Mid Essex Hospital Services NHS

NHS Trust

Fire Safety Policy	**Type:** Policy **Register No: 04083** **Status:** Public

Developed in response to:	Regulatory Reform (Fire Safety) Order 2005, Fire Code HTM 83 & HTM 05-02
Contributes to CQC Core Outcome:	CQC10 Regulation 11

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Version Number	6.0final
Issuing Directorate	Estates & Facilities
Ratified by:	DRAG Chairman's Action
Ratified on:	24th November 2016
Trust Executive Sign Off Date	December 2016
Implementation Date	25 November 2016
Next Review Date	October 2019
Author/Contact for Information	Richard Wilks, Senior Fire Officer
Policy to be followed by (target staff)	All staff
Distribution Method	Intranet & Internet
Related Trust Policies (to be read in conjunction with)	Risk Management Policy, Waste Management Policy, Major Incident Policy, Business Continuity Plans, Mandatory Training, Investigation of and Learning from Adverse Events, Complaints and Claims Policy, Smoke Free Policy, Control of Contractors, Fire Evacuation Policy, Helideck SOP

Document Review History

Version No	**Authored by**	**Active Date**
1.0	Risk Management	October 2004
2.0	Risk Management	April 2005
2.1	J. Englefield	March 2006
2.2	J. Englefield	October 2006
2.3	J. Englefield	December 2006
2.4	R. Wilks	November 2008
3.0 To add Fire Risk Assessment Appendix	R Wilks	March 2009
3.1	R Wilks	December 2009
4.0 To add PEEP to Appendix	R Wilks	June 2011
4.1 Addendum to include reference to Fire Wardens	R. Wilks	Feb 2012
5.0 Main Review	R. Wilks	Sept 2013
5.1 Addendum to further clarify role of Fire Warden and details of fire evac plan (in accordance with Fire Evacuation Policy) & Annual Fire Statement.	R. Wilks	May 2014
5.2 Addendum to add reference to DSEAR (7.9) and Braintree Community Hospital weekly fire alarm test time.(6.1)	R. Wilks	July 2014
5.3 Addendum to further update DSEAR references.	R. Wilks	Sept 2014
5.4 Amendment to Fire Risk Assessment template	R. Wilks	April 2015
6.0 Formal Review	R. Wilks	16 December 2016

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1. Purpose

1.1 The Trust recognises its legal and moral obligations in relation to Fire Safety, and will make such arrangements to meet the requirements as required by the Regulatory Reform (Fire Safety) Order 2005 legislation and guidance from recommendations within Fire code Health Technical Memorandum 05-01.

1.2 This document identifies the structure and responsibilities of managing Fire Safety in accordance with the Trust legal requirements.

2. Introduction

2.1 The Trust requires that all levels of management act responsibly and lawfully in the understanding and implementation of fire safety. All managers are expected to comply with the provisions of the Regulatory Reform (Fire Safety) Order 2005 and the Management of Health and Safety at Work Regulations (as amended) and on behalf of the Trust to manage their departments in such a way as to achieve a progressive improvement in standards of fire safety in accordance with the recommendations contained in Firecode, HTM05-01.

2.2 Equally, all employees have similar duties both in respect of their own safety and that of others. Any employee who commits an offence under any fire safety legislation puts at risk patients, visitors and their colleagues as well as acting in defiance of the Trust's policy.

2.3 This Fire Safety Policy forms part of the Trust Risk Management Policy.

2.4 The consequences of fire in hospitals and other health care premises can be especially serious because of the difficulties and dangers associated with the emergency evacuation of patients, some of whom may be highly dependent. There may also be longer term consequences following a fire. The aim therefore must be to ensure that, if possible, outbreaks of fire do not occur and that, if and when outbreaks do occur, they are rapidly detected, effectively contained and quickly extinguished. This means that overall fire safety will depend on physical factors (building construction, design and maintenance {CDM}, together with equipment and furnishings), on the installation and proper maintenance of detection and alarm systems, and also on local policies for handling emergencies.

3. Policy Statement

3.1 It is the policy of the Trust to:

- Bring this Fire Safety Policy and any revisions to the notice of all staff, contractors and anyone else having business in the Trust's premises
- Make the policy available to any person who may wish to consult it and place copies for reference on Trust Intranet
- Pledge its commitment to adopt the requirements of Firecode HTM 05/01, and to comply with all relevant statutory requirements in respect of fire safety
- Involve and enlist the support of all employees in achieving fire safety objectives
- The Senior Fire Officer is to monitor the effects of this policy and present the results in a published annual Fire Report

4.   Scope

4.1   It is the responsibility of all staff, at whatever level, to carry out their work in accordance with recognised good practice. Employees have a duty to support their employer's safe systems and must co-operate with management to ensure that rules and regulations regarding fire safety are effective.

5.   Responsibilities

5.1   The **Chief Executive** is responsible for the Trusts performance in respect of fire safety.

5.2   The **Director of Strategy & Corporate Services** is responsible for:

- Fire safety issues activity in conjunction with the Deputy Director of Estates & Facilities Management
- Reporting Fire Safety issues to the Trust Board
- Ensuring that at least annually, a report is presented to the Trust Board informing them of the current state of fire safety in all premises for which the board is responsible, and that annually the internal Certificate of Firecode Compliance is completed and recorded as recommended by the Department of Health
- Ensuring that agreed programmes of investment in fire precautions are properly accounted for in the trust's annual business plans
- Ensuring the effective upkeep of the fire safety policy established for the premises
- Ensuring that future developments & project works comply with this policy
- Ensuring the appropriate inspection, testing and maintenance of fire fighting equipment and associated fire precautions infrastructure are carried out by responsible Estates Department and update of Fire Plans and locally displayed Fire Plans
- Ensuring the appropriate inspection, testing and maintenance of fire fighting equipment and associated fire precautions infrastructure

5.3   **Trust Nominated Officer** (**Senior Fire Officer)** is responsible for:

- Preparing the Annual Fire Safety Statement for the Executive Lead for fire safety (Director of Strategy & Corporate Services).
- Facilitating all staff to participate in fire safety training and fire drills/instruction in accordance with the Trust's Mandatory Training Policy.
- The co-ordination and direction of staff actions at a serious fire, in accordance with the Serious Untoward Incident Policy and Major Incident Policy.
- Receiving reports of all fire incidents from the Trust's Risk Management department, informing the Trust of their contents and arranging for them to be acted upon.
- Training Fire Marshalls (Security & Portering staff) and to ensure a responsible person (On Call Senior Manager) is always available to assume the specified range of duties when the principal officer is absent. In the event of an emergency, one of these officers should be able to take command until the Fire Service arrives, then act as a focus for liaison purposes.
- For appointing and training Fire Wardens to provide local department fire safety awareness and operational duties.
- For advising on all matters concerning fire precautions

- For identifying situations in premises within the Trust which do not conform to recognised fire precautions standards or requirements, and for preparing and delivering reports containing recommendations for improvements
- For advising on fire precautions arrangements for new and existing premises
- For liaising, on behalf of the Trust, with the Fire Authority and other relevant statutory bodies having advisory or mandatory consequences over fire precautions in Trust premises
- For investigating all fires and fire emergency calls and for preparing and delivering reports as appropriate
- For carrying out periodic inspections of Trust premises and for preparing and delivering reports as appropriate
- For ensuring that Divisional management maintain a baseline risk assessment of areas under their remit using HTM 86 as the format and the Regulatory Reform (Fire Safety) Order 2005 and Firecode HTM 05/01. A generic risk assessment form for fire safety is attached as Appendix 3.
- For preparing an annual report to be submitted to the Health & Safety Committee and Trust Board
- In conjunction with Deputy Director of Estates and Facilities for ensuring the appropriate inspection, testing and maintenance of fire fighting equipment, fire alarm systems, emergency lighting and associated fire precautions infrastructure are carried out.
- Overall monitoring of the fire risk assessments
- Monitoring fire related matters via Risk Event reporting system

5.4 **Directorate Managers** are responsible for:

- Supervising the effective upkeep of the fire safety policy and fire risk assessments for the premises for which they have site responsibility.
- Ensuring all wards/departments complete local risk assessment for fire safety and review within annual period (see Appendix 3).

5.5 **Line Managers** have a duty to:

- Bring the existence and contents of the fire procedure to the attention of those staff for whom they are responsible and to ensure that individual members of staff understand their duties and responsibilities in the event of fire. Staff must be made aware of the different fire alarm warning signals for the area in which they work. For example:
  - Continuous fire alarm:- that indicates the fire alarm has been actuated in their fire zone and what action to take
  - Intermittent fire alarm:- that indicates the fire alarm has been actuated in an adjacent fire zone and what action to take
- Support and promote the nomination and training of Fire Wardens in their work place working with the Senior Fire Officer.
- Monitor and manage compliance of staff to attend mandatory fire training as recorded by Training and Development.
- Line Managers have a responsibility for their staff to be compliant with mandatory fire training. The Trust Training & Development Department publish monthly training data that provides training performance of all staff.

5.6   **Switchboard** staff are responsible for:

- Dialling 999 and confirming there has been a fire alarm activated within the Trust.
- Informing the Duty Manager (Service Co-ordinator during out of hours) of the situation
- Bleep all staff configured to receive the voice alert of the alarm and it's reported location
- Contacting the on call electrician on the on-call bleep if the alarm is out of hours
- Record that a fire alarm has been activated and await further instructions from the Fire Marshall via the hand held radios
- Recording fire calls in the switchboard register book and completing the Switchboard action card and log for every fire alarm activation.

5.7   **Clinical Site Manager is responsible for:**

- Responding to all fire alarm activations and attending the scene of alarm location
- Providing guidance and assistance to nurse or manager in charge of area affected to make necessary decisions in response to fire alarms. e.g. fire evacuation
- Making final decision to turn off medical gases and evacuate an area based on assessment of risk and information provided by nurse/manager in charge of area affected.
- Escalating to Senior On-call Manager and keeping Silver Command informed where applicable.

5.8   **Nurse in Charge/Departmental Manager is responsible for**:

- Staff are up to date with Mandatory Fire Training as recorded by Training & Development Department and published in the monthly reports.
- All Staff understand their Fire Plan
- Staff aware of Fire Safety Box and its location and contents.
- Nurse in Charge / Department Manager received training by Trust Senior Fire Officer on the use of Fire Safety Box
- Knowledge of interface with Site Manager / Bed Manager and special procedures for Clinical areas.

5.9   **Fire Marshalls** (undertaken by Security & Portering staff) are responsible for:

- Responding to bleep message from switchboard on activation of fire alarm system
- Reporting to fire alarm panel (Zone A Atrium and Retained Estate Zone E or Zone B Fire Panel) depending if fire alarm is Zone A (New Hospital) or Retained Estate (Zone B, C, D, E or satellite buildings)
- Reporting to suspected fire scene and reporting by radio if it is a confirmed fire or an unwanted fire alarm call caused by system fault or accidental activation. If it is NOT a confirmed fire they can request the Main Fire Panel is silenced so as to minimise disruption. The Fire Panel can only be reset by the authorisation of the attending Fire Brigade Officer that they are satisfied there is not a fire risk.
- Directing Fire Brigade and rescue services on site to the fire location
- Provide first response to fire fighting providing they feel safe and competent to do so without risk of personal injury
- Provide assistance in evacuation if required

- Resetting fire alarm panels when authorised by the attending Fire Brigade Officer that it is safe to do so

5.10 **Fire Wardens** are responsible for:

- Nominating themselves to provide the "eyes and ears" of fire safety in their work area on a voluntary basis
- Championing fire safety in their work area, promoting fire safety procedures issues within the workplace and cascading any
- Assisting in applying fire safety procedures when on duty
- Understanding evacuation techniques and equipment aids in their local workplace
- Providing provide fire safety support during day to day management of their work areas and support of fire procedures in the event of a fire when at work

5.11 **Estates Departments (Trust and PFI Estates Management)** are responsible for:

- Ensuring that all fire fighting equipment is annually inspected and where necessary ensure that action is taken to rectify faults
- Ensuring that adequate consideration and consultation has been given into the planning, design and maintenance of any new works that affect the fire systems and procedures of the Trust, in accordance with the Control Design and Management Regulations (CDM)
- Ensuring that contractors adhere to the Control of Contractors Policy and take into account affects of their activity on the Trust's fire systems and procedure before commencing work on site
- Ensuring that fire system reports made to the Estates Helpline are given appropriate priority with regard to the safety of staff, patients and others on site, or that where action can not be taken report back to the line manager concerned in order that they may control the risk in the interim

5.12 **Health & Safety Group (HSG)**

- On behalf of the Trust Board, this group will act and be recognised for all statutory and regulatory issues relating to health & safety (including fire safety) within the Trust and scrutinise or investigate any areas covered therein.

5.13 **Fire Safety Group (subgroup of HSG)**

- The Fire Safety Task Group is a sub-group of the H&S Group and will be responsible for actively reviewing all matters relating to fire safety incidents and reporting to the H&S Group for scrutiny.

5.12 **All staff** have a responsibility to:

- Understand the characteristics of fire and smoke
- Know the fire hazards of their working environment
- Practice and promote fire prevention
- Understand the impact of fire false alarms signals (unwanted fire signals) on patients and staff and the measures required to minimise them
- Know the right action to take if a fire breaks out

- Pay attention to fire precautions to reduce the risk of injury to staff and patients and reduce the risk of scarce resources being diverted from patient care to restoration / repair of fire damaged building and equipment.

6. Fire Precautions Testing Systems

6.1 On each site under the control of the Trust there will be a weekly test of the Fire Alarm system and link with the local fire brigade. Tests will be carried out at a specified time on the same day each week as follows:

Broomfield Retained Estate	Tuesday	09:30
Broomfield New Hospital	Tuesday	09:40
St Peters, Maldon	Wednesday	09:30
Fairfield Clinic, Chelmsford	Monday	09:30
Braintree Community Hospital	Tuesday	10.00

6.2 It is important to note that local individual fire alarm tests are undertaken on a large rotational cycle at these times. Therefore staff should not expect to hear their local alarm each week.

6.3 On hearing the alarm at any other time or the continuation of these alarms, staff will respond in accordance with the fire procedure for their area, unless they have been specifically forewarned that there is to be an additional test.

6.4 Fire extinguishers will be tested and maintained in accordance with British Standard BS5306. Each extinguisher will be inspected annually via the Estates departments and will bear a label displaying the date of the most recent inspection. The adequacy of fire extinguisher coverage is reviewed annually as part of the Fire Risk Assessment process and additional reviews made as necessary if there is a change of use or risk of new equipment or processes.

6.5 Fire hydrants will be tested and maintained on an annual basis by an approved contractor/ authority.

6.6 When fire doors and fire exits are inspected at any time, defects found should be reported to the Facilities Helpdesk on ext 6000 (24/7) for repair. Immediate issues such as doors wedged open should be reported to the Line Manager.

6.7 Fire evacuation equipment/aids will be examined annually as part of ward/departmental risk assessments and "in house" bio medical engineering department maintenance procedures. Defects should be reported to the Senior Fire Officer in the risk assessment process.

6.8 Emergency lighting will be tested / managed by the Estates and Facilities Directorate under a Periodic Preventative Maintenance system (PPM) for the Retained Estate and by Bouygues E&S Services Management Team for the new Hospital.

7.   Fire Precautions & Special Risks

7.1   **Arson**

7.1.1   The risk of Arson is ever present. The most effective tactic to employ against the arsonist in the hospital environment is to deny the opportunity. Careless disposal of combustible refuse outside the department or outside the building to await collection is an encouragement to the arsonist and should be avoided. Unfamiliar faces should be challenged to identify themselves and any failure to do so satisfactorily should be reported immediately to the person in charge of the department or to Security staff.

7.1.2   Service Managers and others having responsibility for buildings or parts of buildings must ensure that the potential for arson is recognised and taken fully into account in any new schemes and in addition, as circumstances permit, the aim should be to improve standards in existing premises.

7.1.3   Improvements, which might be considered under para 9.2, include the following:

- Limitation of access both to and within buildings
- Procedures and systems to detect the presence of intruders (eg CCTV)
- Restricting accessibility of combustible materials/flammable liquids
- "good housekeeping" measures, for example the management of waste collection, storage and disposal
- Staff selection processes particularly for those who will work without supervision for long periods at night

7.1.4   Following a fire started under suspicious circumstances, or where arson is suspected, line managers should ensure that the scene and material evidence in any form is left undisturbed pending investigation by the relevant authority, or member of the Trust's Risk Management Team.   Any personnel with involvement in the fire incident should be released from duty and made available for immediate interview by the authorities.

7.2   **Smoking**

7.2.1   Smoking, including e-cigarettes not permitted within the Trust sites (including grounds and gardens).

7.2.2   Illicit smoking has the potential to pose a significant fire risk and should be treated seriously and appropriate disciplinary actions taken to enforce the no smoking policy in accordance with the Trust's Smoke Free Policy.

7.3   **Medical Gases**

7.3.1   Main stocks of oxygen, nitrous oxide, medical compressed air and other medical gas cylinders should be stored in the designated cylinder store as recommended in HTM 2022, "Medical Gas Pipeline Systems Operational Management"; no other materials should be kept in the store. Specific guidance on fire precautions relating to medical gases is given in several parts of HTM 2022, "Medical Gas Pipeline Systems Operational Management".

7.4   Permits to Work

7.4.1   Hot works or activities that have the potential to produce sparks, and naked lights, are prohibited within or near the manifold room, plant room and liquid oxygen compound area and the cylinder store. This prohibition also applies to the vicinity of the outlet of the discharge pipe from medical gas safety valves. Safety signs must be provided within and outside these areas to indicate this requirement. In addition, a notice clearly indicating the contents of these areas should be displayed, for example, "SMOKING, WELDING AND NAKED LIGHTS PROHIBITED - MEDICAL GAS STORAGE AREA".

7.4.2   The use of hot metal cutting equipment must be in accordance with the Estates & Facilities directorate procedures and permit to work systems issued by the Trust's Estates Department or Bouygues E&S for works in the PFI building.

7.4.3   The use of Acetylene gas for welding or any other process is NOT allowed on site due to the high risk to life, property and business continuity.

7.5   Signage

7.5.1   All fire signage displayed will meet Safety Signs and Signals regulations.

7.6   Control of Substance Hazardous to Health (**COSHH**)

7.6.1   The safe storage, use and disposal of highly flammable products should be in accordance with current good practise including:

- Hospital departments should hold only a number of cans required for immediate use. Additional quantities should be kept in a cool store, preferably one reserved for the storage of highly-flammable substances and having adequate low-level ventilation
- Aerosol cans should not be exposed to excessive heat, for example direct sunlight or radiators
- Staff, Patients & Contractors should be aware that activation of an aerosol can close to a smoke detector can activate the fire alarm system and create a "false alarm" situation
- Cans should be handled and stored carefully to avoid damage
- Aerosols should not be sprayed near naked flames or other sources of ignition
- An aerosol canister should not be operated when the can is damaged
- Manufacturers' warnings printed on the container must always be observed
- Under no circumstances may aerosol cans be disposed of by incineration - the resultant explosion may cause injury and considerable damage. Aerosol cans are to be discarded at ward / department level in the same containers used for glass waste. This waste will be collected and go on to be separated and appropriately disposed of.
- Flammable liquids give off vapour, which under certain conditions can ignite and/or explode. Many fires are caused by the misuse, or careless use, of such liquids and particular care is necessary in their handling and storage
- Quantities of flammable liquids sufficient only for immediate use should be kept in hospital departments. Additional supplies should be held in a suitably protected, cool, ventilated store.

- Containers should be sealed or capped immediately after use and should not be left standing in direct sunlight or where they may be knocked over. This applies particularly to volatile liquids in common use such as methanol

7.7   Electricals

7.7.1   All electrical items must be tested (PAT testing) via the Estates department before use/ unauthorised electrical appliances must not be used on Trust premises. The Trust has a PAT testing programme in place as outlined within the Trust's PAT Testing Policy.

7.8   Microwave Ovens, Kettles and Toasters

7.8.1   **Usage of Microwave, Kettles and Toasters:** Microwave, Kettles and Toasters are to be used in authorised areas i.e. kitchens or rest rooms with appropriate fire detection. The use of Microwave, Kettles and Toasters in unauthorised area can cause unwanted fire alarms activated by steam or smoke and present a fire risk.

7.8.2   **Commercial Kitchens:** Cooking appliances in commercial kitchens are to be subject to a separate Risk Assessment and procedures in the management of this kitchen equipment must ensure they are under a robust system of test and maintenance either provided by Estates Department or Bouygues FM Services.

7.8.3   **Cooking:** The user has responsibility to use cooking equipment safely and to not leave it unattended whilst cooking. Care must be taken with microwave ovens not to over heat food as this can create a fire hazard.

7.8.4   **Unwanted Fire Alarms:** Care must be taken with toasters and microwaves to prevent food stuffs being burnt that may activate a smoke alarm and cause unwanted fire alarms. It is recommended the Toaster crumb trays are emptied / cleaned regularly to guard against unwanted fire alarms.

7.8.5   **Fire Detection:** The areas where cooking takes place must be fitted with heat sensor detection and the kitchen door kept closed to prevent any smoke from cooking activating smoke detection outside of the kitchen area.

7.8.6   **Location of Toasters and Microwaves:** The location of toasters and microwaves is to be away from combustible materials and not placed next to notice boards with paper attachments and care taken when used under wall mounted cabinets.

7.8.7   **Fire fighting equipment:** A Fire Blanket and 2.5 kg CO_2 extinguisher should be available to fight a fire. Fire blankets can be purchased via Facilities Helpdesk on ext. 6000.

7.8.8   **Patient Food Preparation:** Microwave cookers and toasters used to prepare patient meals are to be of an appropriate design to meet the high duty of use and under a system of test and maintenance.

7.8.9   **Maintenance:** It is the responsibility of the Estates Department / FM Services to maintain the equipment to ensure it is safe .i.e. PAT test and microwave leakage testing (see Electrical Safety Policy). The person/s using the equipment has responsibility for using the equipment

safely. If an item is discovered to be damaged or malfunctioned, it must be removed from use and reported immediately to the Facilities Helpdesk on ext. 6000.

7.9   DSEAR (Dangerous Substances and Explosive Atmospheres Regulations 2002)
Under these regulations management have a duty to control and manage fire and explosion risks related to dangerous substances and potentially explosive atmospheres. A risk assessment has been completed to identify DSEAR hazard areas and associated risks. These are identified within a site plan and available from the Senior Fire Officer, Deputy Director of Estates and MAJAX Team. Any proposed changes that impact upon risks under these regulations must be reviewed and approved by the Senior Fire Officer. Any incidents that occur as a result of dangerous substances are managed via the Major Incident and Business Continuity Plans.

8.   General Precautions

8.1   It is in everyone's interest that buildings have good efficient fire precautions and all staff can help by taking the following action:

- Do not allow items that will obstruct or slow down escape, or combustible materials to be placed on escape routes
- Do not wedge open fire doors
- Do not secure or obstruct doors so those escape routes cannot be opened easily by those making an escape
- Do not obstruct signs that show escape routes, fire alarm call points or extinguishers
- Do not allow holes or gaps in walls and floors to develop. This would allow the spread of smoke and heat and defects must be reported to the estates Helpline.
- Store flammables and waste properly
- Ensure electrical equipment is properly connected and tested

9.   Fire Awareness and Response Procedures

9.1   The actions to follow in response to a fire alarm are outlined in *Fire Process* flowcharts as seen in Appendix 1.

9.2   Each ward/department will maintain a local *Fire Box* which is to be used in the event of a fire alarm or confirmed fire as an aid to manage the incident safely. This box will include the following.
- Action Card – Nurse / Manager in Charge (depending on clinical/non-clinical area)
- Local fire safety procedure – (developed locally with Senior Fire Officer and Ward Sister/Departmental Manager)
- Local Evacuation floor plan
- Blank Patient List Form (clinical areas only)
- Weekly Fire Box Check-sheet (for auditing purposes)
- Pen

9.2   All staff must familiarise themselves with the procedure for the areas in which they work.

9.3   If flames, smoke or abnormal heat are discovered, staff should:

- Operate the premises fire alarm and follow the fire safety procedures
- Use the appropriate extinguisher, but only if they feel confident enough, to attack the fire without endangering themselves or others
- Extinguishers will be available and in the main they will be coloured red
- The type of extinguisher is written on the extinguisher i.e.: Water and also a colour code band relating to the type of extinguisher agent used i.e.: Water (red), Foam (beige), CO_2 (black), Powder (blue), Wet Chemical (yellow) - see table 1 below for class of fire and extinguisher type to be used.

Fire Classification	Fire Risk	Water (Red)	Foam (Beige)	CO2 (Black)	Powder (Blue)	Wet Chemical (Yellow)
Class A	Wood, Paper, Textiles and Fabrics	✔	✔		✔	
Class B	Flammable Liquids - Petrol, Oil, Paints		✔	✔	✔	
Class C	Flammable Gases				✔	
Class D	Metal Fires				Special Powder Only	
Class E	Electrical Fires			✔	✔	
Class F	Cooking Oils and Fats					✔
Fire Blanket	Suitable for small fires involving solids & liquids. Excellent for small fires of clothing and for chip pan fires. Care to be taken to keep hands away from the fire.					

Table1. Fire Extinguisher Class

9.4   The Senior Fire Officer will issue a written fire procedure to be followed in the event of a fire. This procedure will include detailed instructions of Fire Marshalls activities, switchboard operators, persons in charge of wards and/or departments, and all other members of staff not included in the above categories.

9.5   Copies of the fire procedure must be made available in all wards and departments.

9.6   Particular attention must be paid to ensure that new and temporary staff understands their duties and responsibilities in the event of fire.

9.7   Useful information relating to fire safety at MEHT can be seen in Appendix 5.

10.   Fire Marshall Service

10.1   The Fire Marshall Service is provided by designated Security & Portering staff, 24/7, 365 days per year.

10.2   The service involves being the first responders to fire calls and is therefore deemed a vital role in fire safety. Security & Portering staff who are designated as Fire Marshalls are fully trained on an annual basis to undertake this role.

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10.3 The Fire Marshall Service includes:

- Responding to the activation of the fire alarm system
- Reading and resetting fire panels
- Meeting, greeting, directing and taking instructions from the fire brigade on hospital site
- Assistance in evacuation and use of evacuation equipment

11. Extraordinary and Contingency Arrangements / Planning

11.1 **Fires in external areas** – e.g. car parks. Where this occurs, the alarm should be raised, either by breaking the nearest wall mounted "break glass" call point, or if none are present in the vicinity, by calling Switchboard on the dedicated fire phone (**ext. 2999**) or in isolated open car parks / grounds use a mobile phone to call emergency services on **999** and confirm the incident by calling Switchboard on ext. 2999 to implement support services by the Fire Marshalls.

11.2 **Major Incident Arrangements** – If a major incident is "called", the MAJAX Control Room becomes a strategic centre for command and control. In the exceptional circumstances that MAJAX Control Room should also come under a fire situation, the Major Incident policy should be consulted.

11.3 **Helideck** – In the event of a crash landing or fire related incident, there are robust emergency plans in place as seen in the Trust's Helideck SOP.

12. Fire Risk Assessments

12.1 The Fire Risk Assessment template is available on the Trust Intranet website.

12.2 The Fire Risk Assessment is to be completed by the Department Manager using the guidance notes within the document and forwarded to the Trust Senior Fire Officer for approval or guidance in completing the assessment. A copy of the completed and approved Fire Risk Assessment is to be available for inspection if requested and the Risk Assessment reviewed every 12 months or when there is a change of risk.

12.3 A copy of all health & safety risk assessments, including fire risk assessment, is kept in the ward/department Risk Book.

13. Staff Training

13.1 It is a statutory requirement that all staff, without exception, undergo training in fire precautions within the Trust's Corporate Induction and subsequent Trust's Risk Mandatory training courses as deemed by the training needs analysis.

13.2 The Senior Fire Officer to provide sufficient and suitable fire safety training as required/requested to meet the Induction and Mandatory fire safety training requirements.

13.3 The Senior Fire Officer will provide additional training as required and requested to enable managers to meet the training requirements of their own staff.

12.3 There is an annual programme to undertake fire drill/evacuation exercise or /instructions.

13.4   Staff must understand what the possible different fire alarm warning signals are for the area in which they work.   For example a continued or intermittent alarm – what they sound like and what they mean. Evacuation procedures are detailed in the Fire Evacuation Policy.

14.   Personal Emergency Evacuation Plans (PEEP)

14.1   A PEEP should be produced for any member of staff who has a disability that could affect their ability to evacuate their workplace. The plan will outline what additional measures or assistance are likely to be needed by the individual in order for them to evacuate safely and a "buddy system" in place to ensure they are given assistance to evacuate in a fire situation.

14.2   The plan should consider escape routes and accessibility with regard to The Building Regulations Approved Document M and suitable evacuation equipment made available. Refuge Points may need to be considered as part of the PEEP and the location of a Refuge Point is to be "fire sterile" and on a protected escape route to a place of safety i.e. protected stairwell from where the person can be quickly evacuated to safety. A means of communication is required in refuge points.

14.3   Person/s in a Refuge point must be accompanied by an able bodied person at all times, and a means of communication available. People can wait for assistance. From here, the individual can be evacuated out of the building in a safe and controlled manner.

14.4   The PEEP is to be reviewed with the person/s requiring assisted escape and to reinforce the procedures by training with nominated staff within the work department. The PEEP is to be reviewed annually or when risks change and the process and procedures reinforced by training that is recorded. For guidance see PEEP template in Appendix 4.

15.   Incident Reporting

15.1   All fire incidents and events that have the potential to cause a fire are to be reported using the DATIX system. It is the responsibility of all persons to report incidents or near misses using the DATIX system and to nominate the Senior Fire Officer as the Investigating Officer (IO) to lead the investigation.

15.2   The investigation by the Senior Fire Officer will allocate the appropriate risk score for the event as part of the investigation.

15.3   Where appropriate the DATIX report will be supported by an incident report that records the DATIX incident number, the date of the incident and a description of events. The report is to address "lessons learnt" and provide assurances that the risk has been fully investigated and suitable action taken that manage or eliminate the risk which can be fire or other factors that present a fire risk.

15.4   Where a subsequent incident report is required, these will be embedded within the relevant DATIX file.

16.   Audit & Monitoring

16.1   All fire related incidents must be reported via the Risk Event reporting system (DATIX).

16.2 The effectiveness of the Fire Policy will be measured by fire related incidents (including false and unwanted alarms) as recorded within the Risk Event reporting system. All incidents that relate to fire events or risks are reported in the Fire Report that is presented by the Trust Senior Fire Officer at the bimonthly Fire Safety Group and Health & Safety Group. All DATIX events and other reported fire safety incidents are discussed and appropriate action agreed to manage or remove risks.

16.2 The fire report provides details of all incidents and also a record of fires and unwanted fire calls. In addition, the report includes compliance with fire safety training, completion of annual risk assessments and progress with fire safety work-plan. This data is available for internal and external audit purposes.

16.3 The Health & Safety Group provides a record of all meetings and actions that are competed and those outstanding actions and decisions where needed to escalate matters via the Health & Safety Risk Assurance Framework (RAF).

16.4 An annual fire report is completed to summarise all data for reporting purposes.

16.5 The requirement to submit the Trust annual fire safety statement prepared by the Senior Fire Safety Officer and approved by the CEO to the Health & Social Care Information Centre's Fire Incident Module was discontinued on 31 December 2012. In accordance with the recommendations of the Health & Social Care Information Centre and Managing Healthcare Fire Safety (HTM 05-01) a similar annual fire safety statement is completed as an internal recorded assurance document which is submitted to the Executive Lead for Fire Safety (Director of Strategy & Corporate Services) and signed by the CEO who is the designated "Responsible Person" under Regulatory Reform (Fire Safety) Order 2005 legislation. This is also included within the Annual Fire Report.

16.6 The Fire Authority undertakes regular audits of premises within the hospital sites to check compliance with Regulatory Reform (Fire Safety) Order 2005 legislation. The outcomes of these audits are shared with the Health & Safety Group.

16.7 The number of fire alarms and false alarms are submitted on an annual basis as part of the Department of Health's ERIC returns (Estates Returns Information Collection) for benchmarking purposes.

17.   Implementation and Communication

17.1 Governance will upload the policy to the intranet and website and notify all staff via Focus.

17.2 This policy will be issued by the Director of Strategy & Corporate Services to the following staff to disseminate. These individuals will ensure their staff are made aware of the policy.

- Ward Sisters/Charge nurses
- Departmental Managers
- HR Director
- Bed Management Team/Service Co-ordinators
- Divisional Managers & Director of Operations
- Divisional Nurse Managers

- Hotel Services Manager
- Security & Portering Manager

18. **Equality and Diversity**

The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

19. **References**

Firecode HTM 05/01

HTM 2022, Medical Gas Pipeline Systems Operational Management

Appendix 1: Fire Response Flowcharts

Fire Response
Processes - FINAL PD

LOCAL FIRE PROCEDURE - Example

Raising the Alarm

There are three methods how the alarm can be raised:

1	Manually	Break the break glass of the nearest call point
2	Verbally	Quickly alert a staff member
3	Automatically	Through smoke /heat detectors

If you discover or suspect a fire

- ❖ **Raise the alarm, as above**
- ❖ **Remove anyone in immediate danger**
- ❖ **If possible close the doors and windows and evacuate**
- ❖ **Ensure switchboard are called on 2999, and made aware of the location & nature of the fire**
- ❖ **Only if you feel safe and competent, you can attempt to fight the fire using the appropriate fire fighting equipment.**

Actions on hearing the fire alarm

Continuous alarm (indicates fire in this area)

- ❖ Check throughout the area, if you discover a fire, report back to the person in charge and,
- ❖ Evacuate through the nearest fire doors / fire exit and proceed to a place of safety (fire assembly point).

Intermittent Alarm (indicates fire in an adjacent area)

- ❖ Close all doors and windows
- ❖ A staff member to proceed to main fire alarm panel to receive details of the situation and report back
- ❖ Start preparations to evacuate and where practicable,
- ❖ Assess the affected area with their evacuation

All visitors must report to the local staff that will ensure everyone is evacuated safely

Head of Department / person in charge

- ❖ If fire has been identified – control the evacuation away from the fire through the fire doors
- ❖ Ensure everyone is accounted for
- ❖ Prepare to supply key information to the Fire Marshalls and Fire Brigade on their arrival

Your assembly point is: -----

Appendix 3: Fire Risk Assessment

Risk Assessment
Template Proforma 8.

Appendix 4: PEEP

Microsoft Word
Document

Appendix 5

Fire Safety Information Sheet

Whilst working at Mid Essex Hospitals, the following fire safety information is provided to give an understanding of fire safety systems and procedures and the importance of maintaining fire safety to keep us safe and to also protect the health care facilities for all those needing these services.

Fire Prevention:	Fire prevention is very important in keeping us all safe and the hospital open for business. We manage these risks through Risk Assessments and training and in the unlikely event you discover a fire or can smell smoke please alert a member of staff.
Fire Detection:	Fire detection is important and the hospital has the highest standard of smoke and heat detection so we are alerted quickly to a possible fire situation. The Hospital is equipped with smoke and heat detectors that are mounted on the ceilings and a smoke detector is shown in the attached picture.
Raising the Fire Alarm:	This can be made automatically if the smoke detector senses smoke or the alarm can be activated manually by using a "Break Glass Call Point" or contact a member of staff if you think you can smell smoke. We must take special care not actuate the Call Point when there is not a fire as this automatically calls for the emergency attendance of the Fire Brigade who can be at risk when responding to a fire call and this could put lives at risk. So care must be taken when using door exit buttons that the red call point is not pressed.
Fire Alarm Sounds:	In clinical areas there are 2 types of fire alarm. 1. *Continuous* alarm that indicates the fire alarm has been activated in this fire zone area. 2. *Intermittent* alarm that indicates the fire alarm has been activated in an adjoining fire zone. In the event of an alarm sounding in your area, staff will investigate and they will take any necessary action to keep patients and staff safe. The actuation of the fire alarm sets in place automated procedures with the response of the hospital Fire Marshalls and emergency attendance of the Fire Brigade with 2 fire appliances equipped with fire fighting crew. This provides a very robust response in a fire situation but every effort must be made to minimise the risk of an unwanted fire alarm as this same response is made regardless of how the fire alarm is activated, so care must be taken by everyone to avoid unwanted alarms. *The weekly fire alarm test:* This is carried out in different areas each week on a Tuesday morning at approx. 9:30am.
Fire Plan:	Fire plans are provided within the Hospital in red wall mounted frames that indicate escape routes used in conjunction with evacuation procedures.
Fire Assembly Point	Please note your nearest fire assembly point location and its designated number which is between 1 & 16. Non clinical staff evacuate to these points on continuous fire alarm. In clinical areas patients are only moved in a confirmed fire situation and on the authority of the senior clinician and then moved using "progressive horizontal" evacuation procedures.
Hospital Fire Officer	For any further information please contact Richard Wilks – Senior Fire Officer ext. 6637 or email richard.wilks@meht.nhs.uk