

Fire Safety Management Policy

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Links to Organisational/Service Objectives, business plans or strategies	CQC Essential Standards of Quality and Safety – Outcomes 10 and 11
Executive Summary	
This policy sets out the Trust approach to Fire Safety Management	

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Version History Log

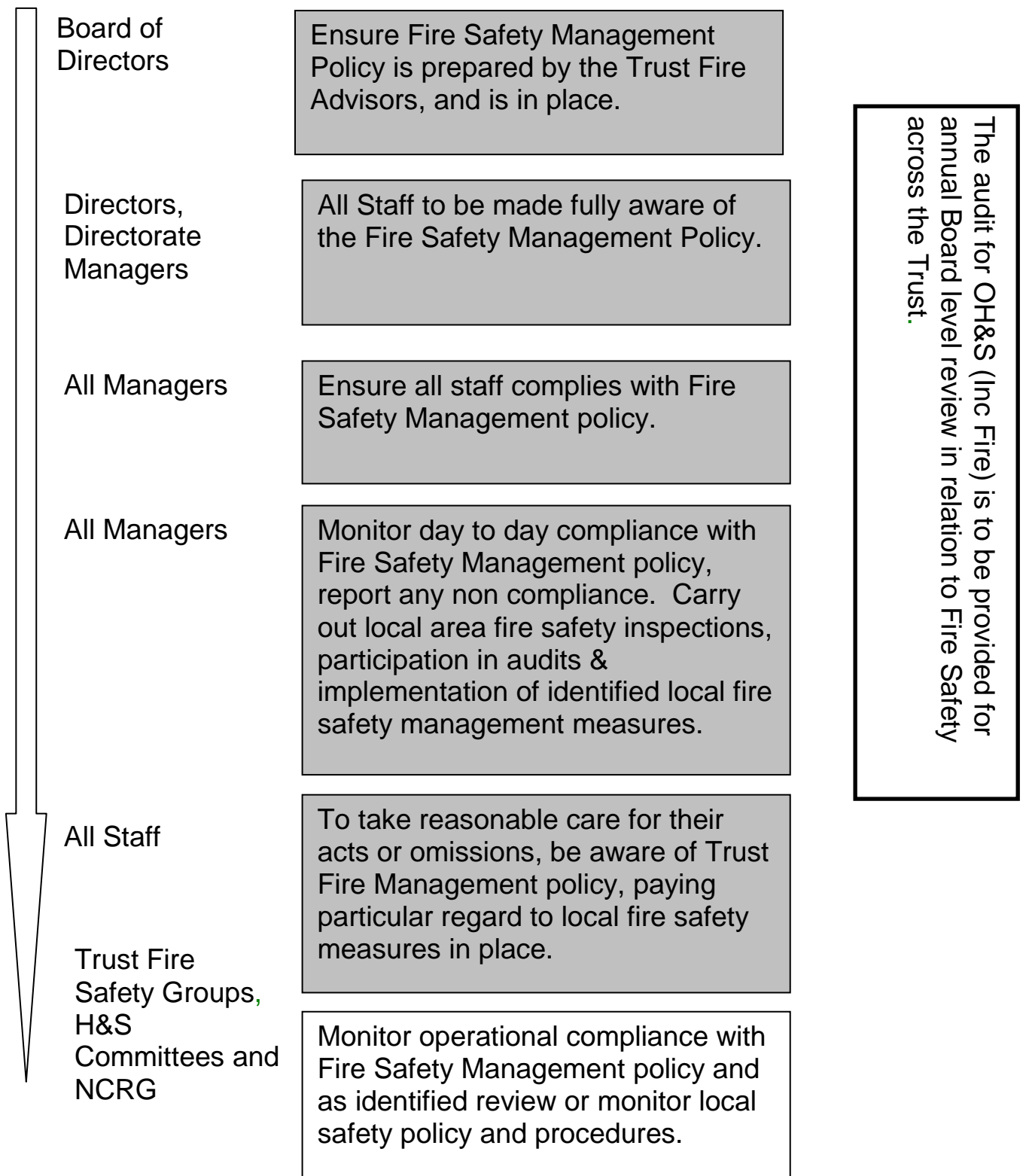
This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1.0	October 12	M Lee & K Hudson	Policy Archive	Consultation of New Policy for enlarged organisation
1.1	November 2012	M Lee & K Hudson	Policy Archive	Consultation and amend arrangements and content
1.2	December 2012	M Lee & K Hudson	Policy Archive	Consultation and final amend to arrangements and format
1.3/1.4/1.5	February 2013	M Lee & K Hudson	Policy Archive	Addition to 3.3 Non Executive responsibilities for fire management. Amend final draft into trust format for group / committee promulgation and approval
2.0		M Lee & K Hudson	Staffroom	Sect 4. Impact upon individuals..... Sect 8. Process for monitoring compliance.

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Process flowchart



1 Policy Statement and Commitment – Fire Safety

The York Teaching Hospital NHS Foundation Trust (Trust) will ensure so far as is reasonably practicable, that the risk from fire will be managed in compliance with the Regulatory Reform (Fire Safety) Order 2005, FIRECODE and other appropriate legislative requirements and guidelines.

The management of any identified fire risks will be undertaken in such a way as to prevent injury or ill-health to Trust employees, patients, visitors, contractors or others who may be affected by its activities.

The Chairman, Chief Executive and Board of Directors are fully committed to providing a safe environment for patients, service users, employees and visitors. This is achieved through a framework of policies and procedures ensuring that all Trust premises meet the statutory and mandatory fire safety standards.

The Trust recognises that their employees are paramount to the effective management of fire safety and will therefore ensure that they are given the appropriate information, instruction, training and supervision to enable them to undertake their roles & responsibilities. It is also recognised that employees and contractors have a responsibility to ensure the safety of themselves and others who may be affected by their acts or omissions.

The Trust will ensure that all of its employees and contractors are made aware of this requirement; in particular to comply with all current fire safety legislation and procedures.

When commissioning or leasing new buildings, the Trust will ensure that they comply fully with current fire safety legislation.

The Trust has in place, systems which ensure that any policy is regularly reviewed; in this case a biennial review as a minimum or when required to do so by any change in legislation, or if there should there be any other reason to do so.

2 Introduction & Scope

The Regulatory Reform (Fire Safety) Order 2005 – (RRO) sets out in detail the roles and responsibilities for those charged with fire safety management in any organisation. The order is enforced by the local fire authority and failure to comply with any aspect of the order can result in significant fines, enforcement action or even custodial sentences.

This policy outlines the framework of measures in place to ensure effective fire safety management; including roles, responsibilities and arrangements. The policy is applicable to all York Teaching Hospital NHS Foundation Trust properties and includes all other premises leased or occupied by the Trust and its employees.

The purpose of this policy is to ensure there are effective systems for the management of fire safety in place across all York Teaching Hospital NHS Foundation Trust premises. The policy applies to all persons connected to or employed by the trust, including; agency staff, patients, contractors, regular visitor's, voluntary workers and any other relevant persons using trust premises to operate a business.

3 Definitions / Terms used in policy

None – Explained within the document

4 Impact upon Individuals with Protected Characteristics

The author has reflected on the document and recognises that due regard will need to be given to vulnerable patients who may have disabilities or lack of capacity. Those working in wards and departments will ensure that these individuals receive the assistance and care that they need to meet their requirements.

The policy author has given due thought to ensure Legislative compliance and that the CQC Essential Standards of Quality and Safety are met.

Engagement and involvement in the development of the policy has included relevant staff at all sites within the Trust and relevant Executive Directors. We are committed in providing a safe working environment to everyone on Trust premises. We recognise that to enable evacuation of premises Personal Emergency Evacuation

Plans (PEEPs) may be required for some individuals which would be agreed locally between the individual and their line managers. Advice can be sought through liaison with the Trust Fire Safety Management team.

5.0 Fire Safety Policy Arrangements

5.1 Trust Wide Fire Safety

The Trust recognises that the activities undertaken by its employees are varied and are undertaken throughout many premises and locations across the organisation. As far as is reasonably practicable systems and procedures for fire safety should afford the highest standards of safety to people, Trust property and assets.

The task of preventing fire and for ensuring that no one is put at risk is the collective responsibility of everyone. The Trust recognises that it has a statutory duty in regards to fire safety throughout the organisation and to best meet this responsibility it has ensured a series of supporting organisational and directorate specific procedures have been developed and put into place.

5.2 Fire Safety Arrangements

This policy is supported by local procedural fire safety documentation, as appropriate. Elements which may be included in these arrangements may be as indicated in the table below. Whilst it will be necessary for all staff members to be aware of key elements within this section, namely actions in the event of fire, means of escape etc, those personnel allocated specific roles and responsibilities within the Trust will need a greater knowledge of specific arrangements such as conducting the risk assessments, reviews & training etc.

Action in the event of fire	Fire safety & electrical equipment
Catering fire safety	Fire safety furnishings & fabrics

management	
Contingency planning	Fire safety inspections reviews & audits
Emergency lighting	Fire service liaison
Evacuation exercises	Emergency planning
Fixed fire-fighting equipment	Flammable liquids transportation, storage & use
Management of contractors	Fire alarms & detection
Means of escape	Fire investigation & reporting
PEEPs	Fire plans
Extinguishers	Fire risk assessments
Security against arson	Training

5.3 Premises with more than one employer

Where the Trust has shared occupancy of a premise with another employer, each employer is to be made responsible for managing fire safety within their own designated areas. There must be a formal arrangement put in place to share information about any identified risks or emergency procedures. Each employer must cooperate fully with the other to ensure fire safety within the premises is not compromised

6 Accountability

Operational implementation, delivery and monitoring of the policy will reside with:-

6.1 Chief Executive

The Chief Executive is required to clearly define fire safety policies for all premises under their control. They are responsible for ensuring compliance with all current fire safety legislation and have ensured appropriate policies and procedures are in place, to maintain and improve fire precautions throughout all Trust properties. They shall ensure that any policies are reviewed in the light of any changes in working practice and or statutory legislation or for any identified significant risks that have not been addressed and ensure that adequate resources be made available to implement the policy and carry out any remedial action or amendments to this policy.

6.2 Directors of the Board

The Trust Board as a collective; share the ultimate responsibility/accountability for the general activities of the Trust and should act as a role model for best practice. They should ensure that they have appropriate assurances that all current fire safety legislation is being met and complied with.

6.3 Non Executive Directors

It is the role of all Non Executive Directors (NED's) to promote and champion fire safety at board level; by supporting the Board in fire safety management required across the Trust and, where appropriate challenge the Board on matters of fire safety.

6.4 Board level Director (Responsible for Fire)

The Director for Estates and Facilities has been identified as the individual with a responsibility for championing Fire Safety issues at the board level and will be responsible for ensuring provision is made for the day to day management of fire safety throughout the Trust by the appointment of suitably qualified and experienced fire safety managers and advisors.

He/She will ensure that the appropriate policies, procedures and audit protocols are in place and being reviewed.

In addition and 'as far as is reasonably practicable' should ensure that the highest fire safety standards are being maintained. Offering support to the designated fire safety teams across the Trust, enabling effective fire safety management.

Presenting an annual fire safety report to the Board and ensuring, where applicable certificates of compliance are completed and signed off.

6.5 Fire Safety Manager

The Fire Safety Manager is to be an individual of sufficient seniority within the Trust who will, as a member of the designated fire safety team(s) be responsible to the Director for fire safety. Whilst this role may not be the individual's primary task within the Trust they are to be responsible for the managing and co-ordination of activities in regards to Trust fire safety.

The Fire Safety Manager should have a nominated deputy to assume the duties, during any short period of absence; this will normally be a member of the fire safety team (as appropriate). They are to ensure that an appropriate system for carrying out Trust wide fire risk assessments and for the auditing of their effectiveness is in place.

6.6 Fire Safety Advisor

Providing specialist advice on the interpretation of fire safety legislation and guidance to the Trust, including technical support in the interpretation of statutory and mandatory fire safety requirements by:

- Developing and advising on Trust fire safety policy & strategy;
- Ensuring that suitable and sufficient fire risk assessments are in place for all premises/departments.
- Assist in the development of and as required the delivery of a suitable and sufficient training programme;
- Liaising with local authority fire and rescue enforcement personnel regarding fire safety issues within the Trust;
- Liaison with, and advice to directorate and senior management personnel in relation to relevant fire safety issues;
- Act as the nominated deputy to the fire safety manager;
- Develop a suitable & sufficient Trust wide action plan which will prioritise any required actions in respect of improving the overall standard/compliance of fire safety related issues;
- To ensure accurate records of all fire safety related issues are maintained by the Trust.
- Carry out where appropriate any investigation into the cause of fire within the Trust, and to report findings and recommendations to the relevant authorities;
- Produce an annual report on behalf of the Director for fire safety, for submission to the Board, which details the current levels of compliance/non compliance in respect of fire safety issues throughout the Trust;

- Ensure that the annual certificate of compliance is completed and a return submitted by the designated due date;
- To keep up to date their knowledge and skills in regards to fire safety management.

6.7 Directorate Managers (DM)

Directorate managers and the senior nursing staff are to ensure that the policy and any associated procedures are implemented and adhered to in their areas of responsibility. They are to monitor and maintain an acceptable level of fire safety based on a risk assessed approach and are to be responsible for:

- Ensuring that every member of staff in their directorate attends statutory fire training; DM should act as a role model for best practice in this regard;
- Ensuring that fire risk assessments are in place, and that they are being reviewed;
- Ensure that any findings, precautions or evacuation procedures placed upon their directorates as a result are addressed and measures for controlling any risk from fire are being maintained;
- Ensure that their areas of responsibility have a suitable and effective evacuation plan in place and that staff are being made fully aware of their actions and responsibilities in relation to them;
- Ensure that regular inspections are carried out on any identified or recommended control measures in order to monitor their effectiveness.
- Monitoring the fire safety provisions provided in their areas and for reporting any faults or defects;
- Where it is deemed appropriate have nominated individual(s) who can fulfil the role of fire warden as advised by the Trust(s) Fire Safety management teams;
- Ensure that fire safety standards or provisions within their areas of responsibility are never compromised;
- Ensure that they and their staff, are adequately trained in fire safety procedures and are familiar with the contents of this policy.

6.8 Fire Wardens

Fire wardens are to monitor their areas of responsibility and report any problems such as wedged open fire doors, missing extinguishers, or any other fire related maintenance/defects etc.

6.9 Employee Responsibilities

All employees share a collective responsibility and “Duty of care” not just for themselves but for others with respect to fire safety and therefore must take care in respect of their acts and omissions.

All employees are required to participate as requested in the fire risk assessment process and are to comply with the arrangements made to control risks from any identified fire hazards. In addition they are to:

- Attend any mandated statutory fire safety training;
- Be familiar with the relevant contents of this policy and the day to day observation of general fire safety precautions;
- Ensure their actions do not compromise any fire safety provisions provided in their place of work;
- Promote and be pro-active in the implementation of good fire safety practices;
- Be aware of their individual roles and responsibilities in an emergency situation and to follow any instructions given to them by their Line Manager, Fire Warden or any other person in authority;
- Report any deficiencies in fire safety provisions or bad practice to their line manager or directly to the trust’s fire safety advisor where appropriate;
- Maintain good housekeeping standards in relation to the accumulation of rubbish particularly in and around designated escape/evacuation routes and exits.

6.10 Hospital Support Team

Members of staff will be delegated to support the nominated responsible person for fire on that site. Upon any fire alarm

activation they will assist in supporting and for liaison with the fire services providing site specific information and advice.

The teams are under the direct control of the nominated person for fire prior to arrival of the fire service at which point the fire service will take the lead.

The support team may consist of one or more of the following Trust personnel:

Site Co-ordinator / Bed Managers
Fire Safety Manager or Advisor
Specialist Managers
Porters
Estates or contracted engineers
Security personnel
Local Managers
Nominated staff
Fire Wardens

The team will liaise with the responsible person at the incident and offer assistance if evacuation is required and for specialist advice when requested.

Specific information regarding the support teams can be found in Annexes A – D which is attached to this policy document

6.11 Estates / Capital Projects

Estates management (including capital projects) will where appropriate, consult the Trust Fire Safety Advisor and or Manager on matters concerning the design of any new building, the redevelopment or the redesign of any building or area in relation to passive and active fire safety, this may include installed fire alarm systems, automatic fire detection, fire-fighting equipment and emergency lighting. This consultation should remain extant for all new and existing buildings in order to ensure compliance with relevant legislation.

6.12 Fire Safety Group (Formerly Fire Safety Committee)

The Fire Safety Group (FSG) shall be responsible for the review of all trust wide & regional fire safety related issues. The

committee(s) will meet at quarterly intervals as a minimum throughout the year. Standard agenda items for discussion will include:

- Fire Incidents
- Unwanted Fire Signals
- Enforcement Action (Where applicable)
- Staff Training
- AIR's/DATIX relating to fire

The FSG will provide terms of reference for its members, minutes and where appropriate Exception/Highlight Reports which are to be taken forward to the appropriate H&S committee(s).

Reports and minutes of these meetings are to be maintained as evidence that the trust is managing fire safety in line with the trust policy and fully reflects the requirements of the Regulatory Reform (Fire Safety) Order, FIRECODE and other associated guidance.

6.13 Trade Union & Employee Representatives

On occasion make representation to the employer on behalf of members or staff groups in relation to any health, safety or welfare issues and as deemed appropriate represent members in consultation with any enforcing authority such as Local Fire & Rescue Services.

Appendix 1

York Hospital Support Team

The hospital support team will attend all site based fire alarm activations. The team is to be made up of the following personnel:

- Duty Bed Manager (Fire Incident Co-ordinator)
- Estates Shift Engineers
- Porter Staff
- Security Personnel
- Fire Safety Advisor (if available)

The individual members of the team will react to all hospital based fire alarm activations. They will be contacted via pager from switchboard with the location of the incident, thus enabling them to respond direct.

If available the Trust Fire Safety Advisor (bleep 839) will attend all site based incidents as a member of the support team.

The team is to liaise with the fire warden or senior person present and will take control of the incident until the arrival of the Trust Fire Safety Advisor or the Fire & Rescue Services.

NB: The team may be augmented by delegated staff members from adjacent areas to the incident or personnel from the staff assembly point on Main Street (Opposite the entrance to switchboard).

Under no circumstances should members of the support team attempt to enter any incident area where they suspect a fire or other such emergency before the arrival of the fire and rescue services.

Roles & Responsibilities:

Bed Manager (Fire Incident Coordinator)

Are to make contact with any fire wardens or senior person present at the incident and assess the situation. They are to don the appropriate tabbard and assume control of the incident until relieved by the Trust Fire Safety Advisor or a member of the fire & rescue services upon their arrival. In addition they are to:

1. Establish a communications link through a member of the security or portering staff in attendance
2. Offer specialist advice and assistance to the fire & rescue services
3. Coordinate any specific evacuation tasks
4. Authorise the re-occupation of any incident area upon being given clearance to do so by a member of the fire service
5. Assist in any authorised investigation (post incident)
6. Complete a fire incident report and forward on to the Trust Fire Safety Advisor

NB: the fire incident coordinator will form part of the Bronze command support team in the event that any incident is designated as MAJAX. The Bed Manager will not attend incidents at the following locations: Park House, Groves Chapel, Multi Storey Car Park or Estates

Portering Staff

Following any fire alarm activation and/or pager/radio notification they are to:

1. One porter to report to Staff Assembly Point on Main street to gain access to fire box and collect the red grab bag, don tabbard and proceed directly to the incident and report to the FIG.
2. A porter (if available) is to proceed to the designated access point dependant on the incident location (Main entrance, Southern or Northern entrances etc) to meet and escort the fire service personnel to the incident location.

If they are aware of the location being unoccupied or otherwise secured they are to liaise with security personnel to obtain the appropriate keys/codes should access be required. Porter staff in tandem with members of the security team are to act as a communication link for the support team throughout the duration of the incident.

NB: Porter staff will not be required to attend incidents at the following locations: Groves Chapel, Park House, Estates or the Multi Storey Car Park.

Estates Engineers x 2

Where they can be provided, two duty shift engineers are to respond to **ALL** fire alarm activations, and are to proceed direct to the incident location. They must make themselves known to the Fire Incident Coordinator (FIC) upon arrival. They are to be responsible for the following:

- Natural Gas Services
- Steam services
- Water Services
- High & Low Voltage Electrical Services
- Designated Alarm circuits

They can offer advice to the bed manager (FIC), or any other clinical staff, regarding the isolation of medical gases but **THEY MUST NOT** take it upon themselves to isolate any med gases. *(Clinical staff only are responsible for med gas isolation, based on the clinical needs of their patients)*

It will be the responsibility of the estates engineers to silence/re-set the fire alarm when authorisation has been given by the attending fire service officer in charge. They are to record all fire alarm activations in the appropriate logbook and retain a record for future scrutiny, or subsequent post incident investigation.

Security Staff

Nominated members of the Trusts security team are to attend **ALL** fire alarm activations and are to proceed to the incident and report directly to the (FIC). In addition they are to carry out the following actions:

- Switch radios to the appropriate channel and in conjunction with members of the portering team act as a communications link for the duration of the incident.
- Control access in and around the incident area, under no circumstances are they to enter or allow others entry into any area where a fire is suspected, prior to the arrival of the Trust Fire Advisor or a member of the fire service.
- If Arson is suspected they are to ensure the preservation of evidence in the event it is deemed a crime scene.
- Liaise with car parking personnel or other security based colleagues to control the movement of vehicle traffic around the hospital entrance points, thereby allowing free access to fire services vehicles.

Appendix 2

New Selby War Memorial Hospital

In the event of **CONTINUOUS** fire alarm activation the following actions are to be carried out:

- A member of staff from each dept within the hospital to proceed to main fire panel and report to the Fire Incident Co-ordinator (FIC)
- With the exception of the ward area an immediate evacuation should commence upon hearing a continuous alarm tone

WARD AREA

The **Duty Nurse** is to ensure:

- All nursing staff report to the nurse station
- Mimic/Repeater panel identifies incident location
- A sweep of the ward is carried out
- All fire doors remain closed
- A patient headcount is carried out
- FIC is informed of all actions/findings
- Patients are to be readied for possible evacuation
- Visitors & non essential staff are directed to proceed to designated assembly point area
- Mobility impaired patients are prepared using all available evacuation aids/equipment
- Ambulant patients are assembled in a designated area to await further instructions.
- Staff are not to re-enter any part of the building once it has been fully evacuated with the following exceptions:
 1. They are a member of the evacuation team
 2. They have a specific duty authorised by the FIC
 3. Or they have been given clearance by a member of the Fire & Rescue Service unit in attendance.

Roles & Responsibilities:

Fire Incident Coordinator (FIC)

The FIC will be a senior nurse, administrator or manager who is nominated on a daily basis. They will attend all on site fire alarm activations and take control of the incident until relieved by a member of the Fire & Rescue Service. They will be identified at the incident by the wearing of a **Green Tabbard**.

The FIC can:

7. Offer specialist advice and assistance to the fire & rescue services
8. Coordinate any specific evacuation tasks
9. Authorise the re-occupation of any incident area upon being given clearance to do so by a member of the fire service
10. Assist in any authorised investigation (post incident)
11. Complete a fire incident report and forward on to the Trust Fire Safety Advisor
12. Authorise the re-setting of the fire alarm on clearance to do so being given by the attending fire service officer in charge

Fire Wardens

Nominated and suitably trained individuals who following any fire alarm activation are to/should:

(On hearing the intermittent alarm):

Proceed to the main fire alarm panel (Ambulance Lobby) and report to the FIC.

(Continuous Alarm)

Ensure a sweep of their respective areas is carried out (Non Clinical areas).

Ensure that where applicable any staff and or visitor logs are taken to the assembly point.

Ensure (if safe to do so) that everybody has left the building.

Ensure that all doors and windows are closed/secured (If safe to do so).

Only attempt to tackle a fire, if it is safe and will not compromise theirs or anyone else's safety.

Brief the FIC upon his/her arrival.

They will be identified at any incident by the wearing of an **Orange Tabard**.

Fire Alarm Panel locations

There are 2 main fire alarm panels and 4 repeater/mimic panels their locations are as follows:

- Main Panel Ambulance entrance lobby (Full information & control)
- Repeater Panel Ground floor Reception
- Repeater Panel 1st Floor corridor
- Repeater Panel 2nd Floor Nurses Station (Full information & control)
- Main Panel Selby District Council (SDC) Main entrance
- Repeater Panel SDC ground floor reception

The fire alarm is tested on a weekly basis. Currently this takes place on a Tuesday at 10.00 with a further test carried out by SDC on the same day at 10.15. Unless informed to the contrary treat all alarm activations as the real thing.

Evacuation Lifts

There are 2 evacuation lifts available, each one is fire rated to 120mins. They are controlled by key points on each respective floor level and only the FIC, duty nurse, or a member of the fire services have access to the key.

If the fire alarm is activated the lifts are designed to:

- Descend to the ground floor & remain there
- Descend or ascend to the floor above or below the fire incident area

In all of the above the lift doors will open.

Appendix 3

Malton Hospital

The Fire Alarm is configured in such a way that warning is given by the activation of a continuous alarm tone, this may be in the form of a siren or bell.

Any continuous alarm must be assumed as an immediate threat in that particular area/zone and personnel should react accordingly.

Action to be taken upon hearing the Continuous Alarm

One member of staff from each area which is in alarm must don the **Fire Warden Tabard** and proceed to the main fire alarm panel located in the **Fitzwilliam Ward** entrance and report to, the Fire Incident Co-ordinator (F.I.C.).

In all areas **with the exception of the In Patient ward(s)** personnel are to evacuate immediately to a designated assembly point, using all available and identified evacuation/escape routes. **Close all doors and windows** as you leave (If safe to do so). When at the assembly point personnel should await further instruction. **Under no account** are personnel to re-enter any evacuated area without the express permission of the FIC or a member of the fire and rescue service unit in attendance.

WARD AREAS

Are located on the ground floor level and made up of 1 hour fire compartments with further 30min sub-compartments. A sweep of the ward is to be carried out, all fire doors & windows must remain closed. Where patients are dependant on support for their evacuation, staff should prepare them as follows:

1. A patient headcount is carried out
2. Patients are to be readied for any possible evacuation
3. Visitors & non essential staff are directed to proceed to the designated assembly point area
4. Mobility impaired patients are prepared using all available evacuation aids/equipment Such as wheelchairs etc
5. Ambulant patients are assembled in a designated area to await further instructions.
6. Carry out any instructions from the FIC or from any member of the attending fire service crew

Continuous Alarm

The duty nurse is to ensure all staff report to the ward staff base and are to carry out the following actions:

- Check the wards fire panel to confirm the location of the fire alarm activation
- Conduct a full sweep of the area to confirm or otherwise the fire or smoke which may have activated the alarm
- Confirm the fire or false alarm where applicable
- Move patients to a pre-determined area if a fire incident is declared/confirmed
- Ensure all doors and windows are closed where this is deemed safe to do so (Includes bedroom doors)
- Report to and fully brief the FIC upon their arrival.
- If required to do so as a result of a fire or any large volume of smoke move all personnel (patients, staff, visitors) etc into the nearest adjacent compartment passing through a minimum of two (2) sets of fire rated doors

NB: If the ward is to be fully evacuated the holding point is to be the ground floor outpatient area, personnel to remain there until transport is available to move patients off site.

Roles & Responsibilities:

Fire Incident Coordinator (FIC)

The FIC will be a senior nurse, administrator or manager who is nominated on a daily basis. They will attend all on site fire alarm activations and take control of the incident until relieved by a member of the Fire & Rescue Service. They will be identified at the incident by the wearing of a **Red Tabbard**.

The FIC can:

- Offer specialist advice and assistance to the fire & rescue services
- Coordinate any specific evacuation tasks
- Authorise the re-occupation of any incident area upon being given clearance to do so by a member of the fire service
- Assist in any authorised investigation (post incident)
- Complete a fire incident report and forward on to the Trust Fire Safety Advisor
- Authorise the re-setting of the fire alarm on clearance to do so being given by the attending fire service officer in charge

With the exception of the nominated Duty Director, all staff will ensure that they carry out the instructions of the FIC during the course of any fire related incident/alarm activation.

NB Managers, Ward Managers, Senior nursing staff should be sufficiently familiar with the hospital evacuation plan & offer advice in relation to Layout, Evacuation routes etc.

Appendix 4

Scarborough/Bridlington/Whitby Arrangements

Fire Work Instruction Number: F09 (Revision V 1.0 - 02/13)

Title: Instruction for duties undertaken by the site coordinators (and deputies), on activation of fire alarm Bridlington Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives: Instructions to follow for site coordinator and nominated persons in managing any potential or actual fire situation at Bridlington Hospital.

Scope: **Site Coordinators and Nominated Persons** also the Hospital fire team & relevant management.

Specific To: Site Coordinators and nominated persons.

Training Required: Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

1. The site coordinator and nominated person, upon being made aware of fire alarm activation will make their way to the porters lodge (location of main fire panel); locate the fire alarm activation from the fire panel.
2. The site coordinator and nominated person will ensure a fire team member¹ is sent to the area where the fire alarm activation is; to ascertain the fire status (actual fire or false alarm) and inform the fire team at the porter's lodge of this via 2 way radio or mobile telephone.
3. In the event of this being an **obvious false alarm**, the site coordinator can silence the alarm via the closet fire panel, **NOT RESET**.
4. The site coordinator will wait for the fire brigade to arrive at site and then attend the fire alarm activation site with the fire brigade representative to ensure the area is safe and confirm the false alarm.
5. The on call engineer or maintenance team will on arrival, reset the fire alarm system (subject to confirmation of false alarm from fire brigade).

¹ Site coordinator or nominated person, porter and member of facilities staff.

6. In the event of an **ACTUAL FIRE** the alarm must not be silenced, so all staff are aware of the ongoing situation.
7. The site coordinator will remain the porter's lodge (main panel location) to manage the Trust response to the fire incident and if necessary coordinate any evacuation, by management of the fire team and available staff.
8. The site coordinator will liaise with the fire service on arrival; ensuring they are taken to the scene of any fire; following directions from the fire brigade.

¹ Site coordinator or nominated person, porter and member of facilities staff.

Reference	Issue Number	Authorisation	Date
Work instruction No Fire 09	One	Kevin Hudson	25/02/2013

Fire Work Instruction Number: F01 (Revision V 1.0 - 01/13) (SGH General)

Title: Instruction for duties to be undertaken by on call engineer, porters and security staff on activation of fire alarm Scarborough Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives: To allow on call engineer, porters and security personnel to assist in the management of a potential or actual fire situation at Scarborough Hospital.

Scope: **Porters, on call engineer, security personnel also the Hospital fire team of the site coordinator, switchboard, security control & relevant management on site** at the time of an incident.

Specific To: On Call Engineer, Porters and Security Personnel.

Training Required: Yes via dissemination and following of this procedure; specific fire training by the fire advisor as applicable.

Procedure:

9. The Switchboard Scarborough will upon activation of the fire alarm, contact the fire brigade, on call engineer, duty porter & security personnel by mobile phone, fast bleep 109 and security control room respectively (7721241)².
10. The duty porter will don a fire team tabard; these tabards will be located at the fire rendezvous point at Scarborough Hospital (x-ray foyer); the security team will also don the fire team tabards.
11. The duty engineer, porters / security team will carry out the following functions:
 - a. **One porter** 'or security personnel in their absence' is to attend the location of the fire alarm activation (if known). If not known

² The switchboard will detail the fire alarm location and any other relevant information i.e. has the fire brigade been summoned.

they must attend the nearest fire panel to identify the location of the activation and proceed with care to this location.

- b. **The duty engineer** (out hours) will find the location of the fire alarm from the alarm panel and make their way to the incident location.
- c. **The duty porter or security personnel in their absence** will greet the fire brigade (if summoned) at the main entrance (South side) of the hospital to direct the brigade to the site of the fire alarm activation (if known) and to assist as required.
- d. **The security personnel and any porters on duty** will attend the X-Ray foyer to liaise with the site coordinator and the fire team the security supervisor or their nominated deputy will don a fire tabard and as required may deputise for the duty porter, the porters and security team are to assist as part of the assembled fire team in any way as required; ***the porters / security team will be key in internal communication by use of their 2 way radio's.***
- e. **The porter** 'or security personnel' attending the fire alarm activation site are to assist in the search of the immediate area for signs of fire and if they are confident and there is no **imminent risk to personal safety**, tackle any fires they discover, they will keep contact with the other fire team members via 2 way radio communication at all times during the incident.

12. **Porters / Security team** members located at the X-Ray foyer will follow instruction initially from the site coordinator (site fire warden) who working with the fire brigade, when summoned will coordinate the incident and management of the fire team.

Reference	Issue Number	Authorisation	Date
Work instruction No Fire 01	One	Kevin Hudson	22/01/2013

Fire Work Instruction Number: F06 (Revision V 1.0 - 02/13)

Title: Instruction for duties undertaken by all staff (clinical areas) on activation of fire alarm Scarborough Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives: Instructions to follow for all staff (**clinical areas**) in the event of a potential or actual fire situation at Scarborough Hospital.

Scope: **All Employees (clinical areas)**

Specific To: All Employees and contractors working on site (clinical areas)

Training Required: Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

1. Upon activation of the fire alarm system **continual alarm**, staff must respond in line with specific local departmental protocols for fire alarm activations (staff are to make themselves aware of these on local induction and refresher);
2. The ward manager or senior staff member will initiate an search of the area to ascertain the cause of the alarm activation;
3. For a known false alarm, inform the fire team member on arrival; no further action is required;
4. If an actual fire is identified, access the situation and decide on the correct course of action to take, this being:
 - a. False alarm suspected (e.g. smell of smoke no obvious source), continue to search area for location of potential fire and await arrival of fire team and fire brigade;
 - b. Confirmed fire contained (e.g. a small fire in paper bin), if no imminent risk to personal safety, confident and it is safe to do so, fight the fire as appropriate, await arrival of fire team or fire brigade;
 - c. Confirmed fire uncontained (e.g. medium or large fire beyond safe intervention), close all doors and windows if safe to do so, immediately inform site coordinator and fire team located at the

x-ray foyer; if not already alerted. Prepare to commence evacuation of patients and / or others to adjoining fire compartment / place of safety.

5. Senior ward manager or senior member of staff will make a decision (based on clinical needs) to isolate supplies of medical gases to the wards or department affected.
6. In the event of an intermittent alarm sounding in the area, a representative member of staff will be identified and sent to the x-ray foyer, to assist in any evacuation and communicate to each area as required.

(All staff are to make themselves aware of local fire management procedures for their place of work)

Reference	Issue Number	Authorisation	Date
Work instruction No Fire 06	One	Kevin Hudson	18/02/2013

Fire Work Instruction Number: F07 (Revision V 1.0 - 02/13)

Title: Instruction for duties undertaken by all staff (non clinical areas) on activation of fire alarm Bridlington Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives: Instructions to follow for all staff (**non clinical** areas) in the event of a potential or actual fire situation at Bridlington Hospital.

Scope: **All Employees (non clinical areas)**

Specific To: All Employees and contractors working on site (non clinical)

Training Required: Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

7. Upon activation of the fire alarm system **continual alarm** sounding, staff must respond in line with specific local departmental protocols for fire alarm activations (staff are to make themselves aware of these on local induction and refresher);
8. As a minimum, staff **will** evacuate and make their way to the nearest fire exit closing doors and windows (if safe to do so) as they leave the building, checking for other people and request them to evacuate as they exit;
9. Assemble at the designated fire assembly point for there department or place of work;
10. The departmental or local manager is to confirm the building is evacuated and wait for further instruction from the fire team or fire brigade.
11. In the event of **intermittent alarm** sounding, a representative member of staff will be identified and sent to the porter's lodge (main fire panel location), to assist in any evacuation and communicate to each area as required, following instructions from the site coordinator or senior fire team member.

(All staff are to make themselves aware of local fire management procedures for their place of work)

Fire Work Instruction Number: F13 (Revision V 1.0 - 02/14)

Title: Instruction for duties undertaken by the reception staff on activation of fire alarm Whitby Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives: Instructions to follow for reception personnel in the event of a potential or actual fire situation at Whitby Hospital.

Scope: **Reception Personnel** also the Hospital fire team & relevant management.

Specific To: Reception Personnel.

Training Required: Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

1. Upon activation of the fire alarm system, the fire alarm panel located in the small office behind the reception room will alert reception personnel, who will look at the fire panel to identify the location of the activation.
2. Receptionist will immediately call the fire brigade to inform them of the activation via 999 and inform the emergency services of any details they are aware of. There will also be a call to the fire service made by the remote call centre the call from hospital staff is a back up call to pass on extra information if known.
3. The reception staff personnel will then inform the senior nurse in charge (deputies), on call engineer, duty porter (day time) as a minimum.
4. In the event of an actual fire incident, the reception personnel will monitor the situation and as required by the senior nurse in charge, on call engineer if present or brigade and pass on relevant information.
5. The reception personnel are only to silence the fire alarm if instructed by the senior nurse in charge or maintenance engineer.
6. In the event of false alarm activation, the reception personnel on direct instruction from the senior nurse in charge or maintenance engineer only, will contact the fire brigade and inform them of the verified false alarm.

Fire Work Instruction Number: F11 (Revision V 1.0 - 02/14)

Title: Instruction for duties undertaken by all staff (**clinical areas**) on activation of fire alarm Whitby Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives: Instructions to follow for all staff (**clinical areas**) in the event of a potential or actual fire situation at Whitby Hospital.

Scope: **All Employees (clinical areas)**

Specific To: All Employees and contractors working on site (clinical areas)

Training Required: Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

1. Upon activation of the fire alarm system **continual alarm**, staff must respond in line with specific local departmental protocols for fire alarm activations (staff are to make themselves aware of these on local induction and refresher);
2. The ward manager or senior staff member will initiate a search of the area to ascertain the cause of the alarm activation;
3. For a known false alarm, inform the fire team member on arrival; no further action is required;
4. If an actual fire is identified, assess the situation and decide on the correct course of action to take, this being:
 - a. False alarm suspected (e.g. smell of smoke no obvious source), continue to search area for location of potential fire and await arrival of fire team and fire brigade; Ward personnel will have to provide access for arriving fire brigade crews and show them to the affected area during the times when there is no porters on duty, also during this period the ward staff should make a back up call to the fire service via outside line 999.
 - b. Confirmed fire contained (e.g. a small fire in paper bin), if no imminent risk to personal safety, and the staff member feels confident, and it is safe to do so, fight the fire as appropriate, await arrival of fire team or fire brigade;
 - c. Confirmed fire uncontained (e.g. medium or large fire beyond safe intervention), close all doors and windows if safe to do so, immediately inform site coordinator and fire team located at the porter's lodge (main fire panel location); if not already alerted. Prepare to commence evacuation of patients and / or others to adjoining fire compartment / place of safety.

Fire Safety Management Policy Version 2.0 Issue date January 2015	Reference	Issue Number	Authorisation	Date
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Fire Work Instruction Number: F12 (Revision V 1.0 - 02/14)

Title: Instruction for duties undertaken by all staff (non clinical areas) on activation of fire alarm Whitby Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives: Instructions to follow for all staff (**non clinical** areas) in the event of a potential or actual fire situation at Whitby Hospital.

Scope: **All Employees (non clinical areas)**

Specific To: All Employees and contractors working on site (non clinical)

Training Required: Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

1. Upon activation of the fire alarm system **continual alarm** sounding, staff must respond in line with specific local departmental protocols for fire alarm activations (staff are to make themselves aware of these on local induction and refresher);
2. As a minimum, staff **will** evacuate and make their way to the nearest fire exit closing doors and windows (if safe to do so) as they leave the building, checking for other people and request them to evacuate as they exit;
3. Assemble at the designated fire assembly point for there department or place of work;
4. The departmental or local manager is to confirm the building is evacuated and wait for further instruction from the fire team or fire brigade.
5. In the event of **intermittent alarm** sounding, a representative member of staff will be identified and sent to the porter's lodge (main fire panel location), to assist in any evacuation and communicate to each area as required, following instructions from the site coordinator or senior fire team member.

(All staff are to make themselves aware of local fire management procedures for their place of work)

Appendix 5

Policy Management

1 Consultation, Quality Assurance and Approval Process

Consultation Process

This policy is prepared in consultation with the Fire Safety Advisors, Fire Safety Managers and Director responsible for fire safety. The policy will be placed before the relevant committee for consultation, comment and endorsement. This policy will be reviewed and endorsed by the Trust Health and Safety Committees and the Health & Safety Non Clinical Risk Group (HSNCRG) prior to Trust Board presentation and approval.

The Fire Safety Advisors will consult with the Local Authority Fire Brigade (LAFB) and inform them of the new policy and it's procedures before it is fully implemented across the Trust

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the appropriate committee as determined by the **Policy Development Guideline**

Following completion of the consultation process, this policy, and any subsequent policy revisions will require the approval of fire safety advisors / managers and nominated Director to ensure this policy is submitted to the appropriate committee for approval.

Quality Assurance Process

The author has consulted with the following to ensure that the document is robust and accurate:-

- Fire Safety Advisors
- Fire Safety Managers
- Director responsible for fire safety.
- Trust Health and Safety Committees
- Health & Safety Non Clinical Risk Group (HSNCRG)
- Board of Directors

The policy has also been proof read and the review checklist completed by the Policy Manager prior to being submitted for approval.

Approval Process

The approval process for this policy complies with that detailed in section 3.3 of the Policy Guidance.

2 Review and Revision Arrangements

The Policy Author will be responsible for review of this policy in line with the timeline detailed on the cover sheet.

This policy will be reviewed biannually or earlier should there be any legislative or other reason to do so in conjunction with those name in the Consultation section above; subsequent reviews of this policy will continue to require the approval of the HSNCRG and Board of Directors.

This policy will be reviewed biannually or earlier should there be any legislative or other reason to do so; once reviewed the HSNCRG & as appropriate Trust Board will consult and ratify the policy.

3 Register/Library of Policies/Archiving Arrangements/ Retrieval of Archived Policies

Please refer to the Policy Development Guideline for detail

4 Standards/Key Performance Indicators

These have been developed by the Trust Fire Safety Advisors and will be approved by the Fire Safety Committee(s) and Health, Safety and Non-Clinical Risk Group.

They will include assessments, inspections, Audits and statistical information.

The key aims are to reduce Fire risks so far as is reasonably practicable and to provide a safe working environment for staff, patients, visitors and others by achieve a positive Fire Safety culture through communication with all stakeholders on fire Safety issues.

Achieve excellence in the Management of Fire Safety through compliance with statutory duties and continuous improvement

5 Training

All Trust employees will be informed of the Trust fire safety arrangements as part of defined Trust induction and ongoing trust safety training programmes. Fire Safety training is included as part of the corporate induction and in the annual Stat/Mand training requirements. Additional training such as Fire Wardens will be carried out when required and is commensurate with the identified needs.

6 Trust Associated Documentation

Health and Safety Policy
Policy Development Guideline
Adverse Incident Reporting System, (AIR's) Policy and Procedure
Risk Management Policy
Serious Untoward Incident Policy
Other Fire Safety related documents - stored on Q-Pulse and available via Staffroom.

7 External References

- Regulatory Reform (Fire Safety) Order 2005;
- Health & Safety at Work Act 1974;
- Management of Health & Safety at Work Regulations 1999;
- Human Rights Act 1998
- Fire code (2006);
- Health & Social Care Act 2008 (Regulated Activities) Regulations 2009;
- The Disability Discrimination Act (2005);
- The Building Regulations 1991;
- HM Government Fire Safety Risk Assessment Guidance: Healthcare Premises (Green Guide);
- HM Government Fire Safety Risk Assessment Guidance: Means of Escape for Disabled People (2007);
- British Standards Institute. (2001). British Standard 8300:2001, Design of buildings and their approaches to meet the needs of disabled people – Code of Practice. London: BSI.

8 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and ensure effective review, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a Risk assessments and action plans produced	A regular review of all existing Fire Risk Assessments and action plans	Appropriate Fire Safety Advisor	As per Risk Management Policy & Procedure	Relevant Trust FSG and Fire Advisors/Managers HSNCRG	Fire Advisor in liaison with DM	Fire Advisors HSNCRG
b Monitoring of incidents	Incidents DATIX AIRS (Fire incidents)	Directorate managers/ Heads of Department, Bed Managers Fire Advisor & Fire Manager	Ongoing	Fire Advisors/Managers HSNCRG	Relevant Reviewers or Investigators	Relevant Reviewers or Investigators in liaison with DM

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
c) Area inspections and audits undertaken	Area Inspections OH&S Audit (Fire Safety)	Managers/ Heads of Department/ Fire Wardens Fire Managers/ Fire Advisors	Monthly (as required) or following any changes to building or occupancy levels.	Fire Advisors & DM HSNCRG	Fire Advisors & DM	Fire Advisors as part of any review process HSNCRG
d) Fire Safety training attended	Fire Safety Training reports provided by CLaD	CLaD/Director ate Managers/Heads of Department & Fire Advisors	Annually	FSG	Fire Advisors through CLaD	Appropriate CLaD Teams
e) Any issues identified are addressed	Reports from regulatory bodies such as fire inspections/findings	Fire Safety Groups & HSNCRG	As undertaken	Fire Advisors through FSG & Fire Wardens	Fire Advisors & DM	Fire Advisors as part of any review process

Appendix 4 Dissemination and Implementation Plan

Title of document:	Fire Safety Management Policy
Date finalised:	January 2015
Previous document in use?	Yes
Dissemination lead	Mick Lee & Kevin Hudson
Implementation lead	Policy Authors
Which Strategy does it relate to?	Electronic and Paper via Intranet

Dissemination Plan	
Method(s) of dissemination	Referenced during Staff Training sessions Posted on Staffroom Policy emailed to Directors, Directorate Managers, Clinical Directors, Senior Managers and Matrons Fire Wardens (if applicable) who should ensure that this is discussed with all staff at local induction
Who will do this	Policy Authors
Date of dissemination	On approval
Format (i.e. paper or electronic)	Mainly Electronic
Implementation Plan	
Name of individual with responsibility for operational implementation, monitoring etc	<i>Kingsley Needham & Colin Weatherill (Trust Fire Safety Managers)</i>
Brief description of evidence to be collated to demonstrate compliance	<i>Internal Audit findings and recently introduced P.A.M.</i>