Livewell Southwest

Fire Safety Policy

Version No 1.7

Review: July 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of the intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: **Fire Safety Advisor**

Asset Number: **118**

Reader Information

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Author	Head of Corporate Risk and Compliance
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	and Principles. • Regulatory Reform (Fire Safety) Order 2005 • HM Government Healthcare Fire safety Guide on fire risk assessment. • Health and Safety at Work Act 1974 • Management of Health & Safety at Work Regulations 1999.
Associated documentation	• Health & Safety Policy • Incident Reporting and Investigation Policy • Violence & Aggression Policy • Tobacco Policy • Major Incident and Business Continuity Policy • Medical Gas Policy • Incident Reporting Policy
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
V0.1	New document	January 2009	Fire Safety Advisor	New document.
V0:2	Reviewed	January 2009	Risk Management Advisor	Changes made to conform with approved document procedure.
V.1	Updated	March 2009	Web Manager and FOI Officer.	Updated for publication.
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V1.2	Minor Amendment	9th June 2010	Asst. director of Risk and Safety	Appendix C and D added, minor changes to duties section.
V1:3	Amendment	28th June 2010	Asst director of Risk & Safety	Minor amendments
V1:4	Reviewed	June 2012	Asst director of Risk & Safety	Reviewed, no changes apart from new organization name.
V1.5	Reviewed	March 2014	Asst. Director of Risk & Safety	Minor amendments.
V1.6	Reviewed	Feb 2016	Head of Corporate Risk and Compliance	Full Review – changes to governance processes and management of Fire Safety.
V1.7	Reviewed	Dec 2016	Head of Corporate Risk and Compliance	Minor changes to governance structure and roles

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Fire Safety Policy

1   Introduction

1.1   This Fire Safety Policy outlines in detail the responsibilities, procedures and guidelines that are intended to provide a framework that ensures that fire safety within Livewell Southwest is conducted in such a manner as to enable the organisation to fulfil its statutory and contractual obligations in a consistent and coherent manner.

2   Purpose

2.1   Livewell Southwest recognises that fire is a potential hazard. The consequences of fire in hospitals and other health care premises can be especially serious because of the difficulties and dangers associated with the emergency evacuation of patients many of whom may be highly dependant upon employee assistance. Livewell Southwest also recognises the duties placed upon the organisation to ensure the fire safety of all staff, visitors and outside employees working on Livewell Southwest premises. The purpose of this policy is to prevent fires, but also to ensure the correct response to an incident should a fire occur. To successfully achieve the fire safety duties placed on the Livewell Southwest a Fire, Health and Safety Manager and a Fire Safety Advisor have been appointed. Both are competent persons in accordance with the Regulatory Reform (Fire Safety) Order 2005 and Firecode Principles.

2.2   This policy applies to all premises owned, managed or occupied by Livewell Southwest. Employees, tenants of Livewell Southwest i.e. GPs, staff employed by the voluntary sector, social services and other NHS bodies, patients and visitors (including building and other contractors) are to comply with this policy. It outlines the process by which Management devolves its responsibilities for the fire safety within its Departments and with respect to the services it provides to the public and others having access the buildings. Refer to Appendix F for full detailed list of premises.

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2.3   Where Livewell Southwest staff work in premises that are not wholly managed by Livewell Southwest, they should also comply with the fire safety policy of that premises and should make themselves familiar with the local evacuation procedures.

2.4   Livewell Southwest is committed to ensuring that reasonable measures for the safe evacuation of able bodied and those persons with disabilities, are available in the event of a fire or emergency.

3   Duties

3.1   The following personnel are responsible for managing the Livewell's strategic approach to fire safety. The responsibilities of these personnel are listed below:

3.2   **Chief Executive**

The Chief Executive assumes overall responsibility for fire safety in all premises owned or occupied by Livewell Southwest and is responsible for:

a) Ensuring that current fire legislation is complied with and, where appropriate, Firecode guidance is implemented in all premises owned or occupied by Livewell Southwest;
b) Ensure that all agreements for the provision of care and other services by third parties

include sufficient contractual arrangements to ensure compliance with this Fire Safety Policy;

c) Ensure that the day-to-day operational responsibility for fire safety through the Director with Fire Safety responsibility.

3.3 **Livewell Board**

Livewell Southwest has overall accountability for the activities of the organisation and should ensure that:

a) It receives appropriate assurance that the requirements of current fire legislation and the objectives of DH's Firecode are being met;
b) It discharges its' responsibility for fire safety through the Chief Executive.

3.4 **Executive Director (Fire Safety) –** (Director of Professional Practice, Safety and Quality).

The Executive Director (Fire Safety) is responsible for championing fire safety issues at Board level also:

a) Ensuring that the policies relating to fire safety organisation and training are implemented;
b) Ensuring that advice from suitably qualified personnel is always available;
c) Informing the Chief Executive of all fire related incidents;
d) Assisting the Chief Executive with Board level responsibilities for fire safety matters;
e) Ensuring that all proposals for new buildings and alterations to existing buildings are referred to the Fire Safety Manager before building control approval is sought;
f) Ensuring that all passive and active fire safety measures and equipment are maintained and tested in accordance with the latest relevant legislation / standards, and that comprehensive records are kept;
g) Ensuring cooperation between other employers where there are two or more share premises;
h) Ensuring through senior management and line management structures that full staff participation in fire training and fire evacuation drills is maintained;
i) Ensuring that agreed programmes of investment in fire precautions are properly accounted for in the annual business plan;
j) Ensuring that an annual audit of fire safety and fire safety management is undertaken and the outcomes communicated to the Board;
k) Fully support the Fire Safety Manager function.

3.5 **Fire Safety Manager**

This is a nominated senior manager who is responsible for the operational delivery of fire safety within Livewell Southwest. The Fire Safety Manager must have access to sufficient competent fire safety advice provided from a Fire Safety Advisor. Accountability for Fire Safety will always be with the Board level Director for Fire Safety.
The Fire Safety Manager should:

a) Act as a focus for all fire safety matters in the organisation;
b) Report all fire incidents to the Head of Corporate Risk and Compliance and ensure an incident report is completed immediately or as soon as reasonably practicable;
c) Ensure the day-to-day implementation of the fire safety policy;
d) Report all non-compliance with legislation, policies and procedures to the Director with Fire Safety responsibility;

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e) Obtain expert advice on fire legislation;
f) Obtain expert technical advice on the application and interpretation of Fire Safety Guidance, including DH's Firecode;
g) Raise awareness of all fire safety features and their purpose throughout the organisation;
h) Develop, implement, monitor and review the organisation's fire safety management system, policies and procedures;
i) Ensure that Fire Risk Assessments are undertaken, recorded and suitable action plans devised;
j) Ensure that Fire Safety risks are included in the organisation's risk register as appropriate;
k) Ensure the operational management of fire safety risks identified by the risk assessments;
l) Develop (with the advice from the Emergency Planning Resilience and Response (EPRR) Manager), the organisation's fire emergency action plan;
m) Ensure that requirements related to fire procedures for less able staff, patients and visitors are in place;
n) Ensure the development, delivery and audit of an effective fire safety training programme (taking into consideration all the fire safety hazards and risks across the organisation);
o) Monitor, report and initiate measures to reduce false alarms and unwanted fire signals;
p) Liaise with external fire safety enforcing authorities;
q) Liaise with all managers across the organisation;
r) Liaise with the Authorising Engineer (Fire);
s) Monitor the inspection and maintenance of fire safety systems to ensure that it is carried out;
t) Ensure that suitable fire safety audits are undertaken, recorded and the outcomes suitably recorded;
u) Ensure that compliance data is provided for relevant organisational committees.

3.6 **Fire Safety Advisor**

The Fire Safety Advisor is accountable to the Fire Safety Manager for matters of fire safety. They provide competent fire safety advice and will be responsible for:

a) Undertaking, recording and reporting fire risk assessments;
b) Providing expert advice on fire legislation;
c) Providing technical advice on the application and interpretation of fire safety guidance, including DH's Firecode;
d) Assisting with the review of the content of the Fire Safety Policy;
e) Assisting with the development and delivery of a suitable and sufficient training programme for staff and bespoke training for service users where appropriate;
f) The assessment of fire risks within premises owned, occupied or under the control of the organisation;
g) Investigating all fire-related incidents and fire alarm actuations;
h) Liaising with enforcing authorities on technical issues;
i) Liaising with staff and managers on fire safety issues;
j) Liaising with the Authorising Engineer (Fire);

Where specialist solutions are required to resolve fire safety issues, the Fire Safety Advisor would not necessarily be expected to have the level of skill required but would know the limits of their capabilities and, when necessary, seek specialist advice from an Authorising Engineer (Fire).

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3.7   **Authorising Engineer (Fire)**

Will act as an independent professional advisor to the organisation and should be a Chartered Engineer and a member of the Institution of Fire Engineers or a chartered member of a similar professional body.

3.8   **Competent Person (Fire)**

Installers and maintainers of fire safety equipment will be commissioned by the organisation and must be able to demonstrate a sound knowledge and specific skills in the specialist service being provided. This may include the installation and/or maintenance of related fire safety equipment/services such as:

   o   Fire alarm and detection systems;
   o   Portable fire fighting equipment;
   o   Fire suppression systems;
   o   Fire dampers;
   o   Fire-fighting hydrants;
   o   Static fire protection (fire stopping).

In cases where external parties provide services, they should be registered with an appropriate fire industry accreditation scheme.

3.9   Managers

a) Ensure that all staff are inducted in fire safety prior to the commencement of their employment and that an induction checklist is completed for all staff new to the work area – including bank or temporary staff as appropriate.
b) Ensuring that fire safety instructions are brought to the attention of and observed by their staff at regular intervals – i.e. team meetings etc. and the location of the individual unit's fire plan /procedure.
c) Inform the Fire Safety Advisor of any change of use associated with any department or premises under their control.
d) Support the Fire Safety Advisor or other competent person to complete fire risk assessments and will assist with any audit or monitoring processes.
e) Ensure that all staff working in their areas receive mandatory training in fire procedures on an annual basis.
f) Ensure that patients and/or visitors to the area are made aware of fire action notices.
g) Ensure that an adequate number of staff are appointed and trained to carry out the Fire Marshall role at time of alarm activation – using the "no one area should take longer than one minute to check / clear "rule. Numbers of Fire Marshalls shall be sufficient to meet the needs of the Organisation, as agreed with the Fire Safety Adviser.
h) Keep an up-to-date record of training and drills.
i) Complete the Fire Safety Checklist on a quarterly basis. (Appendix A) and record in the Risk Management Workbook or file in the dept. fire log.
j) Ensure that a minimum of one evacuation drill is carried out a year and recorded in the fire log. (See appendix E for Guidance).
k) Where not carried out by maintenance personnel arrange a weekly fire alarm test and record in the Log Book.
l) Prepare a unit evacuation plan. (Appendix D and see section 8) seeking guidance from the Fire Advisor if deemed necessary.
m) Report any fire using the normal Livewell Southwest incident reporting system.

n) Following a fire, update the unit local risk register detailing circumstances surrounding the fire and action taken to prevent recurrence.

o) Contribute to the Fire Risk Assessment Process along with Fire Marshalls and Estates.

3.10 Employees

It is the responsibility of each member of staff to:

a) Read and understand the Local Fire Procedure; **if in doubt, ask**.
b) Prevent any possible causes of fire.
c) Know how to operate the fire alarm system.
d) Immediately sound the alarm if a fire is found or suspected.
e) Know the location of the fire alarm break glass call points in their area of work.
f) Know the location and types of fire extinguishers within their area of work and be familiar with the operating instructions.
g) Know where the fire exists are located.
h) Ensure at all times that fire escape routes are kept free from obstruction.
i) Ensure that all fire doors not fitted with approved "hold open" devices are kept shut when not in use and **not wedged open**.
j) Know the location of the fire assembly points.
k) Comply with all requirements laid down in the Local Fire Procedure.

3.11 Switchboard

Switchboard will telephone the Fire Brigade and advise them of the location of the alarm, together with any additional information received unless instructed otherwise in accordance with local agreements.
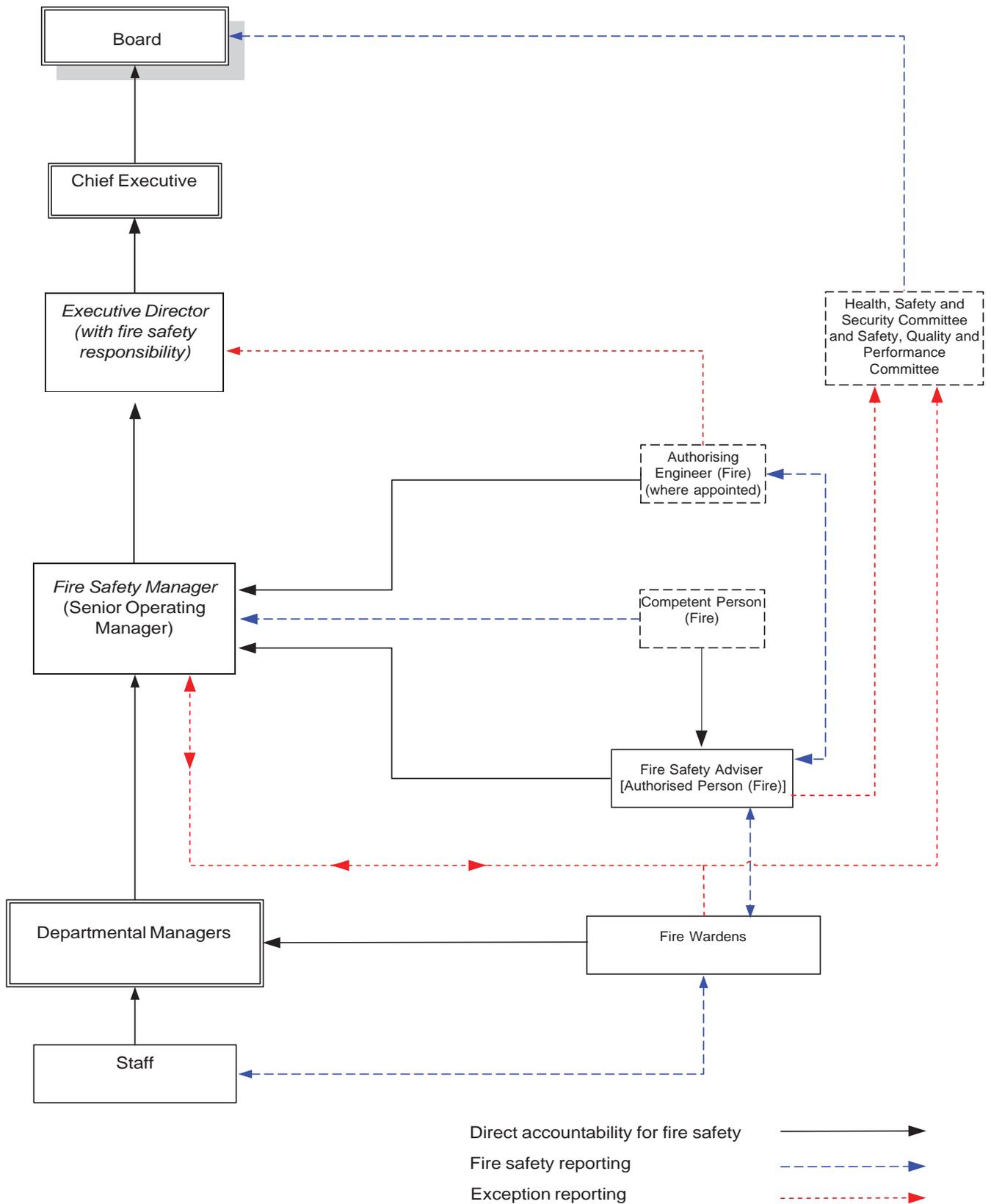
a) The Switchboard will contact the On-Call Director for confirmed fires.

b) The role of the Switchboard staff is to act as a liaison point, relaying vital information as and when required.

3.12 Incident Control Officer / Fire Marshalls

In the event of a fire alarm being activated, one person in the department, unit or service will undertake the role of Incident Control Officer and will remain at the fire control panel / entrance to unit and :-

a) Identify the location of the alarm activation and delegate other fire marshalls / staff to confirm fire or false alarm, if a fire and deemed safe to do so - attempt to contain / extinguish.
b) On confirmation of fire - Fire Marshalls should follow the unit's fire evacuation plan which will include evacuation to a safe area.
c) Upon arrival of the Fire Brigade, hand over charge to their senior officer.
d) Assist with evacuation procedures if required.
e) In the case of a confirmed fire, ensure that Livewell Southwest's On-Call Director is informed.
f) Complete a fire report using the **Livewell Southwest incident reporting system**.
g) Assist the Fire Brigade in any actions required to protect the safety of staff, patients and visitors.
h) Assist Managers and contribute to the Fire Risk Assessment process.

4 Exemplar Fire Safety Management Structure

Board

Chief Executive

Executive Director (with fire safety responsibility)

Health, Safety and Security Committee and Safety, Quality and Performance Committee

Authorising Engineer (Fire) (where appointed)

Fire Safety Manager (Senior Operating Manager)

Competent Person (Fire)

Fire Safety Adviser [Authorised Person (Fire)]

Departmental Managers

Fire Wardens

Staff

Direct accountability for fire safety

Fire safety reporting

Exception reporting

Ref – HTM 05-01: Managing Healthcare Fire Safety April 2013

5 Health, Safety and Security Committee

Fire safety compliance will be a standing agenda item for this group and the Fire Safety Advisor will be a standing committee member.

6 Safety, Quality and Performance Committee

Compliance information will be reported through the SQP Data Book and by exception to the Safety, Quality and Performance Committee monthly.

7 Training and Exercising

Fire Safety Training is **mandatory** for all staff.

7.1 Induction Training

Induction training should be given before the commencement of work with the organisation. This should include:

a) Basic fire safety.

b) Good housekeeping.

c) Actions to take on discovering a fire.

d) Action to take on hearing a fire alarm.

e) Procedures for evacuation.

7.2 Training and Exercises Updates

7.2.1   Training updates should be annual for all staff.

7.3 Training Records

7.3.1   All fire training should be recorded on Livewell Southwest Electronic Staff Record (ESR) system.

7.3.2   All managers are responsible for ensuring that all staff training records are available for inspection.

8 Arson

Definition: The crime of maliciously, voluntarily, and wilfully setting fire to the building, buildings, or other property of another or of burning one's own property for an improper purpose, as to collect insurance.

8.1   The measures adopted by Livewell Southwest to combat the potential threat for arson have been drawn from the following:

a) Identification badges to be worn by all staff.
b) Restricted access to all but authorised persons in predetermined areas.
c) Staff training.
d) Intruder alarms for specific areas.
e) Clinical risk assessment and care plans for patients known to present risk of arson.
f) Closed circuit television for selected areas.
g) Early detection of fire by automatic and manual detection.
h) In-built structural fire precautions and containment to reduce damage initiation.
i) General arrangements for good housekeeping, fire safety awareness and fire safety policy.

9   Evacuation

Definition: The process by which people are moved away from a place where there is immediate or anticipated danger to a place of safety, offered appropriate temporary welfare facilities and enabled to return to their normal accommodation / activities when the threat to safety has gone, or suitable alternative arrangements have been made.

9.1   The primary aims of evacuation are:

a) To remove patients, staff and others from immediate danger.

b) To keep the distance of any movement as short as possible.

c) To avoid routes which in the particular circumstances may need to be used by fire fighters and others involved in fire fighting.

d) To remove patients to a reception area remote from the fire and suitable for their comfort and continued treatment, possibly for some hours and to take a roll-call.

The aims are broad guidelines. Fire is unpredictable and no two fires may be the same. Initiative, common sense, a sound knowledge of emergency procedures and a calm approach to an emergency will do much to ensure a satisfactory outcome.

9.2   **All departments, units and services are required to have evacuation plans in place in the form of an action card. It is the responsibility of the unit manager, Locality or Team to prepare these with the assistance of the Fire Safety Advisor. (See Appendix C for draft template).**

9.3   The knowledge which managers have of the physical constraints of the parts of the health premises for which they are responsible, the capabilities of their staff and the characteristics of the patients in their charge are essential to the formulation of evacuation plans. The following points will need to be considered when devising a

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plan. Plans will need to be reviewed and modified as necessary to take account of changed circumstances.

a) Estimate the number of patients, visitors and staff who will need to be removed from the fire compartment or premises in a fire emergency and the time available for such evacuation.

b) Consider the degree of dependency of patients and estimate the degree of surveillance and assistance they will required.

c) Estimate the number of staff available both during the day and at night to cope with an emergency in each area where patients are accommodated.

d) When estimating the number of staff available, consider their capabilities to cope with evacuation, i.e. physical fitness, training and their likely performance under stress (especially part-time, bank, agency or night staff). Moving unwell people in an emergency is always very strenuous work.

e) Consider the patient-handling methods which would be appropriate in an evacuation, bearing in mind building constraints on the escape route and the types of patients. Discuss and agree these with Livewell Southwest's Fire Safety Advisor.

f) Identify and note the location of equipment which could be used to aid evacuation.

g) Know how to deal with patients whose behaviour is likely to be obstructive during an evacuation.

h) Practice aspects of the escape plan regularly, including patient-handling techniques and moving all members of staff.

10   Testing and Maintenance of Fire Safety Fittings and Fixtures

10.1 **Maintenance and Testing of Safety Fittings**

Within their areas of responsibility, the Estates Department will arrange for the regular maintenance and testing, in accordance with British Standard Specifications, or the manufacturer's instructions as relevant, of the following fire safety fittings in Livewell Southwest premises:

a) Fire alarm systems, including automatic fire detection systems.
b) Emergency lighting units.
c) Electro-magnetic door hold open devices.
d) Door self-closing devices.
e) Automatic detection and control systems.
f) Fire dampers.
g) Security locks on fire exit doors, including push bars and pads.

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h) Fire extinguishers

10.2 **Maintenance and Service of Fire Detection/Fighting Equipment**

    a) The Estates Department will arrange appropriate contracts for all fire detection equipment to be maintained and serviced, in accordance with the relevant British Standards Specifications.

    b) Any new fire equipment to be purchased on the advice of the Fire Safety Advisor.

    c) The Fire Safety Advisor will arrange appropriate contract(s) for the supply and maintenance of fire fighting equipment in accordance with the relevant British Standards.

    d) During any fire safety inspection by the Fire Safety Advisor, a visual check should be made of all the fire safety fittings and fixtures to ensure no obvious faults exist.

11   Fire risk Assessment

11.1 This is the process of identifying fire hazards and evaluating the risks to people, property, assets and the environment arising from them, taking into account the adequacy of existing fire precautions and deciding whether the fire risk is acceptable without further fire precautions.

11.2 All areas of the organisation will be subject to a Fire Risk Assessment, undertaken at intervals not exceeding 12 Months for high risk areas;

11.3 The risk assessment process will identify actions that fall into two primary categories:
- Physical actions – Defects and deficiencies relating to the physical structure of the environment, escalated to Estates as part of the assessment process with a priority action level.

- Management Actions – Defects and deficiencies noted or observed that relate to the management of the area, such as housekeeping, storage, overuse of electrical appliances, or training. Such actions will be the responsibility of the local manager to address.

11.4 All actions will be prioritised by risk, in accordance with the Risk Management Strategy

11.5 Actions arising from the risk assessment process will be monitored and reported to the Health, Safety and Security Committee and by exception to the Safety, Quality and Performance Committee.

11.6 Staff undertaking risk assessments will be competent to do so and will be provided with training and updates at regular intervals to ensure their knowledge remains as up to date as possible.

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12   Fire Safety Plans

12.1   Within each premises, at each floor level or in each department, unit or service, as appropriate, fire safety plans will be displayed, together with instructions in case of fire. The responsibility for ensuring these plans are provided should be with the Fire Safety Advisor with assistance from the Estates Manager.

12.2   The purpose of the plans is to advise staff and the Fire Brigade of the fire safety measures installed and to assist in directing their actions in the event of a fire.

12.3   The plans will also assist staff in completing fire safety checklists and risk assessments, as they show the scale and location of the fire safety measures installed.

13   Monitoring Compliance and Effectiveness

- All fire related incidents are reported and investigated in accordance with Incident Reporting and Investigation Policy;
- Managers will complete local quarterly fire checks and record on the Risk Management Workbook;
- High level fire safety compliance audits will be undertaken annually by the Corporate Risk and Compliance Team;
- Fire safety data will be reported monthly at the Health, Safety and Security Committee and by exception at the Safety, Quality and Performance Committee.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice, Safety and Quality

Date: December 2016

Appendix A

Regulatory reform (fire safety) order 2005

Fire safety checklist

Healthcare Address:	
Department / Unit / Service:	

Note: Should any of the answers to the following questions by "**No**" then, where applicable, these matters are considered significant as they will undoubtedly impinge upon the effectiveness of the premises' fire precautions.

These matters will collectively be known as "significant findings" which must be made available for perusal by the Fire Safety Inspector, if requested.

The action that is required to be taken to resolve the "significant findings" are recorded in the "**Remedial action**" column of the Employers' Fire Safety Checklist Summary.

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Regulatory reform (fire safety) order 2005
Fire safety checklist

Healthcare Address:	
Department / Unit / Service:	

Areas of Consideration	Yes, No or N/A	Significant Findings
Means of Escape		
Can all final exit doors be easily and immediately opened?		
Can all designated fire exits be easily and immediately opened from the inside, without the use of a key?		
Are all passageways and corridors, both internal and external, which form part of an escape route, free from obstructions and storage?		
Are all self-closing fire doors operating correctly?		
Are all fire doors in a good state of repair?		
Is there a satisfactory procedure for the safe evacuation of all persons?		
Are all combustible materials, flammable liquids and gases stored safely and isolated from ignition sources?		
Areas of Consideration	**Yes, No or N/A**	**Significant Findings**
Emergency Lighting		
Is the building provided with an emergency lighting system to provide illumination of escape routes in the event of a failure of the general lighting system?		
Is the emergency lighting tested regularly?		
Are the tests recorded?		

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Healthcare Address:	
Department / Unit / Service:	

Areas of Consideration	Yes, No or N/A	Significant Findings
Means of giving warning in the event of a fire		
Is the fire alarm system in full working order?		
Is the system tested weekly?		
Are the tests recorded?		
Is the alarm audible in all areas?		
Are break glass call points clearly visible and unobstructed?		
Are all fixed fire fighting installations and automatic fire detection systems in working order?		
Is the fire alarm fully compliant?		
Areas of Consideration	**Yes, No or N/A**	**Significant Findings**
Fire Safety Signs		
Are final exit doors and escape routes clearly signed?		
Are all internal fire doors correctly signed? i.e. "Fire Door – Keep Shut" (internal doors) "Fire Door – Keep Locked" (cupboards) "Automatic Fire Door – Keep Clear" (self explanatory)		
Are "Fire Action" notices displayed?		
Are "Push Bar to Open" signs, or similar, affixed to doors with emergency fastenings?		

Regulatory reform (fire safety) order 2005
Fire safety checklist

Healthcare Address:	
Department / Unit / Service:	

Areas of Consideration	Yes, No or N/A	Significant Findings
Fire fighting Equipment		
Are suitable fire extinguishers provided?		
Are they securely mounted on wall brackets or sited on appropriate stands?		
Are they freely available, visible and unobstructed?		
Are they serviced annually by a competent person or company?		
Are the results of the annual tests recorded?		
Areas of Consideration	**Yes, No or N/A**	**Significant Findings**
Management and Staff Training		
Are all employees, at induction and at regular periods afterwards, given instruction on the action to be taken in the event of fire?		
Is a fire exercise carried out at least once a year?		
Have staff been informed of the findings of this fire safety checklist?		
Has a procedure been established to review the Fire Safety Checklist on a regular basis?		
Have risk assessments been carried out on all aspects of fire safety, using the Livewell Southwest's risk assessment tool?		

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Healthcare Address:	
Department / Unit / Service:	

	Significant Findings	Intended Remedial Action	Timescale	Completed
1				
2				
3				
4				
5				
6				
7				
8				
9				

	Print Name	Signature	Date
Person completing checklist:			
Manager:			

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Appendix B

Fire

Sample action card

Fire co-ordinator / senior nurse

Action hearing activation of the fire alarm system

- Proceed to the fire panel to verify the area concerned
- Don the "Fire Evacuation Officer Jacket"
- Go immediately to the "Fire Zone / are involved"
- Liaise with local Fire Wardens
- Update switchboard, requesting assistance if necessary
- In the event of a confirmed " fire situation" inform the Livewell Southwest's senior manager on call
- Liaise with fire authority / fire brigade if attending
- Liaise with all other relevant persons as required
- Provide regular updates to switchboard
- Advise all Fire Wardens when the incident is closed
- Ensure the incident is recorded on the incident reporting system
- Send fire incident report to Livewell Southwest's Fire Advisor
- Ensure the buildings "Fire Log" is completed

Appendix C

FIRE FIGHTING EQUIPMENT MONTHLY INSPECTIONS

This inspection should be a visual check of the equipment, ensure is located in the correct location, that the security plastic tags and pins are in place and that the equipment has been tested within the last 12 months.

Date	Details of test	Comments	Signature of person conducting test
01/01/2008 EXAMPLE	Monthly Visual	Pin missing from extinguisher in reception. Estates helpdesk contacted. Log 12345	CJW

Any defects should be referred to the Estates Dept Helpdesk ext 35091

Appendix D

Local Fire Evacuation Plan for :

XXXXXXX Ward/Dept

If there is a suspected fire in the Unit **Don't panic.**

Should the fire detection system be activated in any unit a signal is sent directly to switchboard,

0800 - 2200 hrs to Mount Gould

2200 - 0800 hrs to Derriford

If switchboard do not receive any call from the unit concerned after activation of the alarm system within one minute they will call the fire service.

Fire Marshalls from all areas must proceed to the fire panel located by the main entrance door to verify which area of the building has gone to alarm.

Fire Marshalls from all areas must proceed to the fire panel located by the main entrance door to verify which area of the building has gone to alarm.

At This Point (And Quickly):

- A senior member of staff will assume the role of "Incident Control Officer" and issue instructions to staff which must be strictly followed .

- ONLY those individuals trained in the use of fire extinguishers, should collect any fire extinguishers immediately available and proceed to the area involved in any such fire / alarm and ONLY attempt to tackle the fire if they feel confident to do so.

- It is imperative that the correct type of fire extinguisher is used and that any attempt to tackle a fire should not expose those involved to the dangers of smoke inhalation.

- **If the fire cannot be extinguished after one minute – those involved must leave the area immediately closing doors on exit – and report to the incident control officer**.

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Evacuation Plan *(the following is for example please alter if necessary to suit the units local arrangements).*

Xxx ward/Dept/Unit accommodates a maximum of xx patients, on beds/ trolleys/chairs in bays. On average, xx% of the patients will be fully ambulant, with the remaining xx% either requiring assistance with movement, such as wheelchairs, or confined to bed. All patients will be nursed on wheeled equipment, which can be moved easily. It will be open normally from xxx, staffed by xx people. Assistance could also be requested from medical staff and visitors, and staff in the adjoining xxx Departments.

> *In view of the fact that this is a clinical area, evacuation will only be instigated if there is immediate danger from smoke inhalation or flames. If there is no immediate danger, patients and essential staff will remain in the ward until the Fire Brigade arrives. The decision as to whether to evacuate will be taken by the senior nurse on duty.*
>
> *If there is immediate danger, then patients and staff will evacuate the area. Patients must be moved to a location in the unit a minimum of two sets of fire doors away from the area involved in the fire.* ***Should the fire develop, all patients and staff must evacuate to***

> *……………………………………………….*

Fire Doors.

The fire doors in this unit will open automatically when the fire alarm sounds.

(If a mental health unit with locked fire doors as agreed with the fire safety advisor detail the unlocking arrangements here).

Fire Marshalls / staff must ensure that all rooms are vacated accordingly.

Once rooms have been checked and patients removed from them leave the doors unlocked.

Assign someone to do a board check and make sure that all Staff and Patients stay in their safe refuge or the detailed external evacuation area. .

At this point it is essential to post a member of staff at the front doors to stop people entering the building.

The Incident Control Officer should contact Mount Gould Switchboard and confirm the fire brigade has been alerted.

At no point must any member of staff put themselves at risk

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Livewell Southwest - Planning and Executing Fire Evacuation Drills (Guidance Note)

Introduction

1. Livewell Southwest has a legal responsibility to ensure that fire evacuation drills/exercises are carried out in all areas of their property portfolio. The following Guidance will assist Ward and Department Managers to plan and carry out this essential task.

2. All Livewell Southwest premises should receive a formal Fire Evacuation Drill on an annual basis at least and should when possible, be observed by the LIVEWELL Fire Advisor and/or Senior Manager.

3. The purpose and objectives of Fire Evacuation Drills include:

    - To identify weaknesses in the evacuation strategy.
    - To test the procedure following any building alteration or changes in working practices.
    - To practice Personal Emergency Evacuation Plans (PEEPS) and/or Buddy systems where they are in place.
    - Identify the need for any specialist evacuation equipment that may be required. (I.e. evacuation chairs, special lifts, and the use of safe refuges).
    - To familiarise new occupants with procedures.
    - To test the arrangements for disabled persons.
    - To identify weaknesses in emergency communications procedures.
    - To consider staff feedback with designated responsibilities such as Fire Wardens.

4. All occupants of the department/ward should take part. Some exceptions to people, who may need to ensure the security of the area or following a risk assessment process, may apply if they are required to remain with particular equipment or work processes.
5. Where appropriate you may wish to involve members of the public in your fire drill but only after ensuring all necessary Health & Safety issues have been addressed and those persons consulted.
6. The head of department or senior manager should contact the Livewell Southwest Fire Advisor to assist in the organisation and supervision of the drill.
7. Where the department impacts on a commercial area, close liaison and communication with the occupants will be required.

General guidance and safety considerations

Considerations before undertaking the drill

- **Consult and Coordinate** – Your drill may impact on your immediate neighbours, therefore the need to inform and make them aware is important. Coordination of the drill may also include the involvement of your neighbouring staff and departments.
- **Prevent Fire Brigade Attendance** – Ensure the emergency service is not called by notifying switchboard of your planned drill.
- **Weather Conditions** – These should be considered prior to date & time for the planned event. Inclement weather conditions are not satisfactory as they can introduce potentially avoidable hazards to the drill participants.
- **Escape Routes** – In particular external routes that may have hazards or conditions that may pose a potential risk. (I.e. moss, algae, damage to steps, rubbish, uneven floors, etc.).
- **Estates personnel** – Ensure Estates staff are present should you need to isolate/reset building plant such as boilers, air handling units, fire alarm system or other work processes.
- **Staff Information** – circulate details outlining the drill and inform people of their duty to participate. It may not be appropriate to carry out 'surprise' drills as potential Health & Safety risks may outweigh the benefits.

Considerations when undertaking the drill

- Decide how to raise the alarm – Whistle, fire alarm, etc.
- You may wish to nominate people to block familiar routes - as if affected by fire. This will ensure the use of and familiarisation of 'Alternative Escape Routes' within the departments/wards. This will in turn encourage escape via the nearest available exit rather than using the 'programmed' everyday access/egress route.
- Ensure specialist, hazardous, and sensitive equipment can be left safely or that isolation procedures are in place.
- Inform other occupants present. (Visitors, members of public, contractors, etc.).
- Ensure Fire Wardens coordinate the evacuation and undertake a 'sweep' system to ensure everyone has exited the area. Then prepare to provide the Fire Brigade (simulated) with this information as if it were a real incident.
- If not all people have evacuated (i.e. disabled) ensure the location (s) of those that remain in the area are communicated to the Fire Brigade (simulated).
- Direct occupants to the assembly point and provide suitable control measures if external assembly points have to be reached by crossing roads.
- Undertake a 'roll call' to best of your knowledge and available information. This is not always practical but does underline the need for an effective 'sweep' of the department in order to determine persons that remain and may need to be assisted out by other means.

Monitoring and Debrief

Throughout the drill the nominated observers (Fire Advisor, Senior Managers, etc) should consider the following:

- Communication difficulties – In particular the roll call and/or establishing that everyone has been accounted for.
- Use of the nearest available escape route rather than the everyday common circulation routes.
- Difficulties with the opening of final exit doors.
- Problems experienced by people with disabilities.
- The effectiveness of Fire Wardens and their actions.
- Inappropriate actions – stopping to collect personal items, attempting to use lifts, ignoring Fire Warden advice, etc.
- Not closing doors on exiting the building.

Completion of Fire Drill

- Immediate debriefs can be useful and positive whilst the events are fresh in everyone's mind. This will also encourage staff feedback. Later reports and observations from people should be recorded and reviewed with a view to enhance subsequent drills and implement at the next opportunity.
- Complete the drill record on the Livewell Southwest pro-forma including the total time of evacuation where appropriate.

The need to practice Fire Evacuation is not only a statutory and "Firecode" NHS requirement, but is necessary to give staff the confidence to carry out the task when faced with a real fire situation.

Single Stage Fire Alarm System – On the operation of the automatic fire detection system, the fire alarm will sound continuously across the whole building. All occupants will evacuate to the pre-determined assembly points as per the completed Fire Action Cards.

Two Stage Fire Alarm System - On the operation of the automatic fire detection system, the fire alarm will sound continuously in the area in a state of fire. In all other wards, departments & communal areas that border the fire zone, the alarm will sound intermittently. Occupants of the fire zone will move horizontally to a bordering ward, department, or area with either no audible warning, or that has an intermittent audible warning.

In the event of the Fire Alarm sounding continuously, no patients are to be moved until the room/compartment affected by fire is located. Staff will generally report to the staff base, closing any open fire doors en-route. The Fire Warden/senior person in charge will then detail staff to conduct a thorough search of the ward/department area, to locate the fire. When located, those patients at imminent risk from the fire should be moved to a place of relative safety on the same floor, as quickly as possible. If time allows, patients in adjoining rooms can then be moved if it is considered that they could become threatened by fire before it is extinguished.

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Planning a Drill/Exercise

It is quite acceptable to discuss with staff what you are intending to do, prior to carrying out the exercise.

There is no need to involve or endanger patients, in the execution of your fire drill.

The drill may involve all, or only some of the staff employed on the ward. If held at shift changeover time, off going staff can be involved as patients.

Remember what you are planning to do is to simulate what you would have to do in the event of a real fire in your ward/department area i.e. move the number of patients at risk to a place of relative safety on the same floor, i.e. adjoining wards, corridor, other pre-arranged departments etc. It is vitally important to ensure the fire is confined to the room of origin by keeping doors closed following evacuation. You can use one bed and move it out of the room a number of times.

A real fire will render a room, approximately five metres square; uninhabitable in about eight minutes therefore you should aim to evacuate the room in about five minutes.

Carrying out the Drill

Make a list and notify those that have a need to know of your intention to hold a fire drill i.e. switchboard, patients/ contractors in the area, fire response team personnel, and senior managers etc.

Start the drill at the appointed time and keep a check of the time taken to complete the task.

Upon completion of the task, notify your list of persons that your drill is complete, debrief staff where necessary, and record the outcomes on the Livewell Southwest evacuation sheet.

The attached flowchart provides essential information on the evacuation process for ward areas.
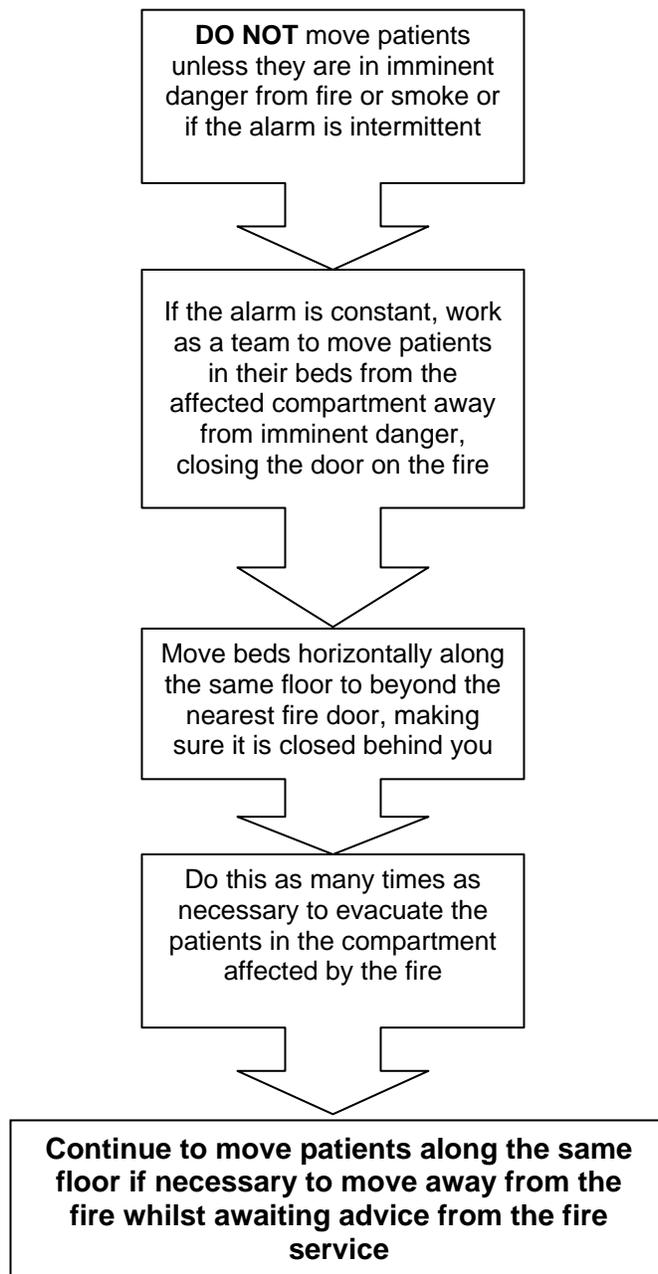
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Fire Evacuation Flowchart - Patient Areas If a fire is discovered or suspected.

The normal procedure to follow would be as below:-

Note:- As this is a practice you must simulate these actions <u>without</u> actually alerting the emergency services. Notify switchboard of start and finish of drill.

Use a hand bell or whistle to simulate activation of the fire alarm

1. Activate the Alarm.
2. Alert the Fire Brigade.
3. If trained, and the fire is of a minor nature, attempt to tackle it.
4. Evacuate - Progressive Horizontal Evacuation, see flowchart below.

DO NOT move patients unless they are in imminent danger from fire or smoke or if the alarm is intermittent

If the alarm is constant, work as a team to move patients in their beds from the affected compartment away from imminent danger, closing the door on the fire

Move beds horizontally along the same floor to beyond the nearest fire door, making sure it is closed behind you

Do this as many times as necessary to evacuate the patients in the compartment affected by the fire

Continue to move patients along the same floor if necessary to move away from the fire whilst awaiting advice from the fire service

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RECORD OF FIRE EVACUATION DRILL

Premise :-		Areas involved :-	
Date:-		**Time of alarm :-**	
Person in charge at premise:-			
Total number of participants :-			
Staff	**Visitors**	**Others**	
Evacuation time:-			
Miscellaneous information (simulated inaccessibility, etc):-			
Issues raised	**Action to be taken**		**Date action completed**
Signature :- **Fire Advisor**		**Next drill due :-**	
Signature :- **Responsible person on site**			

Carrying out a fire evacuation drill

Drills must be carried out on a regular basis – at least once per year and more regularly for higher risk premises and where staff turnover is more frequent.

Fire drills are an important method of testing not only the procedures in place but also the reaction and actions of all persons concerned.

It is recommended at the time of a drill that conditions are simulated whereby at least one escape route is deemed to be obstructed by fire or smoke.

At no point during such an event must anyone be placed in danger!

Procedure to follow:-

1. Ensure you have and use the "Record of Fire Evacuation Drill" form to record all relevant details.
2. Telephone Devon & Somerset Fire Control on **01392 872225** and advise that you are about to carry out a drill test – giving your name and address of premise. This will avoid the emergency services being called out should anyone call 999 during the test.
3. Call the switchboard at Mount Gould Hospital to advise the same.
4. A member of staff should be nominated to **" act as the fire "** generally adjacent to an exit door. That staff member should advise anyone trying to " exit " that route to find another way out.
5. Activate a call point nearest the "fire".
6. Time from that point to the moment that the senior person in charge is satisfied that all persons are accounted for and that the building is fully evacuated. This time is important and should be recorded to the "second".
7. When fully evacuating, ensure people do not re-enter the premise until authorised by the senior person in charge.
8. When satisfied the drill has been completed – silence and re-set the alarm system.
9. Allow staff to re-enter building.
10. Advise both Fire Control and switchboard that the test is now over and any other alarms should be taken as real.
11. Make a note of any concerns in relation to any delay by staff to respond, doors being left open, persons not taking the test seriously etc and then discuss with those involved i.e. – management and fire wardens.
12. Ensure any issues raised are dealt with accordingly.
13. Ensure the fire drill is recorded in the Fire Log Book.
14. Refer any matters of concern to local management or if necessary the Fire Advisor.

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Appendix F

List of Premises Occupied By Livewell Southwest

Name of Property	Postcode	Address
The Beacon	PL2 2LP	50 & 52 Foliot Road, Plymouth
Camden Street	PL1 2AA	Camden Street, Plymouth
Centre Court	PL4 0AH	73 Exeter Street, Plymouth
Cumberland Centre	PL1 4JA	Damerell Close, Devonport, Plymouth
Dental Access Centre (Nuffield Clinic)	PL4 8NF	1a Baring Street, Lipson, Plymouth
Diggin IT	PL3 4DD	45 Penlee Way, Stoke, Plymouth
Estover Health Centre	PL6 8UE	Leypark Walk, Estover, Plymouth
Glenbourne	PL6 5AF	Morlaix Drive, Derriford, Plymouth
Hatfield House	PL5 3LZ	Burrington Way, Plymouth
The Hayloft and the Byre	PL8 2NN	Puslinch, Yealmpton
Healthy Living Centre	PL2 2PQ	Scott Business Park, Plymouth
Lee Mill Hospital	PL21 9HL	Beech Road, Lee Mill, Plymouth
Mount Gould Admin Building	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Avon House	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Beauchamp Centre Ground Floor	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Beauchamp Centre First Floor	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Beauchamp Second Floor	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Cotehele	PL4 7QD	Mount Gould Road, Plymouth

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Mount Gould Edgcumbe	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Greenfields	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Local Care Centre Ground Floor	PL4 7PY	Mount Gould Road, Plymouth
Mount Gould Local Care Centre First Floor	PL4 7PY	Mount Gould Road, Plymouth
Mount Gould Plym Neuro	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Riverview	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould The Terraces	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould The Therapy Space	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Veranda	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Revive (YPC)	PL4 7QD	Mount Gould Road, Plymouth
Robin Community assessment unit /Acute care at home	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Mortuary	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Physical Intervention Suite	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Porters Lodge	PL4 7QD	Mount Gould Road, Plymouth
Mount Gould Restaurant and Kitchen	PL4 7QD	Mount Gould Road, Plymouth
Plympton Clinic (Ridgeview)	PL7 2AU	Station Road, Plympton, Plymouth
Plymstock Clinic	PL9 9BU	Horn Cross Road, Plymstock, Plymouth
Scott Dental Access Centre	PL2 2PQ	Beacon Park Road, Plymouth
South Hams Hospital (Kingsbridge)	TQ7 1AT	Plymouth Road, Kingsbridge
Southway Clinic	PL6 6EJ	50 Inchkeith Road, Southway, Plymouth
Sterling Road (St Budeaux Health Centre)	PL5 1PL	Stirling Road, St Budeaux, Plymouth

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Syrena House	PL9 7AZ	248 Dean Cross Road, Plymouth,
TamarFOLK	PL5 1RH	Trelawney Avenue, Plymouth
Tamar View	PL5 1DD	Pool Park Road, Barne Barton, Plymouth
Tavistock Hospital	PL19 8LD	Spring Hill, Tavistock
The Thornberry Centre (DSC)	PL6 5XW	1 Brest Way, Derriford, Plymouth
Westbourne	PL2 2PQ	Beacon Park Road, Plymouth