POLICY DOCUMENT

Policy Title: Fire

Policy Group: Health & safety
Policy Owner: General Manager

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Review Period: 1 year

Next Review Due August 2023
Author: Joanna Speed

Cross References: Health and Safety Policy, Security policy

The Health & Safety at Work Act 1974

• The Management of Health & Safety at Work Regulations 1999

• Fire Safety Risk assessment Health care premises guide

• Fire Safety Risk Assessment - Means of Escape for Disabled People (Supplementary Guide)

https://www.gov.uk/workplace-fire-safety-your-responsibilities

Regulatory Reform [Fire Safety] Order 2005

• HTM 87, HTM 83, HTM 81

How implementation will be

monitored:

Evidence:

General Manager observations, Fire Drills, Fire Risk

Assessments

Sanctions to apply for breach: Retraining or Disciplinary action

Computer File Ref. O:\risk management\Policies\Health & Safety

Policy Accepted by M 3rd August 2022 Policy Accepted by H&S 4th August 2022

Committee

Sign-off by CEO

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Statement of purpose: The management at Holy Cross Hospital has a duty under the Health and Safety at Work Act 1974 to protect staff, visitors and patients from the hazard of fire. This Policy describes how the Hospital intends to discharge this duty and includes procedures that instruct staff on the action to be taken in the event of a fire alarms sounding or a fire being detected.

Policy Statement: The management of Holy Cross Hospital is committed to the provision of a safe place of work for all employees, patients, patients' visitors, contractors, volunteers and those affected by or involved in the hospital's activities. It will do everything possible to minimise the risk of fire as well as making proper arrangements for ensuring the safety of persons if there should be an outbreak of fire.

The first priority will always be to ensure the safety of people, with protection of property as a secondary consideration.

Having taken advice from the local Fire Authority, the Hospital's policy is to minimise the number of people who remain in the building when the fire alarms are sounding. Therefore all visitors are directed to leave the building by the nearest fire exit. All members of staff other than nurses on ward duty are also to leave the building and assemble at one of two points where they can be contacted if required. Certain members of staff are designated as members of the Fire Team and their duties are described in the Procedure.

The Hospital designates the Senior Nurse on duty as the Fire Team leader and she/he will ensure the implementation of the procedure and deploy the Fire Team or other personnel and give information and full co-operation to the Fire Services.

Roles and Responsibilities:

The Chief Executive is responsible for the implementation of the policy, for allocating resources to do so and making recommendations to Management Team for reviewing it. The General Manager is responsible for monitoring the implementation of the policy and for reporting to the Chief Executive on all aspects. The General Manager will make arrangements for fire drills at regular intervals in consultation with the Nursing Services Manager. The General Manager will ensure that Fire Risk Assessments are carried out and regularly reviewed. The Nursing Services Manager is responsible for ensuring that there is appropriate senior nurse cover on duty in the hospital at all times and that the person-in-charge has received training in the role of Fire Team leader.

Senior staff including Ward Sisters will ensure that all members of their teams have received instruction in the fire procedure and are aware of how to implement it in their work area. They will ensure that plans are maintained for the phased evacuation of patients from rooms under their control in the event of an instruction from the Fire Team Leader to do so.

A Fire Team is established with Senior Nurse on Duty as Team leader. This ensures continuity of responsibility at all times. The role of the Fire Team is defined in the procedure. Managers are responsible for ensuring all staff under their control receive fire safety training both at induction and on an annual refresher basis.

Caretakers (with external contractors) are responsible for ensuring that the fire detection system, fire doors and extinguishers are in working order. The fire alarm is tested weekly on a Thursday at about 9.00am

Management requires the full co-operation of others in implementing the Fire Policy, in particular:

- All employees and other staff have a duty to take every care not to cause a fire, to report
 any defects that might give rise to a fire or prevent this policy being implemented and to
 act in accordance with the procedures in the event of a fire.
- The Hospital will provide training in fire safety for all staff. This training will be updated annually. All members of staff are responsible for attending training, understanding the procedure as it applies to them and being prepared to implement it in the event of an emergency.
- Senior Staff who form part of the Fire Team or act as Fire Team leaders will have additional training and practice sessions
- Ward Sister or Night Sister or deputies ensure that there are always nominated Fire Team Members on the allocation sheet.
- As far as possible all visitors will be issued with a badge giving information about fire
 procedure on the reverse. Their full co-operation is required in leaving the building as
 directed.
- Management will arrange to practice procedures by carrying out fire drills at regular intervals and at different times of day or night. Staff will be notified in advance of the

- timings of planned fire drills. Persons in the building at the time are required to cooperate fully with such drills.
- A competent person carries out fire risk assessments annually (General Manager is qualified to carry out the risk assessments)
- Competent persons are engaged to ensure that fire detection, alarms and firefighting equipment is regularly serviced and maintained in good working order.

TEAM LEADER AND FIRE TEAM

In order to assure patients' safety at all times there will always be a Fire Team available to respond to fire alarm activations in a timely manner. The aim is to have FIVE members on the Fire Team at any one time on day duty and THREE during night shift.

The Fire Team will comprise of a fire team leader and nominated persons who will act as the fire team

The Senior Nurse on duty will always act as the Fire Team Leader

The members of the Fire Team will be nominated on the allocation list at ward level, two will be nominated from each ward.

During normal office hours the duty caretaker will also attend.

Night Shift

- Senior Nurse on Duty (Fire Team Leader)
- One allocated Staff member each ward
 The Night Sister is responsible for allocating the fire team and for ensuring it is
 written in the allocation book on a daily basis

Procedures:

If you discover or suspect a fire

- 1. Raise the alarm by breaking the glass of the nearest alarm point. These are sited:
- a) at all fire exits;
- b) outside the ward kitchen;
- c) at the head of stair cases.
- 2. The person discovering a fire is responsible for making a (9)999 call to the Fire Brigade, giving the message: "FIRE AT HOLY CROSS HOSPITAL, HINDHEAD ROAD, HASLEMERE, SURREY". Do not disconnect the call until the message has been read back in confirmation.
- 3. Move patients only if in immediate danger or if instructed to do so by the Senior Nurse (Fire Team Leader) or the Fire Brigade. (see instructions set out below for moving patients)

As soon as the Fire Alarms start sounding (a warble tone)

- 4. Non-nursing staff and visitors: Leave hospital by nearest fire exit and go immediately to an Assembly Point (there are two, (1) outside the Hospital Front Entrance and (2) outside the Staff Entrance at the rear of the Residence). Await instruction from the Fire Team leader or the Fire Brigade.
- 5. Nursing Staff: The nurse in charge on each ward is responsible for co-ordinating the checks for signs of fire within the ward (fire alarms can be set off automatically by smoke or heat detectors) and ensuring all doors and windows are closed.
 - Nursing staff present on the ward will gather in the ward lounge to be available to conduct a systematic check. The nurse in charge will instruct staff to check all rooms in both zones using a checklist (located O: Health and Safety/Fire/Fire Team Leader information Pack). Ensure that number of staff on wards is also recorded
 - Any nurses attending a patient should immediately make the patient safe, close windows and doors and go to the ward lounge to await instructions from the nurse in charge.
 - Nursing staff should remain on the wards throughout the emergency. The Runner from the fire team will collect the checklists and keep the ward staff informed any progress.
- 6. Inpatient physios with inpatients in the gym: If treating a patient in the gym at least one therapist should stay with the patient and others leave by the nearest fire exit and go immediately to Reception to join the Fire Team and await instructions from the Fire Team Leader.
 - Inpatient physio in the ward: If treating a patient on one of the wards immediately make the patient safe, close windows and doors and go to Reception using the nearest fire exit. Once at Reception join the fire team. If no fire found, keep doors closed, reassure patients and await instructions from the Fire Team Leader or Fire Brigade.
 - In patient Physios treating In-patients in the pool should hoist the patient out of the pool using stretcher hoist, make patient warm on the stretcher hoist and wait for further instructions.

- 7. Any members of nursing staff on duty but not on their ward at the time the alarm sounds should leave the building by the nearest fire exit and go to the Assembly Point at the Front of the Hospital.
- 8. Outpatients in the hydrotherapy pool should get out of the pool and make themselves ready to evacuate when necessary. Towelling robes are provided. If users are in the changing rooms they should stay where they are and make themselves ready to evacuate if required. A member of staff should stay with the pool users at all times and await instructions from the Fire Team leader.
- 9. Persons in the outpatient's physiotherapy department should evacuate the building using the exit nearest the physiotherapy gym and go to the assembly point at the rear of the building and await instructions from the fire team leader.
- 10. Members of the Fire Team should follow the procedure laid down for them.
- 11. Lifts must not be used while the fire alarms are sounding.
- 12. Do not attempt to return to an area that has been evacuated.
- 13. The Fire Team Leader will give the "all clear" to all departments once the emergency is over and will notify all persons at an Assembly Points.

STAFF IN KITCHEN or LAUNDRY On hearing the fire alarms, Catering and Laundry staff will switch off all cooking equipment, kitchen extract fans and tumble driers and they will operate the emergency gas shut-offs before leaving the building and going to an Assembly Point.

PATIENT'S ACTIVITIES

On hearing the alarm Patients Activities Co-ordinators ensure that patients are safe and ready to evacuate the building if necessary. A checklist should be completed detailing how many patients and employees are in the department. All visitors, volunteers and performers should be asked to evacuate the building at the nearest exit and assemble either outside St Hugh's or at the Front of Reception

RECEPTION STAFF On hearing the fire alarms, Reception staff will check the fire panel for information about the location of the fire, then call the Fire Brigade by dialling (9)999 and giving the same message as in the Fire Procedure above. If the Fire Team Leader provides further information, it should be passed on to the Fire Brigade by making another (9)999 call

Reception staff should prevent all non-essential persons from entering the building by the main entrance and limit telephone calls as far as possible. Information should only be given on the instruction of the Fire Team Leader and the fire alarms silenced only on instruction by the Fire Brigade (if in attendance) or the Fire Team Leader.

PERSONS IN ST HUGH'S TRAINING CENTRE (Training room and ground floor area)

On hearing the fire alarms, all persons in the training room should evacuate the building without delay and assemble either in front of reception or if exiting from the exit door at the north east corner of the training room assembly point is up the external stair case to assembly point outside staff entrance. Do not re-enter the building until given the all clear by the Fire Brigade or the Fire Team leader.

PERSONS IN ST HUGH'S TRAINING CENTRE (offices and workshop)

On hearing the fire alarms, all persons (who are not members of the fire team) in the office or workshop should evacuate the building without delay go to assembly point outside staff entrance. Staff in the building who are also Fire Team members should go to

Reception using the pathway at the rear of the building. Do not re-enter the building until given the all clear by the Fire Brigade or the Fire Team leader.

ALL PERSONS IN STAFF RESIDENCE

On hearing the fire alarms, all persons in the Staff Residence should evacuate the building without delay and assemble in the car park immediately outside the Staff entrance. Do not re-enter the building until given the all clear by the Fire Brigade or the Fire Team leader. Fire procedure instructions are displayed in every bedroom in the Residence and all residents must familiarise themselves with them.

NIGHT STAFF

Night Staff should follow the procedure in all respects with two exceptions.

- 1. If on a break or anywhere in the hospital apart from on their ward, on hearing the alarm they should return to their ward cautiously, checking for signs of fire ahead as they go.
- 2. The staff in the ward will check that all the fire doors, doors and windows are shut. They will ensure that the checklist is completed and then assemble in the ward lounge to await further information from a member of the fire team

It is the responsibility of every member of staff to be able to act promptly according to the above procedure and to take all precautions to prevent an outbreak. Every member of staff should be familiar with the location of fire alarm points, fire extinguishers and fire escape routes. Training in the Fire Procedure is given at induction and on occasions throughout the year. Every member of staff must attend a training session once a year.

DUTIES OF FIRE TEAM LEADER AND FIRE TEAM

- o Senior nurse on duty takes the role of Fire Team Leader (FTL)
- o FTL goes immediately to fire panel and identifies the room or area where sensor has been activated. (A list of Zone's can be found in the Blue folder)
- o The Fire Team Leader should put on the Yellow Vest and take out the laminated instructions sheets
- o FTL ensures fire brigade have been called and remains in full charge until they arrive
- o FTL ensures the front door of the hospital is open to allow access by the Fire Brigade
- All members of the fire team will report to main reception to await instructions from the FTL
- o FTL will direct two people to investigate the potential scene of fire with instructions to report back. They should be given the "blue" Instructions
 - o If no one is available the FTL will investigate him/herself
- o When the investigators have returned with information about the whereabouts of the fire the FTL will send a runner to each ward to provide this information to the nurse in charge and return to reception with the checklists once completed. They should be given a "green" Instructions sheet each
- o The FTL will take responsibility for the safety of all people and direct the fire team and other personnel until the fire brigade arrive
- The FTL will meet the fire brigade on arrival and provide information as required including information about persons remaining in the building aided by the checklists

- The FTL or fire brigade will decide when the emergency is over and notify all persons in the building and at assembly points it is safe to re-enter the building. The all clear should also be given to those inside the building using the telephone system tannoy and the public address system
- o The FTL should ensure that a report is completed with all details. This form should be forwarded to the General Manager without delay (appendix I)
- o The FTL will report the event to the Chief Executive as soon as possible
- o The Chief Executive will ensure all necessary records are completed

At Reception you will find a Quick Checker Guide and cards that are given to the Investigators and to Both Runners You can find the most up to date copies of these cards by going to O: Health and Safety/Fire/Fire Team information Pack

Duties of the Designated Nursing Officer (Medical Gas Pipelines System)

INSTRUCTIONS FOR THE MOVEMENT OF PATIENTS

- If it is necessary to move patients, the Fire Team Leader or Fire Brigade will give instructions and it will be compartmental (i.e. movement into the next zone). Patients should be moved out of the building only if absolutely necessary
- 2 Each patient has an up to date Personal Emergency Evacuation Plan (PEEP) which should be checked before moving the patient to ensure all critical equipment and medication is taken with the patient
- Movement will be carried out by ward nursing staff who may be assisted by members of the Fire Team.
- 4 Move ambulant patients and those in wheelchairs first.
- Patients in bed should be moved on their beds. Where the only exit is too narrow to accommodate a bed the patient should be transported as far as possible on the bed then the mattress evacuation sheets should be used.
- If evacuation outside of the building takes place all patients should be escorted to the Church.
- No person may re-enter the building (or an evacuated zone) until the "all clear" has been given by the Fire Brigade unless specifically authorised to do so by the Fire Team Leader or the Fire Brigade.

EVACUATION OF DISABLED VISITORS

The Health and Safety at work act 1974 places a statutory duty on the Hospital to ensure, as far as is reasonably practicable, the health, safety and welfare of its employees whilst at work and any other persons affected by the activities of the hospital. The Equality Act 2010 imposes a duty on service providers to make reasonable adjustments to policies, procedures and the physical environment. The requirement is anticipatory- it is not acceptable to wait until an issue arises so, in light of this, consideration should be given to the Fire Evacuation policy. The focus on enabling disabled people to use a building fully should be matched with arrangements for their safe egress in the event of a fire. Planning an evacuation is about planning for exceptional circumstances and disabled people are no different to anyone else in that they prefer to be in control of their own evacuation. As much as possible it should be the aim that the disabled person will evacuate the building independently. Any arrangements for the evacuation of disabled persons should be compatible with the general evacuation strategy and the responsibility for implementing the plan and evacuating persons safely in the

event of a fire will lie with the duty holder and must not rely on the intervention of the Fire Service. In line with guidance the approach we have adopted is to encourage people to ask for a plan when needed without them feeling it will affect the provision of the service to them. Requesting a suitable evacuation plan should not result in a restricted use of the building. A clearly visible sign on reception advising of the availability of an assisted evacuation service is provided. When a Visitor requests assistance in case of emergency this request is passed to the manager of the department that they will be visiting who will prepare a Personal Emergency Evacuation Plan (PEEP) with the visitor. If the Visitor is a frequent visitor the PEEP will be copied and given to the visitor and a copy held on file for future use. (See attached PEEP- Also available as a Template O: Templates PEEP visitor)

OTHER INSTRUCTIONS AND INFORMATION

INSTRUCTION TO SENIOR PERSONNEL IN THE EVENT OF PRE-ALARM

The fire alarm panel may detect an abnormality in the system and a pre-alarm will sound at the Panel only. This may be caused by something in the air triggering a smoke detector, an electrical fault or a fire alarm system fault. Anyone discovering the panel in this condition should notify the Fire Team Leader and the Caretaking staff. Outside normal working hours, the Caretaker on call should be consulted before resetting the panel.

INFORMATION TO THE PUBLIC OR THE MEDIA

Only the Chief Executive or someone acting with authority on his behalf may give information to the press or other external persons or bodies.

AUTOMATIC FIRE DETECTION SYSTEMS

There are smoke detectors in all rooms and corridors in the building (kitchens, boiler house etc have heat detectors instead). They provide constant monitoring of the environment and must never be interfered with in any way. In the event of a detector being activated, a red light will show on the underside of the detector. This may occur without a fire, for instance, if toast is burnt in the near vicinity of a detector it will activate.

AUTOMATIC FIRE DOORS

Many doors in corridors are held open by magnetic catches. In the event of the fire alarms sounding such doors will close automatically. The purpose is to prevent the spread of smoke. It is essential that these doors are always left unobstructed. Other doors, in particular external doors, are labelled "FIRE DOOR – KEEP CLOSED". Such doors should be closed at all times and never propped or wedged open. If automatic doors need to be closed, for instance to limit disturbance from noise, the red button on the magnetic box should be pressed

FIRE EXTINGUISHERS

In accordance with BS 5306 Foam and CO2 extinguishers are located by fire alarm points and close to exits. Additional extinguishers are provided for specific risks such as Wet Chemical near deep fat fryers or fire blankets in kitchens. The fire extinguishers are serviced annually by a competent contractor. Familiarisation training is given as part of Health and safety training but staff would not be required to attempt to fight a fire unless they felt confident to do so.

EMERGENCY LIGHTING

In the event of a power failure, such as might occur in a fire, emergency lights will automatically illuminate many rooms, all fire escape routes and fire exit signs from the building.

SMOKE KILLS

Everyone should be aware that the most likely cause of death in fires is from smoke inhalation. Every precaution should be taken to prevent the spread of smoke from a fire by closing doors. It is safer to be near the floor if caught in smoke because the smoke will rise to fill a space from the ceiling down.

PREVENT FIRE

Three elements must come together to cause a fire. They are <u>oxygen</u> – present in the air all around us; <u>fuel</u> - most materials in the hospital will burn; and an <u>energy source</u> to set a fire alight, such as spark from electricity or a burning cigarette. A fire cannot occur without all three but the risk is high as soon as the energy source is right. Therefore care must be taken particularly with electrical equipment, with smoking and wherever oxygen cylinders are in use.

EQUALITY AND DIVERSITY

This policy has been reviewed for adverse impact on people with protected characteristics within the meaning of the Equality Act 2010 and no such impact was found.

AUDIT AND DRILLS

It is vital that regular drills are carried out to check that staff are aware of what to do in case of a Fire. Drills are scheduled four times a year and dates are published in advance. In addition to drills an annual audit is carried out by members of the Health and Safety Committee

St. Hugh's Fire Emergency Procedure

If you discover or suspect a fire

- 1 Raise the alarm by breaking the glass of the nearest alarm point.
- Leave the building immediately by the nearest Fire Exit, closing doors as you do so. Go to the assembly point next to the Generator House
- Once outside the building, use a hospital telephone or a mobile phone to DIAL (9) 999 and report:

"FIRE AT HOLY CROSS HOSPITAL ST HUGH'S BUILDING, HINDHEAD ROAD, HASLEMERE, SURREY". Do not disconnect the call until the message has been read back in confirmation

Once the Fire Brigade has been notified, report to the Fire Team Leader in the Hospital and be prepared to give an account of all persons known to have been in the building at the time of the outbreak of fire.

If the alarm sounds

Leave the building by the nearest exit and go to one of the assembly points either next to the staff entrance or in front of reception

All persons must remain at an Assembly area until instructed otherwise by Fire Team leader or a fire brigade officer.

YOU WILL BE INFORMED WHEN THE EMERGENCY IS OVER

Appendix I

Date		Time alarm sounded				Time all clear Given				
Fire Team lead	ler									
Was it a Fire? (Tick which applies)		Planned Unplanne Drill False aları					Other (specify)	Yes		
Was the Fire Brigade called?	Yes		No		Engineer Y called?		Yes	5	No	
called? Description of	Events									
Description of	events									

Did all fire Doors close?	Yes	No	Detail any problems on action plan
Did all staff respond appropriately?	Yes	No	Detail any problems on action plan

Action Plan:

Signed by Fire team leader	Date
CEO signature	Date:

PERSONAL EMERGENCY EVACUATION PLAN (PEEP) VISITORS

Name					
Contact Details					
Name of staff member responsible &					
Contact details					
Reason for visit					
Please Complete as below					
Date of Completing PEEP	Date of visit				
Which part of the building are you visiting? (ple plan)	ease state all areas because this may affect the				
What is the nature of your impairment that wo	uld affect you escaping from the building?				
Host to explain and show the emergency proce escape routes	dures of the building to individual, including				
Comment					
We will explain what arrangements will be put in place to ensure you are aware an emergency alarm has been activated, no matter where in the building you area, and that you need to evacuate Host to detail below-					
Who will provide assistance? Contact details					
If you need assistance in another way please say how and where. ACTION- Ensure that those providing assistance are aware of the procedures and are competent to provide the support required.					

Appendix III

POLICY AUDIT

Standard: The risk of fire is reduced to as low as possible, ensuring the safety off should a fire occur

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		Complies	Does not comply	Comments
1	Fire policy and procedure is available to staff with evidence that all staff have read it			
2	All staff have attended fire training on induction and annually, and know what to do in the event of discovering a possible fire, or what to do if the fire alarm sounds.			
3	Staff are confident the procedure for evacuating patients in the event of a fire			
4	Fire risk assessment is written and has been actioned and subject to annual review			
5	There is evidence that staff have read and understood the fire risk assessment for their area			
6	Sources of ignition are strictly controlled in the dept. eg smoking, toasters, microwaves, electrical equipment, heaters, flammable items left near to heat sources (lights).			
7	Flammable materials are kept to a minimum – paper, cardboard, waste. And not available to arsonists			
8	Flammable chemicals are kept in a flameproof cupboard. Aerosols are not left in direct sunlight and are replaced by trigger sprays wherever possible			
9	Gas cylinders are never left switched on when not in use, creating an oxygen enriched atmosphere			
10.	The fire action notice is displayed at the entrance/exit to the dept along with the fire alarm and fire extinguisher/s			
11	Fire escape routes and fire doors are never obstructed. Fire doors close effectively when the fire alarm is tested weekly. Items are not used to wedge open fire doors unless there is a person in the room.			
		Complies	Does not comply	Comments
12	Fire fighting equipment has all been tested within the last year eg extinguishers, blankets			
13	Fire fighting equipment is not obstructed.			
14	Staff are able to state what the different types of fire extinguisher would be use for in a fire situation, and how they should be used			

15	All staff attended a fire drill annually, appropriate to the time of day they normally work		
16	Reception staff are aware of the procedure to be followed if a visitor asks for a PEEP in case of emergencies		
17	Department heads know what is expected of them if reception request a PEEP for a visitor		
18	All fire team leaders feel confident in their role		

Other comments: