IR1) form is completed

4.2 Action on Hearing an Intermittent alarm Sound

ON HEARING AN INTERMITTENT ALARM SOUND STAFF SHOULD REMAIN AT THEIR PLACE OF DUTY FROM WHERE THEY MAY BE SUMMONED IF REQUIRED**.**

BE PREPARED – if the fire spreads the intermittent alarm in your area could change to a continuous alarm indicating that you should evacuate in accordance with detail set out above.

4.3 When Evacuation is Necessary

To ensure all persons are accounted for during evacuation the senior person present will ensure that a sweep and search of all rooms is undertaken in which it is safe to do so.

You must conduct yourself in a calm and orderly manner and so avoid the possibility of panic, which could result in injuries.

You must turn off electrical and heating appliances, which could, if left on, present a hazard. This particularly applies to the kitchen equipment and washing machines.

You must close doors as you vacate so as to prevent the spread of fire. Should you ever have to pass through a smoke filled area, remember that the most breathable air is at floor level (you should only do this in a dire emergency).

To ensure all staff are accounted for, when assembled at the place of safety, a nominated person will take a roll call.

Procedures for dealing with fire are set out in section 5.

If gas or electrical equipment is involved, **endeavour** to turn off the supply if it is safe to do so.

5 DEALING WITH FIRE

5.1 First Aid Fire Fighting

On discovering a fire, if safe to do so, staff can tackle the fire but this must be done safely in accordance with the advice below. The precise sequence of action priorities will depend upon the nature of the fire.

5.2 **Under no circumstances should staff expose themselves to undue risk.**

5.3 Your first consideration is the safety of the patients and, therefore, action in dealing with any fire immediately endangering them must be your first priority. If the fire is such that you can tackle it without endangering your personal safety, then you should do so, using the appropriate appliance or equipment. To do this you must, obviously know the location, method of operation and suitable uses for each type of appliance. Do not activate the fire equipment until you are as close as possible to the seat of the first.

YOU MUST ALWAYS KEEP YOURSELF BETWEEN THE FIRE AND MEANS OF ESCAPE

If you are unable to tackle the fire, then you must endeavour to confine it by closing doors to the room or area on fire. Also, close the windows, but not, if in doing so you endanger your personal safety.

6 FIRE FIGHTING EQUIPMENT AND APPLIANCES

In the hospital, the following fires fighting appliances and equipment have been provided. Instructions are given on each type regarding the method of operation.

Hose Reels, Water Extinguishers Produce water, which is the most widely used extinguishant, and the best means for use on fires involving solid carbonaceous materials such as wood, paper, fabrics, etc.

Carbon Dioxide Extinguishers Produce carbon dioxide gas, which can be used for any fire but particularly for use on burning liquids and electrical fires. **(Beware of noise and low temperature of the gas NEVER direct onto any person.)**

Foam Extinguishers Produce “foam” which can be used for fires involving flammable liquids, such as oils, fats, varnishes, paints, etc., which they extinguish by the blanketing action of foam layer. A very modern version of the extinguisher is the Foam Spray A.F.F.F. (Aqueous Film Forming Foam).

Fire Blankets Can be used on small fires involving containers of fats and flammable liquids or any small fire, which can be totally enclosed. Can provide the best method for dealing with people whose clothes are alight.

General It should be appreciated that water in vases, buckets, basins, jugs or even soda siphons may be used successfully to extinguish a small fire of the carbonaceous type.

7 SPECIAL DUTIES OF SPECIFIC STAFF

7.1 Queen Elizabeth Switchboard Operator

On receipt of a fire call via:
The emergency line **3333**

The telephonist will:

(a) **Inform the caller that you are putting them through to the Fire Brigade.**

(b) **Connect caller to the Fire Brigade**

(c) Outside normal working hours (8.00 am until 16.30 Monday to Friday) call the duty engineer.

(d) Call out other duty staff as appropriate

(e) Complete a Fire Incident Report form and forward it to the site engineer.

7.2 Estates Staff

If on site attends the scene of the incident and will liaise with the Senior Fire Brigade Officer present and isolate services as appropriate in the vicinity of the fire. Advises the Fire Brigade on location and type of services. Returns all services to normal when the incident is concluded. He will be responsible for silencing the alarm on the instruction of the senior person present or the Senior Fire Brigade Officer. Reset the fire alarm after and only after confirmation by the fire brigade.

Confirmed False Alarm

If the person "In Charge" at the incident states that the incident is a confirmed false alarm, a 3333 call has been made to the Fire Brigade informing them of this fact and they have confirmed that they are NOT RESPONDING, estates staff will silence and reset the fire alarm system.

Duty Porter

During normal working hours:

(i) if the shift fitter does not attend call log the incident (ext. 2452/2462) who will arrange for engineering services to attend.

(ii) The Duty Porter is responsible for meeting the Fire Brigade appliances at the appropriate entrance and directing them to the location of the fire, following on himself to give assistance.

(iii) The Duty Porter may be required to obtain keys to afford access to any area that is secured and will be responsible for ensuring that premises are secure after the Fire Brigade have left.

(iv) In the absence of the estates staff silence the alarm on the instructions of a senior member of staff present or the Senior Fire Brigade Officer.

(v) In the absence of the estates staff, if possible, reset the alarm on the instructions of the Senior Fire Brigade Officer.

(vi) **Confirmed False Alarm** See Estates Staff.

Security Officer
Outside of normal working hours when the duty porter is not on duty will :-

(i) Inform Queen Elizabeth Hospital switchboard who will arrange for the on call engineer to attend to reset the fire alarm system. Engineer may give instructions via telephone to security officer on action to take depending on the circumstances.

(ii) Arranging to have the hospital entrance gates open if locked to ensure access for the Fire Brigade

(iii) Meeting the Fire Brigade at the main entrance and directing them to the scene of the fire.

(iv) Providing the necessary keys for any area that is secured.

(v) Responsible for ensuring that the premises are secure when the Fire Brigade have left.

(vi) In the absence of the duty engineer silence the alarm on the instructions of a senior member of staff present or the Senior Fire Brigade Officer.

(vii) **Confirmed False Alarm** See Estates staff.

7.3 **Other Officers Who May Join the Team**

(a) **Duty Engineer**
Outside normal working hours, the Duty engineer will be contacted and will arrange for engineering services to attend the scene of the fire and carry out engineering duties.

(b) **On Call Director**
Outside normal working hours, the on-call Director will be notified to attend in the event of an actual fire at the discretion of the Engineering Services.

(c) **Nominated Officer (Fire)**

The Nominated Officer (Fire) will be notified to attend in the event of an actual fire at the discretion of the Engineering Services. The Nominated Officer (Fire) has a deputy who may be available to deputise in his absence.

(d) **Service Manager/ Head of Department**

During normal hours will where necessary take appropriate action to ensure continued patient care.

APPENDIX 4

PERSONAL EMERGENCY EVACUATION FORM

Background

Aim

The aim of a Personal Emergency Evacuation Plan PEEP is to provide staff who cannot get themselves out of a building unaided with the necessary information to be able to manage their escape to a place of safety. It also provides departments the necessary information so as to ensure that the correct level of assistance is always available.

Responsibilities

All employees have a duty to inform their department manager of any injuries or disabilities that could hinder their evacuation in the event of an emergency.

The Ward / Department manager's is responsible for talking to disabled **or injured** staff to identify whether they require any assistance in the event of an emergency. If a member of staff requires assistance the Personal Emergency Evacuation Plan (PEEP) Questionnaire should be completed. This should be completed by the disabled person with support from their appropriate manager.

Writing the PEEP
From the information gathered in the questionnaire, a Personal Emergency Evacuation Plan (PEEP) should be developed. Advice and support for writing the PEEP is available from the Risk Management Department.

Given the unique characteristics of buildings and the need for a PEEP to take account of the buildings capabilities, disabled persons who regularly use different buildings may have to have a separate PEEP for each building.

If assistance with escape is required, the extent of such assistance should be identified in the PEEP i.e. the number of assistants and the methods to be used. Allowances should be made to ensure there is sufficient cover for holidays or absence, and assistants may require training.

Evacuation in an Emergency
Assisting wheelchair users down stairs

Where disabled persons are located above the ground floor there are a number of considerations. In all of the following cases. Risk Management Department should be able to give more advice with identifying means available, such as Ski Sheets, Evacuation Chairs, Temporary refuges etc.

a) Temporary Refuges -
A refuge is a designated temporary safe space where disabled people can wait for assistance. It is an area that is both separated from a fire by fire resisting construction and provides a safe route to final exit e.g. the head of a protected stairway - where there is sufficient space. The provision of a refuge will permit a staged evacuation to be implemented. A refuge area must be clearly signed and should be of sufficient size to accommodate both people using it as a refuge and any people passing through on their way out of the building.

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Refuges should only be defined after consultation with the Fire Safety Advisor as the requirements for fire separation and structure are very specific.

b) Lifts -
Most lifts cannot be used in an emergency. Any lift use for the evacuation of disabled people should be either a "fire-fighting lift" or an "evacuation lift."

c) Safe Routes -

A PEEP should contain details of the escape route(s) the disabled person will be expected to use. Clear unobstructed gangways and floor layouts should be considered at the planning stage.

It is especially important to ensure that locks, doors and other devices are all able to be operated by the evacuating persons.

It is also necessary to ensure that there are (as much as possible) alternative routes and that the routes are not excessively long.

Deaf and Hearing Impaired people.

Generally, most deaf people working alongside hearing colleagues will not require special equipment, providing they have been made aware of what to do in the event of a fire. They will be able to see and understand the behaviour of those around them.

However, deaf or hearing impaired people working alone may need an alternative method of being alerted to an emergency. For example many alarm systems have visual indicators in the form of a flashing light, or vibrating pager systems can be used. If additional equipment is required then please consult with the Risk Management Department.

Blind and Partially Sighted people

Staff should be offered orientation training and, where applicable this must include alternative ways out of the building. If a blind person uses a guide dog it is important that the dog is also given ample opportunity to learn these routes.

Training

To be effective, any exit plan depends on the ability of staff to respond efficiently. Staff will therefore receive instructions, practical demonstrations and training appropriate to their responsibilities. This may include some or all of the following elements:

- Fire drills for staff and students.
- Specific training for Fire Wardens
- Specific training in the use of Fire Extinguishers etc.

Further advice is available in the first instance from the Risk Management Department.

PERSONAL EVACUATION PLAN (PEEP) QUESTIONNAIRE FOR DISABLED PERSON

This questionnaire is intended to be completed by disabled people to assist the development of a Personal Emergency Evacuation Plan. Please provide as much information to enable the Trust to develop a suitable plan.

Once developed the Plan will be the intended means of escape in the event of an emergency (including drills). If the practice drills identify concerns in the implementation of the evacuation, then please contact the Risk Management Department for assistance in finding suitable solutions.

1. Why you should fill in the form

As your employer, the Trust has a legal responsibility to protect you from fire risks and ensure your health and safety at work. The PEEP will be developed based on the information you provide.

2. What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency egress procedures in the building(s) you attend.
If you need assistance, the PEEP will specify what type of assistance you need. There may be some buildings where safe evacuation cannot yet be provided without alterations to the building/structure. In these cases you will have to be patient whilst the solutions are considered and developed.

Name _____
Job Title _____
Department _____
Brief Description of Duties _____

LOCATION

3. Where are you based for most of the time?

Please name: the building, the floor and the room number.

_____

_____

4. Do you routinely use more than one location in this building?

YES ❑ NO ❑

If you feel it is necessary please provide further details below. (Please list the buildings and floors you used in each building)

_____

_____

_____

_____

AWARENESS OF EMERGENCY EVACUATION PROCEDURES

5. Are you aware of the emergency evacuation procedures which operate in the building(s) you attend?

YES ❑ NO ❑

6. Do you require written emergency evacuation procedures?

YES ❑ NO ❑

4a Do you require written emergency procedures to be supported by Risk Management Department interpretation?

YES ❑ NO ❑

4b Do you require the emergency evacuation procedures to be in Braille?

YES ❑ NO ❑

4c Do you require the emergency evacuation procedure to be on tape?

YES ❑ NO ❑

4d Do you require the emergency evacuation procedures to be in large print?

YES ❑ NO ❑

7. Are the signs which mark emergency routes and exits clear enough?

YES ❑ NO ❑

EMERGENCY ALARM

8. Can you hear the fire alarm(s) in your place(s) or work?

YES ❑ NO ❑ DON'T KNOW ❑

9. Could you raise the alarm if you discovered a fire?

YES ❑ NO ❑ DON'T KNOW ❑

ASSISTANCE

10. Do you need assistance to get out of your place of work in an emergency?

YES ❑ NO ❑ DON'T KNOW ❑

If **NO** please go to Question 12

11. Is anyone designated to assist you to get out in an emergency?

YES ❑ NO ❑ DON'T KNOW ❑

If **NO** please go to Question 11. If **YES** give name(s) and location(s)

_____

_____

_____

12. Is the arrangement with your assistant(s) a formal arrangement?
(A formal arrangement is an arrangement specified for them by the Head of Department or written into their job description or by some other procedure.)

YES ❑ NO ❑ DON'T KNOW ❑

10a Are you always in easy contact with those designated to help you?

YES ❑ NO ❑ DON'T KNOW ❑

13. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?

YES ❑ NO ❑ DON'T KNOW ❑

GETTING OUT

14. Can you move quickly in the event of an emergency?

YES ❑ NO ❑ DON'T KNOW ❑

15. Do you find stairs difficult to use?

YES ❑ NO ❑ DON'T KNOW ❑

16. Are you a wheelchair user?

YES ❑ NO ❑

Thank you for completing this questionnaire.
The information you have given us will help us to meet any needs for information or assistance you may have.

Please return a copy of the completed form to: Trust Fire Safety Advisor

To be completed by the Ward / Department manager (Remember you may require more than one plan for more than one location). Original completed form to held within ward or dept.

PERSONAL EMERGENCY EVACUATION PLAN FOR

Name _____
Department _____
Building _____
Floor _____
Room No. _____

AWARENESS OF PROCEDURE

The disabled person is informed of a fire evacuation by:

existing alarm system ❑

pager device ❑

visual alarm system ❑

Other (please specify) ❑ _____

DESIGNATED ASSISTANCE:

(The following people have been designated to give person identified on this form assistance to get out of the building in an emergency).

Name _____

Contact details _____

Name _____

Contact details _____

Name _____

Contact details _____

METHODS OF ASSISTANCE:

(eg: Transfer procedures, methods of guidance, etc.)

_____

_____

EQUIPMENT PROVIDED (including means of communication)**:**

_____

_____

EVACUATION PROCEDURE:

(A step by step account beginning from the first alarm)

_____

_____

SAFE ROUTE(S):

_____

_____

_____

_____