Mid Essex Hospital Services NHS

NHS Trust

Fire Evacuation Policy	**Type:** Policy **Register No:** 10046 **Status:** Public

Developed in response to:	Regulatory Reform (Fire Safety) Order 2005, Fire Code HTM 83 & HTM 05-02
Contributes to CQC Core Standard number:	Outcome 10

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Version Number	4.0final
Issuing Directorate	Estates & Facilities
Ratified by:	DRAG Chairman's Action
Ratified on:	29th November 2016
Trust Executive Sign off	December 2016/January 2017
Implementation Date	December 2016
Next Review Date	November 2019
Author/Contact for Information	Richard Wilks, Senior Fire Officer
Policy to be followed by (target staff)	All staff & Trust users
Distribution Method	Intranet & Internet
Related Trust Policies (to be read in conjunction with)	Fire Policy, Major Incident Policy/Hospital Evacuation Plan, Health & Safety Policy Waste Management Policy Serious Incident Requiring Investigation Policy Mandatory Training Control of Contractors Investigation of and Learning from Adverse Events Risk Management Policy Hospital Evacuation Plan

Document Review History

Review No	**Reviewed by**	**Active Date**
1.0	R. Wilks	April 2010
2.0	R. Wilks	Sept 2011
3.0	R Wilks	April 2014
3.1 Addendum to further clarify role of Fire Warden and details of fire evacuations plan (in accordance with Fire Policy)	R. Wilks	May 2014
3.2 Review of management titles	R. Wilks	May 2016
4.0 Formal review	R. Wilks	16 December 2016

CONTENTS

Appendices

1. Purpose

1.1 This policy outlines the requirements and procedures in the event of a fire that requires evacuation from the Trust hospital premises and should be read in conjunction with the Trust Fire Policy, Major Incident Policy and Hospital Evacuation Plan.

2. Principal Legislation
- Health & Safety at Work Act 1974
- The Regulatory Reform (Fire Safety) Order 2005
- The Management of Health & Safety at Work Regulations 1999
- Firecode – HTM 05-01   Fire safety in the NHS.
- Firecode – HTM 05-02   Fire safety in the NHS.
- Firecode – HTM 05-03   Fire safety in the NHS.
- Firecode – HTM 81   Fire precautions in new hospitals.
- Firecode – HTM 83   Fire safety in healthcare premises (General fire Precautions)

3. Aim of Policy

The aims of the policy are to:

- Communicate to all staff clear guidance and directives to follow should evacuation from Trust premises be necessary
- Ensure effective procedures are in place for evacuation purposes.

4. Scope

4.1 This policy will cover all aspects of fire evacuation required to protect staff, patients and visitors (including contracted staff).

5. Responsibilities

5.1 The following outlines roles and responsibilities in accordance with management of fire risks and the Trust Fire Policy.

5.2 The **Chief Executive** is responsible for the Trust's performance in respect of fire safety and is registered as the "Responsible Person" with the local Fire Authority under Regulatory Reform (Fire Safety) Legislation who audit and enforce this legislation.

5.3 The **Director of Strategy & Corporate Services** is responsible for:
- Championing fire safety issues at board level
- Reporting Fire Safety issues to the Trust Board
- Ensuring that agreed programmes of investment in fire precautions are properly accounted for in the Trust's annual business plans
- 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 signed by the Chief Executive
- 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

5.5 **Senior Fire Officer** is responsible for:

- 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 Incident Requiring Investigation Policy and Major Incident Policy
- Receiving reports of all fire incidents either by the Trust's DATIX Risk Event Report Form or from direct communications from managers or staff and taking the necessary action to act upon information received and to report actions to the Trust's Risk Management department, informing the Trust of their contents and arranging for them to be acted upon
- To ensure Fire Marshalls (Security & Portering staff) are available and trained in the duties of responding to fire calls and providing first response in dealing with a fire situation. Working as a team to identify the location of the fire call as directed by Switch Board and to lead / direct attending Fire Brigade to the address / location of the activated fire alarm. To be able to re-set the Fire Panel when authorised by the attending Fire Brigade Officer
- To communicate with the attending Fire Brigade and Trust MAJAX team as required in the management of a major incident
- Training of Fire Wardens and interfacing with department managers in supporting the nomination and training of Fire Warden
- Advising on all matters concerning fire precautions
- 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
- Advising on fire precautions arrangements for new and existing premises
- 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
- Investigating all fires and fire emergency calls and for preparing and delivering reports as appropriate including the undertaking of risk event forms
- Carrying out periodic inspections of Trust premises and for preparing and delivering reports as appropriate
- Ensuring that Directorate 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 available within the Trust Fire Policy
- Preparing an annual report to be submitted to the Health & Safety Committee and Trust Board
- 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
- Overall monitoring of the fire risk assessments

5.6 **Senior Managers** are responsible for:

- Supervising the effective upkeep of the fire safety policy established 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 as detailed within the Trust Fire Policy

5.7 **Line Managers** are responsible for:

- Bringing the existence and contents of the fire procedure to the attention of those staff for whom they are responsible
- Ensuring that individual members of staff understand their duties and responsibilities in the event of fire
- Ensuring their staff receive relevant fire training
- Releasing sufficient and suitable staff to train as Fire Wardens and support and help facilitate local fire training exercises as required. Exercises should be planned with the co-operation and agreement of the managers affected to minimise disruption to staff, patients and services.
- Complete actions from Fire Risk Assessments as detailed within the Trust Fire Policy

5.8 **Switchboard** staff are responsible for

- Dialling 999 and confirming there has been a fire alarm activated within the Trust
- Informing the Clinical Site Managers (Service Co-ordinator during out of hours) of the situation
- Bleep all staff configured to receive the voice alert of the alarm and to communicate the location of the fire alarm activation as displayed on the Fire Panels situated in the Switch Board
- 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.

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 fire alarm location and locating activated smoke detector of Call Point 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 attending Clinical Site Manager to be in agreement with this action. 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.
- Meeting and directing attending 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   **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 in the event of a confirmed escalating fire or no action / stay put when a fire situation was a momentary event such as burnt toast.
- In the event of confirmed fire and evacuation to ensure medical gases are isolated from wall panel and portable oxygen cylinders removed from fire zone. To ensure staff are evacuating their area in accordance with their fire plan to ensure minimum 2 fire door separation and evacuation to safe clinical area. A decision may also be needed if it is safer for a patient to remain within a fire zone rather than risk removing them from life support equipment. This situation is classed as "Defend in Place" Escalating to Senior On-call Manager and keeping Silver Command informed where applicable.

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

- To identify if there is a confirmed fire that is escalating and requires progressive horizontal evacuation processes to be implemented. It is very important that a calm evaluative approach is taken to avoid unnecessary evacuation that could be a risk to patients welfare ie. Theatres, Intensive Care Unit, Maternity, Coronary Care.
- On a confirmed escalating fire situation the Nurse in Charge will make the decision if full or partially progressive horizontal evacuation is required. The attending Clinical Site Manager will offer support if evacuation is required.
- The Nurse in Charge will prioritise patients for evacuation and instruct staff.
- The evacuation procedure will be as per Fire Plan and reference available in the Department / Ward FIRE BOX
- The "Confirmed Fire" Ward Procedures Flow Chart is attached in Appendix 9.

5.12 **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.
- Assisting in applying fire safety procedures when on duty understanding evacuation techniques and equipment aids
- Provide fire safety support / fire prevention during day to day management of their work areas and support of fire procedures in the event of a fire when at work.

5.13 **All Staff** have a responsibility for:
- Fire safety and awareness as required under the Health & Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Fire Safety Order
- Making every effort to reduce the risk of preventing or causing a fire
- Being aware of the fire hazards within their working environment
- Understanding the characteristics of fire and smoke
- Good housekeeping
- Practise and promoting fire prevention
- Raising an alarm in the event of a suspected or confirmed fire

- Keeping fire escapes clear at all times and reporting when they are not
- Practising fire safety measures and familiarising themselves with local evacuation procedures
- Receiving fire training every year
- Clinical Staff receiving "face to face" fire training conducted by the Senior Fire Officer every year / 12 months.
- Non Clinical Staff receiving "face to face" fire training conducted by the Senior Fire Officer at a period not exceeding 2 years and at the 1 year point to complete e-learning / training film. It is important all training is recorded by Training Department to have records of training as evidence of training compliance.

6. Fire Alarm System

6.1 Broomfield Site is divided into 5 location zones and designated alphabetical locations ranging from 'A' to 'E'. The drawing attachment in Appendix 1 shows these details. The zone identities communicate fire zone information and also way finding directions.
For information, Zone 'A' refers to the new hospital and zones 'B' to 'E' and other satellite buildings are part of the original hospital build known as the "retained estate"

6.2 The fire alarm system comprises automatic heat and smoke detectors, and manual break glass Call Points, with audible siren type sounders. Visual indicators are located in areas where the use of sounders would be inappropriate i.e. theatres or areas where background noise or hearing difficulties require a visible warning.
IT data base storage areas with computer equipment are protected with automatic fire suppression systems linked to special fire detection.

6.3 Detectors are actuated by either a rise in temperature as with heat detectors or by the detection of particles as in smoke detection.

6.4 A fire alarm can be raised automatically by activation of a smoke or heat sensor or manual activation of a Break Glass Call Point.

6. 5 In clinical areas within the new hospital and retained estate, a 2 stage fire alarm is used and operates in the following way:

- **FIRE-** Continuous sounding of the fire alarm.
  This indicates and warns people that the fire detection has been activated in this fire zone by either a fire event or activation of break glass call point

- **ALERT-** Intermittent sounding of the fire alarm
  This indicates and warns people that the fire alarm system has been activated in an adjacent Fire Zone. The adjacent Fire Zones can either be on the same level or above or below and to be alert to a developing fire situation

6.6 FIRE Zone and ALERT Zone fire alarm sounds are distinctly different as detailed above and each zone is related to a physical feature of a ward or department which has fire safety zone protection in the construction of walls and provision of fire doors. Zones remote to the ALERT fire zone remain silent unless in the unlikely event of a complete evacuation of the site is needed when all fire alarms will be continuous.

6.7   Information with regard to the fire zone location of an activated fire detection device / call point is shown on the main fire panel that is located in the new hospital (zone 'A') atrium area by the reception desk. The fire alarm information is also relayed to repeater fire panels in Switch Board and designated areas in wards / departments and corridors that can be referred to when an alarm is actuated to identify the address / location of the activated fire alarm device.
Fire alarm event information in the retained estate Zone 'B' – 'E' and other satellite buildings are also read from the Retained Estate repeater Fire Panels in Switch Board and designated areas in corridors adjacent to clinical areas and control locations at South Entrance and East Entrance.

6.8   As discussed in section 6.7, the fire alarm system has a series of repeater fire panels to give information at remote locations to the main fire panel. Within the new hospital, repeater fire panels are provided outside wards in the main corridor or behind the Nurses Station and when an alarm is sounding in their area clinical staff can look at the information displayed on these panels to identify the location of where a fire detection device has been activated and to assess what action to be taken.
Confirmed fire in your fire zone requires progressive horizontal evacuation to achieve a minimum of 2 fire door separation.
Confirmed fire in an adjoining fire zone when you are in ALERT condition may require you to assist in receiving patients being evacuated from the adjoining FIRE zone and to be prepared to evacuate your area using "progressive horizontal evacuation" techniques should the fire spread or present a risk to your area.

6.9   It should be noted, the information displayed on the repeater fire panel is the same as that displayed on the fire panels in Switchboard who upon receipt of this fire call mobilise the Fire Marshalls.

6.10   The main switchboard operator will confirm actuation of the fire alarm to the fire authority via the 999 system.

6.11   A weekly audible test of the fire alarm system at Broomfield Hospital is carried out on Tuesday mornings at 09:30hrs in the retained estate hospital and 09:40hrs in the new hospital. This test confirms the system is operational and that the break glass release Call Point tested is operational and the automated fire signal received by the Fire Brigade Control Room and the Fire Alarm monitoring station. The alarm also confirms signals are received by the Fire Marshall Bleep Message System and also the Senior Fire Officer receives this message of the fire alarm location from the Switch Board. The weekly fire alarm test will confirm the fire alarm system is working correctly but any concerns at any time where it is thought the fire alarm may be defective it must be reported to the Bouygues FM Help Desk by dialling Bouygues FM Services on extn.6000 and recording the call reference number as evidence of reporting the fault.

6.12   St Peter's Hospital, Maldon, St Michael's Hospital, Braintree and Fairfield Centre, Chelmsford fire alarm systems are tested weekly and test records kept.

6.13   St Peter's Fire Alarm is tested on Wednesdays at 09:30 by the Trust Estates Department.

6.14   St Michael's Fire Alarm is tested weekly by the responsible landlord and test records kept.

6.15   Fairfield Centre Fire Alarm is tested weekly by Trust staff and test records kept.

7.   Action to be undertaken on Discovering a Fire

7.1   If you discover a fire in progress or can smell smoke and think there may be a fire and the fire alarm has not been activated automatically by heat or smoke detectors then you must raise the alarm using a Break Glass Call Point. This will automatically call the Fire Brigade and also trigger internal fire procedures and attendance of Fire Marshalls and Clinical Site Manager. Non Clinical areas will evacuate to their designated "Fire Assembly Point"
Clinical areas will only evacuate on confirmed escalating fire situation and on authority of Senior Clinical Staff / Clinical Site Manager. An unnecessary evacuation may put patient lives at risk. Patient needs and continuing health care are very important and appropriate action must only be taken after considering clinical risks.

7.2   It is important that on discovering OR suspecting a fire, the alarm is raised on every occasion.

7.3   Delaying the activation of the fire alarm, places other staff and patients at increased risk, and should be avoided on all occasions. It will also delay attendance of the emergency services.

7.4   The provision of fire fighting equipment is mandatory but priority is to be given to raising the alarm before attempting to extinguish a fire using the appropriate fire extinguisher. Note, Fire Extinguishers are only to be used by persons trained in their use.

8.   Action by Staff in the Fire Area (Continuous Alarm)

8.1   In a continuous alarm situation there are distinct actions to be taken in clinical areas and non-clinical areas as detailed below.

        Non Clinical Areas: On Continuous alarm, evacuate the building to Fire Assembly Point and ensure everyone is accounted for.

        Clinical Areas: On continuous alarm quickly check area for signs of a fire. Check the fire panel for address of activated smoke detector. Only start evacuation procedures on a confirmed fire situation using "progressive horizontal evacuation" techniques.

8.2   The senior person / Sister / Manager on duty will take charge upon activation of the fire alarm, and be responsible for taking necessary fire safety measures to read the local repeater fire panel for the location / address details of the activated fire alarm device and to quickly sweep the area to identify if there is a fire situation. The attending Fire Marshall/s (Security & Portering staff) and Senior Fire Officer and department Fire Warden (where applicable) will provide assistance.

8.3   If a fire is not visible or cause of the activation then an investigation should take place to check the information displayed on the Repeater Fire Panel in their area and to also sweep the area for signs of a fire. An activated smoke detector or Call Point is identified by a continuous red LED light on this device. The activated device location details are displayed also on the main Fire Panel in Switch Board and also the repeater fire panel in ward areas and hospital corridors fitted with this device. It should be noted that unwanted / false alarms can be activated by unauthorised or

accidental activation of the Call Point devices and also smoke detection activated by burnt toast, insects, patients using deodorant aerosols, steam from nebulisers or steam from adjoining shower rooms / bathrooms.

On the sounding of the fire alarm in Clinical areas the following management systems / procedures should be put in place as follows:

- No new clinical procedures being commenced.
- No new admissions being allowed.
- Asking visitors to leave the department and vacate the hospital.
- Be prepared to implement "progressive horizontal" evacuation techniques on a confirmed fire situation and to identify those with special clinical needs.

8.4   All staff to follow their fire procedures.

8.5   Staff must only tackle a fire if safe to do so, using the equipment provided, and selecting the right extinguisher for the type of fire. See Appendix 8 for extinguisher type and use. Before tackling a fire it is important that the fire alarm has been raised and evacuation procedures are in place.
 Staff can only use a fire extinguisher if they have been trained in their use and must never fight a fire alone for safety reasons.
Before using a fire extinguisher the following points to be observed.
- Sound alarm
- Select extinguisher
- **Ensure your exit is clear and can be reached at all times**
- Never open a door to investigate a fire
- If fighting a fire never allow a situation where your means of escape may be blocked by fire or smoke.

8.6   Assist as directed in any further evacuation using the Progressive Horizontal Evacuation technique of lateral movement.

8.7   Close all doors and windows as required without placing yourself in further danger or delay.

8.8   If safe to do so remove medical gas cylinder/s from the vicinity of a fire or secure them within a protected area (kitchen, store room) and close the door. Inform the attending Fire Brigade of the presence and location of medical gas cylinders in a fire zone.
Isolation of oxygen / medical gases from the main control panel must be authorised by senior clinician / sister in a ward / department to avoid clinical risks to patients.

8.9   The initial response to the Fire Bleep transmitted by Switch Board will be Security & Portering staff who provide 24/7 Fire Marshall service, Clinical Site Manager and the Senior Fire Officer.

8.10   Non Clinical areas will evacuate on the sound of the Continuous Fire Alarm and assemble at their designated Fire Assembly Point. Clinical areas will only evacuate on confirmed fire and the department / ward will implement their evacuation procedures co-ordinated by the senior person / sister and supported by the Clinical Site Manager and attending Fire Marshalls, Senior Fire Officer and department Fire Warden (where applicable). The Fire Marshalls shall lead / direct the attending Fire Brigade to the fire area who will take control of fighting the fire. The Fire Marshalls and Senior Fire Officer will communicate with the attending Fire Brigade Officer to

ensure appropriate evacuation is being applied for the level of fire risk and to communicate this to adjoining fire zones if the risks require extensive evacuation of an area.

9.   Action by Staff Not In the Fire Area - (Intermittent Alarm)

9.1   An Intermittent alarm indicates you are not in the fire area, but receiving a warning that the fire alarm has been activated in an adjoining fire zone and you may need to start an evacuation, or provide support in receiving people using progressive evacuation into this area.   Note, with progressive horizontal evacuation there must be a minimum of 2 fire door separation maintained at all times between the fire zone and temporary refuge point.

9.2   The actions required within the Intermittent Alarm zone are as follows:

- Send a member of staff to the adjoining Fire Zone / Compartment to establish if there is a real live fire situation and to report back quickly to the Manager / Nurse in charge / Responsible Person

- Ensure adjoining automatic closing fire doors between the fire zone (continuous fire alarm) and the next compartment (intermittent fire alarm) have closed when the fire alarm was activated

- Close these doors manually if they have not automatically shut

- Staff in the area where the fire alarm is sounding intermittently, should be aware of the need to prepare for the next action in their Fire Plan, this may involve evacuation considerations. Therefore the need to reduce admissions, or delay the starting of new procedures which may incapacitate patients should be considered

- In patient areas all staff should be aware they may be needed to evacuate patients in the fire zone in accordance with their Fire Plan

- Staff from adjoining fire zones should be on alert and ready to assist with progressive horizontal evacuation procedures

- In non patient areas all staff should be prepared to evacuate their work areas and leave the building in accordance with their Fire Plan and assemble at the designated Fire Assembly Point. The manager / responsible person for each work area must with the assistance of a department Fire Warden (where applicable) ensure all staff are evacuated and a sweep of the building, toilets and other rooms is made to ensure full evacuation to the Fire Assembly Point indicated in the fire evacuation plan or as directed by attending Fire Marshalls or attending Fire Brigade.

10.   Persons / Classification of Dependency for Evacuation Process:

10.1   **Independent:** These are patients whose mobility is not impaired in any way and able to physically leave the premises without staff assistance.
Dependant: These are all patients except those classified as "Independent" or "very high dependency"

Very High Dependency: These are patients who are dependant on staff and include critical care areas such as theatres, coronary care for whom evacuation would prove potentially life threatening.

11. Persons Requiring Assistance during Evacuation (Dependant / Very High Dependency)

11.1 The basic strategy for fire evacuation of dependant or very high dependency patients should be to move them on their bed or in a wheel chair to a safer area on the same floor.

11.2 There are 3 main stages of evacuation:
Stage 1: Horizontal evacuation from the sub compartment where the fire originates to an adjoining sub compartment or compartment. These compartments are recognised as they are protected by fire doors.
Stage 2: Horizontal evacuation from the entire compartment where the fire originates to an adjoining compartmentation the same floor.
Stage 3 Vertical evacuation to a lower floor substantially remote from the floor of origin of the fire (at least 2 floors below) or to the outside.

11.3 In relation to persons who require assistance to escape for whatever reason, the following procedure should be adopted in all circumstances.

11.4 Within ward areas, the normal procedure will be Phased Horizontal evacuation by moving bed patients or those with mobility problems away from the fire situation to maintain 2 sets of fire doors between this area and the fire at all times.

11.5 In non patient areas where those who are disabled and require assistance the procedures as detailed in the PEEP (Personal Emergency Evacuation Plan) as shown in the Fire Policy will be followed.

11.6 In patient / clinical areas, evacuation of non ambulant persons will be moved on beds or evacuation aids.

11.7 Assisted escape can use a designated "Refuge Point" and should consider the use of specialist equipment such as an evacuation chair or evacuation mat.
Those being assisted to the refuge should not be left unattended at any time but accompanied by someone who has a means of communication (Mobile phone / Hospital Two Way Radio).

11.8 If the person/s held at the Refuge Point have not been evacuated at the time the Fire Brigade arrive the Fire Marshall / senior person present is to inform the Fire Brigade Officer of anyone held in the above areas and the method / route of evacuation.

12. Evacuation Plan/Strategies:

12.1 Refer to Appendix 9 – "Process Charts" for fire response procedures.

12.2 The complexity of the Broomfield Hospital site requires knowledge of how the buildings work and the access and egress points and how the local Fire Plan for Wards / Departments fits within this site plan.

12.3   Localised Fire Plans are displayed on walls in all wards, departments and public corridors indicating escape routes for that particular area. These are easily identifiable by their red frame.

12.4   It is important that familiarisation is made of the localised fire plans, site layout and escape routes. Site Fire Plan drawings are available in the Appendices as follows:

12.5   It should also be noted that Building Zones are aligned with Broomfield Hospital "Way Finding" maps and signage. St Peter's Hospital, St Michael's Hospital and Fairfield Centre.
Fire Plans are detailed in Appendix 5, Appendix 6 and Appendix 7.

Appendix 1:   **Broomfield Hospital Site Layout Plan**: This shows the building Zone identities and their relationship in locality to other buildings and road access.

Appendix 2.   **Broomfield Hospital Fire Assembly Points**: These drawings show external numbered assembly points for ambulant people. Note: Non ambulant people will use the Hospital Atrium area as a staging point before evacuation into adjoining safe areas or if required to evacuate outside to paved area between building A and building E (Alpha)

Appendix 3   **Broomfield New Hospital Escape Plans:**
Level 1, Level 2, Level 3, Level 4, Level 5.

Appendix 4   **Broomfield Retained Estate Escape Plan**: This details escape routes and how routes link between the new hospital (Zone 'A') and the existing hospital (Zone D & E)
Level 1, Level 2, Level 3, Level 4

Appendix 5   **St Peter's Hospital Escape Plans:**
Ground Level, First Floor Level, Second Floor Level.

Appendix 6   **St Michael's Hospital Escape Plan:**
Ground Level.

Appendix 7   **Fairfield Centre Escape Plan**:
Ground Level.

12.3   St Peter's Hospital, Maldon: This is a Trust property with principal occupancy by the new community care organisation "Provide", and the Trust, Maternity and X-ray departments. The emergency escape plans are shown in Appendix 5.

13.   Assembly Point Signs (Ref: Appendix 2)

13.1   Fire Assembly Points / Signs are displayed in designated areas.

13.2   In the event of bed evacuation procedures the assembly area will be determined by maintaining a barrier of two fire door separation between the fire area and the clinical ward / facility evacuation point.

14. Phased Horizontal Evacuation within a building

14.1 The hospital evacuation plan involves Progressive Horizontal Evacuation in patient areas to achieve a separation / compartmentation of two sets of fire doors between the evacuation point and compartment where the fire is.

14.2 Should the fire situation develop then it may be necessary to continue the horizontal evacuation process to a safe area with a minimum of 2 fire door separation.

14.3 Only as a last resort would consideration be given to vertical movement where lifts could be used outside of the fire zone or, if patient lifts cannot be used, Albak Mat evacuation will be required or for specialist patient / staff evacuation a Hover Jack will be used.

14.4 Note that lifts cannot be used in fire areas and these lifts serving a fire zone will automatically travel to the designated escape floor and remain at this point with open doors and will be inoperable. (Note some lifts can be operated by Firemen overriding controls for use by emergency services)

15. Broomfield Hospital Evacuation Strategies from Building Zones:
   (Note: To be read in conjunction with Fire Plan Drawings detailed in Appendix 1, 2, 3, & 4.)

15.1 **Zone "A":** **Independent / mobile people**: Evacuate to Assembly Point.
   Dependant / High Dependency: Progressive horizontal evacuation.
   Theatres may use link bridge on level 3 into Theatres Zone "E" of the retained estate hospital theatres if safe so as to keep in an area with clinical support facilities.
   Link bridge, level 2 can provide escape into Zone "E" of the retained estate hospital and may provide required horizontal fire separation and clinical support. from ICU and ITU areas.

   Vertical evacuation into the Level 1, Atrium area will provide escape options into the retained estate hospital (Zones "E" and "D") using central link corridor and "Burns Corridor"

15.2 **Zone "B"** **Independent / mobile people**: Evacuate to Assembly Point.
   Dependant / High Dependency: Progressive horizontal evacuation.
   Vertical evacuation to ground floor will require clinical assessment if to evacuee outside or to move patients into adjoining Zone "C" (West Wing) or Zone "D".

15.3 **Zone "C"** **Independent / mobile people**: Evacuate to Assembly Point.
   Dependant / High Dependency: Progressive horizontal evacuation.
   Vertical evacuation to ground floor will require clinical assessment if to evacuate outside or to move patients into adjoining Wing 1 or Wing 2 or evacuate into Zone "B" using the link corridor.

15.4 **Zone "D"** **Independent / mobile people**: Evacuate to Assembly Point.
   Dependant / High Dependency: Progressive horizontal evacuation.
   Vertical evacuation to ground floor will require clinical assessment if to evacuate outside or to move patients across into Zone "A" (Atrium)

using Central Link Corridor or to evacuate towards Zone "E" to achieve a minimum of 2 sets of fire doors between a fire situation and refuge point.

15.5 **Zone "E"** **Independent / mobile people**: Evacuate to Assembly Point.
Dependant / High Dependency: Progressive horizontal evacuation.
Theatres may use Link Bridge, level 3 into Zone "A" new hospital as an escape route if safe so as to be in a surgical support area.
Link Bridge, level 2 into the retained estate hospital may provide required horizontal fire separation and maintain clinical support.
Vertical evacuation to ground floor will require clinical assessment if to evacuate outside or to move patients across into Zone "A" (Atrium) using "Central Link Corridor or to evacuate towards Zone "E" to achieve a minimum of 2 sets of fire doors between a fire situation and refuge point.

16. St Peter's Hospital Evacuation Strategies:
(Note: To be read in conjunction with Fire Plan Drawings detailed in Appendix 5)

16.1 Clinical departments to evacuate upon confirmed fire using progressive horizontal techniques to ensure a minimum of 2 fire door separation between a fire and the temporary refuge point. Vertical evacuation to be carried out if a robust fire separation of 2 fire doors cannot be maintained or the fire situation is escalating.

16.2 Non clinical departments to evacuate on hearing the fire alarm or instructed by Fire Marshalls. The area is to be checked all patients and staff have evacuated to their designated "Fire Assembly" points. Staff that are to ensure assisted evacuation has been provided to patients identified as needing assistance when booking into reception of the department they are visiting.

17. St Michael's Hospital Evacuation Strategies:
(Note: To be read in conjunction with Fire Plan Drawings detailed in Appendix.6)

17.1 Clinical departments to evacuate upon confirmed fire using progressive horizontal techniques to ensure a minimum of 2 fire door separation between a fire and the temporary refuge point.

17.2 Non clinical departments to evacuate on hearing the fire alarm or instructed by Fire Marshalls. The area is to be checked all patients and staff have evacuated to their designated "Fire Assembly" point. Staff are to ensure assisted evacuation has been provided to patients identified as needing assistance when booking into reception of the department they are visiting

18. Total Evacuation out of a Building

18.1 Where the procedure is for total evacuation of a building, on activation of the fire alarm, all persons are to report to the fire assembly point indicated on the fire action notices.

18.2 Assembly points are indicated by signs with a green background and white lettering and on the Broomfield site all assembly points have numbered locations from 1 – 16 and all fire assembly points located away from the building.

18.3 On arrival at the fire assembly point the Department Manager or appointed person in charge will check to ensure all persons are accounted for. Any person reported as missing must be reported to the Fire Marshall at the incident and also to the Fire Brigade Officer attending the incident. The Trust Senior Fire Officer must also be made aware.

19. Action in Unoccupied Areas

19.1 The Fire Brigade on its arrival will deal with any report of missing persons from the fire area.

19.2 Staff should not enter the area, under any circumstances.

19.3 To gain entry into secure areas, the Fire Marshall will arrange for the entry keys from Switch Board or Security or Nominated Key Holder detailed with Switch Board.

19.4 Entry to any unoccupied areas, service tunnel or plant by members of staff will only be carried out under the control of the Fire Brigade.

20. Actions by Specified Staff

20.1 On activation of the fire alarm, the Fire Marshalls (Security & Portering staff) Clinical Site Manager and the Senior Fire Officer will receive a bleep message giving the location of the fire; they should then proceed to the fire location. The Fire Marshall will investigate and report if it is a confirmed fire and report by radio to support Fire Marshalls who are in place to meet and lead the lead the attending Fire Brigade to the location of the fire. The Fire Marshalls will provide first attack fire support with dealing with a minor fire or help with evacuation.

20.2 The **Fire Control Officer / Senior Fire Officer** will take the following action:

- Make contact with the attending Fire Marshall and senior person within the ward area or department, to assess the situation.
- Request specialist assistance from medical or other staff as required.
- Work with the Fire Marshalls in managing procedures until the arrival of the Fire Brigade.
- Assist the Fire Brigade as required with regard to liaising with other members of staff or manpower requirements for bed evacuation.
- The Senior Fire Officer or Fire Marshall can authorise silencing of the fire alarm if it is clearly an unwanted fire alarm and there is no risk of fire or need for evacuation. Resetting of the fire alarm by Fire Marshalls or electricians from the Estates department can only be made by authorisation from the Fire Brigade Officer in charge who has confirmed there is no fire risk and the alarm can be reset and arrangements for the reoccupation of the ward or department can be made and all the persons held at the fire assembly point to be stood down, and returned to their respective departments
- Confirm with the Fire Marshalls that the system has been reset.
- Fire Marshalls will complete a DATIX Risk event form and send it to the Senior Fire Officer for investigation.

20.3 **Broomfield Hospital Switchboard** staff on receiving a fire call will take the following action as detailed in their procedures.

- The automatic fire detection system will activate the emergency telephone call to the Fire Brigade to attend the Hospital.
- Using the 999 system contact the Fire Brigade and confirm the fire situation and supply any further information relating to the fire and it's location.
- (The Fire Marshall in accordance with procedures will meet the Fire Brigade on the Hospital Approach Road Roundabout and direct Fire Crews to the Fire Zone.)
- Contact the fire group (Fire Marshalls, Senior Fire Officer, Estates Department) by using the bleep system.
- Contact on-call Service Manager as listed on rota.
- Contact General Manager as listed on rota.
- Contact Works Department.
- Enter details in Fire Book
- Complete telephone operators Fire Alarm report.

20.4 **Switchboard staff** will take the following action for Confirmed Fire – Out of working hours as detailed in their procedures:
- Confirm Fire details to the Fire Brigade
- Contact the On-call Service Manager (detailed on the rota)
- Contact the Works Manager & On-call Electrician.
- Inform Theatres who may be involved in operations.
- Enter details in Fire Book
- Complete telephone operators Fire Alarm report.

20.5 **Fire Marshalls (Security & Portering staff):** Following notification of the incident from the switchboard, the Fire Marshalls are to attend to the following;
- Where the area is known to be unoccupied, arrange for the keys to open the secured doors to the area.
- Arrive at location of activated fire alarm and report if a confirmed fire using radio contact. Provide evacuation support and if safe to do so tackle a fire using fire extinguishers.
- The Fire Marshall at the hospital approach / entrance will be kept in radio contact to ensure the attending Fire Brigade are directed to the fire scene and updated on the nature of the fire and risks.

20.6 **Member of Estates Department**: On notification from the voice bleep message go to the fire incident area.
- Report to the Fire Marshalls or Senior Fire Officer.
- React to the requests from the Fire Marshalls or Senior Fire Officer or Fire Brigade as to any isolations or disconnections of either medical gases, or support services such as electricity supply etc.

20.7 **Senior Person at the Incident**: (Manager /Nurse in Charge)

- Determine the location and extent of the fire and implement fire procedures and take charge of the situation until the arrival of the Fire Marshalls (Security & Portering staff) and the Senior Fire Officer.
- Implement appropriate fire procedures for the risk and evacuation procedure as required.
- Prevent fire spread by closing all doors and windows, without putting nominated persons at risk.

21. Training

21.1 It is a statutory requirement that all staff, without exception, undergo training in fire precautions and evacuation procedures as part of the Trust's mandatory training programme.

21.2 All new staff are provided with fire and evacuation training as part of the Corporate Induction programme.

21.3 There is fire drill/evacuation exercise/instruction delivered as part of mandatory fire training with "walk and talk" exercises that instruct and inform evacuation procedures.

21.4 Staff that play a specialist role within fire evacuation, i.e. Porters/ Security and Clinical Site Manager undertake bespoke training as part of their mandatory training programme.

22. Monitoring & Auditing

22.1 The effectiveness of the Evacuation Policy will be measured by fire incidents and false alarms as recorded within the Risk Event reporting system following evacuation from unwanted fire signals.   These details are included in the Fire Safety Report presented to the Health & Safety Group for scrutiny.

22.2 Any evacuation undertaken as a result of an actual fire will undergo a specific review in conjunction with the fire authority and the Evacuation Policies and procedures updated accordingly.

23. Equality & Diversity

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

24. References

Firecode: Fire safety in the NHS Health Technical Memorandum 05-02: guidance in support of functional provisions for healthcare premises.

Mid Essex Hospital Services **NHS**

Appendices

NHS Trust

Appendix Details to be read in conjunction with Evacuation Policy

Appendix 1   **Broomfield Hospital Site Layout Plan**: This drawing shows the building Zone identities and their relationship in locality to other buildings and road access. - Click Here

Appendix 2   **Broomfield Hospital Fire Assembly Points**: These drawings show external assembly points for ambulant people. Note: Non ambulant people will use the Hospital Atrium area as a staging point before evacuation into adjoining safe areas or if required to evacuate outside to paved area between building Zone "A" and building Zone "E" (Alpha) - Click Here

Appendix 3   **Broomfield New Hospital Zone 'A' Escape Plans:**
These drawings show escape routes for Level 1, Level 2, Level 3, Level 4 and Level 5.

Appendix 4   **Broomfield Retained Estate Escape Plan:** This details escape routes and how routes link between the new hospital (Zone 'A') and the existing hospital (Zones B, C, D & E)
Level 1, Level 2, Level 3 and Level 4

Appendix 5   **St Peter's Hospital, Maldon Escape Plans:**
Ground Level, First Floor Level, Second Floor Level.

Appendix 6   **St Michael's Hospital, Braintree Escape Plans:** Click Here

Appendix 7   **Fairfield Centre, Chelmsford Escape Plans:** Click Here

Appendix 8   **Fire Extinguisher Chart:** Click Here

Appendix 9 - Fire Alarm Process Charts

9.1   Fire Alarm activated & Confirmed Fire on Ward / Clinical Areas
       Fire Alarm Activated – Ward / Clinical Areas
       Confirmed Fire – Ward / Clinical Areas

9.2   Fire Alarm activated & Confirmed Fire in Non Clinical Areas (Includes Switchboard Procedures)
       Fire Alarm Activated – Non Clinical Areas
       Confirmed Fire – Non Clinical Areas

9.3   Fire Alarm activated & Confirmed Fire in Theatres / ITU (Includes Switchboard Procedures)
       Fire Alarm Activated – Theatres / ITU
       Confirmed Fire – Theatres / ITU

9.4   Fire Alarm activated & Confirmed Fire in Public Areas
       Fire Alarm Activated – Public Areas
       Confirmed Fire – Public Areas