

PROCEDURAL GUIDELINES FOR FIRE SAFETY

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PROCEDURAL GUIDELINES SUMMARY		
<p>This Procedure has been developed using the Health Technical Memoranda 05-02 (HTM05-02) and (HTM05-03) that provides specific guidance in respect of the fire safety precautions and protective measures appropriate for healthcare premises. The Trust's aim with regard to fire safety management is the safety of patients / residents, staff, visitors and any other relevant persons for all premises under the Organisation's control. The Trust will implement appropriate effective measures to achieve a 'suitable and sufficient' level of fire safety management, taking into account:</p> <ul style="list-style-type: none"> • All relevant legislation and statutes; • The guidance in all Health Technical Memorandum documents; • The advice and approval of building control and Fire and Rescue Authorities. 		
The Trust monitors the implementation of and compliance with this policy in the following ways;		
Monitoring of implementation and compliance with this procedural guideline will be undertaken by the Fire Safety Group which is a sub-group of the Health Safety and Security Committee. This will include feedback from staff on this procedural guideline via epunft.ask.policies@nhs.net. Monitoring will also be conducted through incident follow-up (via Datix) by the Fire Safety Officer		
Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is
The Executive Chief Finance and Resources Officer**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

FIRE SAFETY PROCEDURE

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**FIRE SAFETY PROCEDURE****1.0 INTRODUCTION**

- 1.1 The Department of Health (DoH) re-issued Health Technical Memorandum 05-01 (HTM05-01), Managing Healthcare Fire Safety in April 2013. This national guidance document outlines the recommendations and guidance for the management of fire safety in healthcare buildings in order to comply with statutory responsibilities. The document is intended to assist in determining the appropriate fire safety management system to be applied within the Trust.
- 1.2 Health Technical Memoranda 05-02 (HTM05-02) and HTM05-03 provide specific guidance in respect of the fire safety precautions and protective measures appropriate for healthcare premises, and have been taken into account when developing the Trust's systems of fire safety management.
- 1.3 The primary remit of the organisation with regard to fire safety management is the safety of patients / residents, staff and visitors for all premises under the Trust control. The Trust is required to implement appropriate effective measures to achieve a suitable and sufficient level of fire safety management, taking into account:
- All relevant legislation and statutes;
 - The guidance in all Health Technical Memorandum documents;
 - The advice and approval of building control and fire and rescue authorities.
- 1.4 Effective fire safety management depends on a combination of general physical fire precautions and a robust system of effective fire safety management. Fire safety in the healthcare environment is particularly challenging since many healthcare building occupants will require some degree of assistance from healthcare staff to ensure their safety in the event of a fire.
- 1.5 While physical fire precautions within a building are intended to provide protection to building occupants, effective fire safety management ensures that the incidence of fire is minimised, the physical fire precautions are maintained in an operational state, the organisation is able to respond effectively should a fire occur, and that the impact of a fire incident is minimised.
- 1.6 Essex Partnership University NHS Foundation Trust (EPUT, henceforth 'the Trust') will ensure that there is a consistent policy applied across the Trust in order to maintain and further improve fire safety management standards.
- 1.7 This Procedure (and associated Policy) sets out the Trust's systems for fire safety management and how they will be implemented across the Trust. This Procedure may be supplemented by local written fire protocols specific to certain areas of work.

2.0 FIRE SAFETY MANAGEMENT SYSTEMS – OVERVIEW

- 2.1 As outlined in Section 3.0 of the associated Fire Safety Policy, the Trust will take a number of actions to ensure that there are safe systems of fire safety management across the organisation in accordance with relevant statutory requirements and best practice guidance.
- 2.2 In summary, the Trust will:
- 2.2.1 Take such general fire precautions as will ensure, so far as is reasonably practicable, the safety of employees and other relevant persons (including patients / residents);
 - 2.2.2 Undertake a 'suitable and sufficient' assessment of the risks to people (*and buildings / facilities*) from fire;
 - 2.2.3 Implement any preventative and protective measures specified in Part 3 of Schedule 1 (Principles of Prevention) of the Fire Order (RR(FS)O) 2005;
 - 2.2.4 Implement necessary fire safety arrangements arising from the Fire Risk Assessments undertaken;
 - 2.2.5 Eliminate or reduce the risks of dangerous articles/substances;
 - 2.2.6 Ensure that premises are equipped with appropriate fire detection, alarms and fire-fighting equipment;
 - 2.2.7 Ensure that emergency routes and exits are provided and maintained at all times;
 - 2.2.8 Establish and where necessary give effect to appropriate procedures for serious and imminent danger;
 - 2.2.9 Ensure that Trust premises and any facilities, equipment and devices provided under the Regulatory Reform (Fire Safety) Order 2005 are maintained in an efficient state and in efficient working order and in good repair;
 - 2.2.10 Appoint one or more competent persons to assist it in undertaking its duties under the Regulatory Reform (Fire Safety) Order 2005.
- 2.3 The following sections provide detail of actions the Trust and its staff will take in order to meet the above responsibilities. These sections have been ordered in the same way as the list of responsibilities above for ease of reference.

3.0 FIRE SAFETY MANAGEMENT SYSTEMS – APPLICABLE TO GENERAL PRECAUTIONS AND STATUTORY REQUIREMENTS

3.1 The Trust has well established systems to ensure that general precautions in relation to fire safety management are in place and assessed regularly. The Trust's processes for achieving this are outlined throughout; a significant element of this is undertaking Fire Risk Assessments and implementing necessary remedial actions.

3.2 Regulatory Reform (Fire Safety) Order 2005

3.2.1 The Regulatory Reform (Fire Safety) Order 2005 came into effect on the 1st October 2006 and replaces previous fire safety legislation. The Order states that a fire risk assessment must be undertaken and reviewed on a regular basis to ensure that all the fire precautions in the premises remain current and adequate.

3.2.2 Fire risk assessment compliance will be measured by undertaking a review at periodic intervals as below:

- Priority 1 locations (inpatient areas and Nursing Homes) - annually
- Priority 2 locations (outpatient areas) - 24 monthly
- Priority 3 locations (staff bases) – 36 monthly

3.2.3 *A review must also take place following any significant material alteration to the premises, including any change of use, any process change or following any adverse incident involving fire.*

3.2.4 The Order covers 'general fire precautions' and other fire safety duties which are needed to protect 'relevant persons' in case of fire in the 'premises'. The Order requires fire precautions to be in place 'where necessary' and to the extent that it is reasonable and practicable in the circumstances.

3.2.5 The Order imposes a duty on the "responsible person" to effectively manage all aspects of fire safety in non-domestic premises. The "responsible person" is defined in the Fire Order as: "In relation to a workplace, **the employer**, if the workplace is to any extent under his control".

3.3 The Health and Safety at Work etc. Act 1974

Although fire precautions are in general a matter for Fire Authorities, the Health and Safety Executive are responsible for control over risks associated with particular processes and substances including the risks involving outbreaks of fire. Whilst patients were specifically excluded from the Act there is a general duty under the Act whereby: 'It shall be the duty of every Employer to conduct his undertaking in such a way as to ensure... that persons not in his employment who may be affected thereby are not exposed to risks to their safety'.

3.4 Housing Act 1985

The Housing Act 1985 applies to the majority of staff residential accommodations and is enforced by the Environmental Health Officer of the Local Authority who can impose requirements relating to means of escape, fire alarms, first aid, fire-fighting equipment and emergency lighting. Such requirements are normally imposed following consultation with the Fire Service.

3.5 Health and Social Care Act 2008 (Regulated Authorities) Regulations 2010

These Regulations impose duties on the Trust in respect of health and safety and fire safety which, following a patient/ resident death or a serious incident involving a patient/ resident, could lead to the Care Quality Commission taking enforcement action against the Trust for any breach of these Regulations.

3.6 Penalties

Stringent penalties exist for non-compliance with applicable legislations. Not only does the legislation impose penalties on the Trust but also on its employees. The penalties are wide ranging and can incur considerable fines and/or imprisonment for up to 2 years.

4.0 RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive Officer is responsible for signing, for and on behalf of the Trust, the “Annual Statement of Fire Safety” (prepared by the Estates Compliance Manager) which is submitted to the Department of Health (see appendix 1) as required by the Regulatory Reform (Fire Safety) Order 2005 and Department of Health Fire Safety Policy contained within HTM-05-01.

The Chief Executive will nominate a Board Level Director with responsibilities for fire safety management throughout the Trust and will be responsible for notifying the Trust Executive Team and Board of Directors of any change of nominated Director.

4.2 Nominated Director

The Nominated Director is the Executive Director of Finance and Resources and is responsible for setting and overseeing implementation of the policy for the management of fire safety to be approved by the Board of Directors. This will include the arrangements for planning, organising, managing, monitoring, controlling and reviewing the risks and appropriate systems of fire safety management. They will also be responsible for appointing a “competent person” in accordance with the Regulatory Reform (Fire Safety) Order 2005 and for ensuring that all officers within the Trust having a responsibility for fire safety matters meet that responsibility.

The Nominated Director will be responsible for overseeing and monitoring the response by managers, the Fire Officer and reports received from Fire Officer and/or the Local Fire Service following any fire inspection that they may undertake.

4.3 Fire Safety Group

The Fire Safety Group is a sub-committee of the Health, Safety & Security Sub-Committee. The Fire Safety Group is responsible for developing and monitoring effective systems and processes that:

- Maintain and improve fire safety arrangements within the Trust.
- Ensures the Trust remains compliant with all regulatory & legislative requirements and the Trust's Constitution, policies and procedures in relation to fire.
- Identify, manage and escalate risks and issues relating to fire.
- Provide assurance that systems are in place internally and externally to manage fire related risks.
- Ensure governance structures of the Trust are appropriate and effective for the management of fire.

4.4 Estates Compliance Manager

The Estates Compliance Manager has overall responsibility for co-ordination and implementation of the Trust Fire Safety Policy and will ensure regular reports are provided to the nominated Director, the Fire Safety Group, Health, Safety & Security Sub-Committee and the Trust Executive Team in terms of compliance with the Fire Safety Policy across the organisation.

The Estates Compliance Manager will ensure that there are appropriate fire safety management systems in place across the Trust and that the implementation of these is monitored on a regular basis.

The Estates Compliance Manager will ensure that premises are equipped with appropriate fire detection, alarms and fire-fighting equipment and that these are maintained in an efficient state, efficient working order and in good repair. They will fulfil this by ensuring all fire safety systems are regularly serviced, tested and recorded by the Trust Estates & Facilities Department in accordance with statutory and Health Technical Memorandum (HTM05-01, 02 & 03) requirements.

The Estates Compliance Manager is responsible for advising the Chief Executive on fire matters, developing policy, coordinating training, liaison with external authorities and support of Trust staff. The Estates Compliance Manager will seek specialist advice on fire matters where necessary – such as from an Authorising Engineer (fire) on engineering applications.

The Estates Compliance Manager will ensure all proposals for new work and alterations to premises within the Trust are managed by the Trust Estates & Facilities Department in consultation with Risk Management Department for review.

4.5 Fire Officer

The Fire Officer will:

- Provide appropriate advice & guidance in terms of fire safety requirements to the Estates & Facilities Department on any new work / alterations.
- Provide advice & guidance to staff in the Trust in relation to all fire safety matters and be a central point of contact.
- Undertake Trust-wide Fire Risk Assessments (FRA) in compliance with the Regulatory Reform (Fire Safety) Order 2005, and as detailed in HTM-05 for hospital buildings, or ensure that they are contracted out to accredited individuals or companies.
- Will maintain an electronic register of the Fire Risk Assessments for all Trust occupied properties. They will ensure that a completed document is sent to the premises for retention on site, to be available for inspection by the Fire Service or other local Authorities.
- Monitor the implementation of action plans arising from Fire Risk Assessments and address any deficiencies; report overdue action completion to the Health Safety and Security Committee.
- Co-ordinate the adequate provision of mandatory fire training and organisation wide compliance levels. However, Line Managers are responsible for ensuring that all staff participate in annual fire training to maintain full compliance with the Regulatory Reform (Fire Safety Order) 2005.
- Will work with Workforce Planning, Education & Training to ensure that there is an adequate number of Fire Wardens and Cascade Fire Trainers across the Trust and will liaise with those individuals concerning all aspects of fire safety, fire risk assessment and staff training in order to ensure effective implementation of the agreed fire safety management systems and to provide advice and support as appropriate.
- Investigate, or assist with the investigation of fire related incidents within the Trust
- Be deemed to be the “competent person” under the requirements of the Fire Safety Order and as such will have undertaken appropriate accredited training in fire risk assessment.

4.6 Heads of Department / Service Leads/ Nursing Home Managers

Heads of Department / Service Leads/Nursing Home Managers are responsible for the operational management of Fire Safety within their areas of responsibility. This will include the implementation of fire safety management systems and ensuring that all staff under their supervision receive appropriate induction and participate annually in fire safety training and twice-yearly fire drills. Heads of Department / Service Leads/Nursing Home Managers will also be responsible for

ensuring that written local procedures appertaining to fire safety management are in place within their services / locations. They will also be responsible for ensuring that all corrective actions identified during a Fire Risk Assessment appertaining to their area/s of responsibility have been notified to the Estates & Facilities Department for corrective action to be undertaken and to ensure that corrective action is completed within the timescale agreed at the time of the Fire Risk Assessment.

All line managers/nursing home managers will:

- Ensure that all staff are made aware of fire safety instructions, training, and General Emergency Evacuation Plans (GEEP) are in place for the premises in which they work.
- Ensure that a Personal Emergency Evacuation Plan (PEEP) is completed and provided for all staff and regular visitors to the department who would require special assistance in the event of an emergency evacuation. This includes but is not limited to, people with a hearing impairment, visual impairment, limited mobility through physical disability, physical health condition or age and frailty, people with different language or communication needs and people with a learning disability.
- Ensure staff by way of training and supervision, understand the difference between a GEEP and a PEEP and are competent in completing the paperwork for them.
- Maintain local records, as required, of this policy, the local fire safety emergency procedures, and evidence of fire safety systems and equipment checks and regular fire drills. Report any incidents relating to fire on the 'Datix' incident reporting system.
- Category 1 - Ensure staff based on inpatient wards, having direct contact with patients, attend face-to-face fire training on an annual basis and take part in regular fire evacuation drills (see Section 16.0) to maintain a high level of fire safety awareness.
- Category 2 - Ensure all other staff, (not Category 1) receive cascade training in 1 year and e-learning in the alternate year on a 2 year rolling basis.
- Ensure that robust and appropriate training is undertaken by all staff, whether part or full time, bank workers, agency, sub-contractors, volunteers or lone workers.
- Discuss the fire training as part of their personal development plan / annual appraisal.
- Ensure that all staff working within inpatient units or any other relevant location with key-operated fire call points have and retain about their person whilst at work, an appropriate call-point key and fire extinguisher cabinet key (where used) at all times.

- Maintain a suitable complement of staff to be able to deal with a fire evacuation situation safely and without delay, considering all the mobility and needs issues present.
- Ensure that in patient areas are only evacuated by in patient staff who will have received yearly face to face training.
- Ensure that all new staff, including agency and bank staff, receive a local induction as soon as possible (within the first week) at any site where they have not previously worked, in line with the Trust Induction, Mandatory & Essential Training Policy (HR21).
- This will include fire training specific to the area in which they are located and will be conducted by either a site fire warden or line manager in their absence.

This will include:-

- The actions to be taken in the event of fire
- Walk all escape routes
- Location of Fire Assembly point
- The location of the fire alarm call points, manual door release points and the presence of automatic fire detectors
- The position of all fire extinguishers in the working area
- The type and use of fire-fighting equipment
- The content and location of written procedures relating to fire safety within their area of work.
- Ensure that all their staff attends fire safety training appropriate to the area in which they work.
- Completed induction forms will be stored in staff personnel files.
- The recording of fire training compliance will be maintained on the OLM system for all staff members automatically if training is undertaken on-line or by the Training Department if face to face training is undertaken.

4.7 Security & Compliance Officer

Will implement and monitor security measures that will minimise the risk of arson and liaise with the Fire Safety Officer to agree the impact of security measures on fire safety, ensuring any lockdown or change in physical security arrangements is considered and does not have a negative impact on fire safety measures.

4.8 Fire Wardens

The size and complexity of the Trust's buildings and activities will necessitate the appointment of local Fire Wardens to ensure there is a focal point for local staff. Fire Wardens will essentially be the "eyes and ears" within their local area but will not have an enforcing role. There should be 4 wardens for every 20 staff, or 1 for every 5.

They will report any issues identified to their line managers and if necessary to the Fire Officer.

The Fire Warden should therefore:

- Act as the focal point on fire safety issues for local staff;
- Organise and assist in the fire safety regime within local areas;
- Raise issues regarding local fire safety with their line management;
- Support line managers in their fire safety issues;
- Undertaking monthly fire safety checks of their local area;
- Marshall and manage fire evacuations; and
- Ensure fire evacuation drills are undertaken and recorded every six months.

Fire Wardens will be required to attend a two yearly refresher Fire Warden course delivered by the Fire Safety team or by accredited contractors.

4.9 Cascade Fire Safety Trainers

The role of the cascade fire safety trainer is to deliver face to face fire safety training on behalf of the fire safety officer to non-complex sites. These are sites designated as non-inpatient areas, community outreach bases and administration buildings.

Cascade fire safety trainers will be required to attend a three-yearly refresher Cascade Fire Safety Trainer course delivered by the Fire Safety team or by accredited contractors.

4.10 Head of Capital Planning and Estates

The Head of Capital Planning and Facilities will ensure that advice received from Fire management in terms of the provision of safe environments in accordance with legislation, regulations and other compliance and registration standards is enacted through the actions of the Estates and Facilities Departments. This will include ensuring that actions relating to the estate arising from Fire Risk Assessments are completed as well as advice relating to new developments / alterations, any change of process or following an adverse incident

The Head of Capital Planning and Estates must ensure that contractors carrying out work on Trust premises understand and comply with Trust procedures and supply all required Insurance Documents, Method Statements, Risk Assessments and Permits to Work and any other necessary documents and to ensure that building works do not compromise fire safety in any way to the Trust.

All new projects carried out for the Trust must be authorised before commencement of works and signed off on completion by the nominated Fire Competent person on site.

Project Managers and Estates Officers are required to consult with the Trust Fire Officer prior to any proposed changes to a building's structure or fabric, both externally and internally to ensure that such changes will not affect the existing / proposed Fire Safety requirements and Fire Risk Assessment.

The Estates & Facilities Department is responsible for ensuring that Trust premises and any facilities, equipment and devices provided under the Regulatory Reform (Fire Safety) Order 2005 are 'maintained in an efficient state and in efficient working order and in good repair'.

4.11 General statement for all employees

All staff are required by law (Health & Safety at Work etc. Act 1974 and the Regulatory Reform (Fire Safety) Order 2005) to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work; and to co-operate with the Trust in fulfilling their statutory requirements. This applies equally to substantive staff, bank, locum & agency workers.

All staff will therefore:

- Ensure that they are familiar with the Trust's Fire Safety Policy and Procedure (including local written procedures concerning fire safety and evacuation) and they take necessary actions to ensure compliance with the Policy and Procedure and support their effective implementation.
- Attend designated mandatory training appropriate to their role. (Including fire training).
- Ensure that they are aware of the location of, and how to use, fire-fighting equipment including the positioning of fire call points and procedures concerning fire safety and evacuation.
- Refrain from intentionally or recklessly interfering with or misusing anything provided in the interests of health, safety or welfare, including all Fire Safety Equipment (e.g. fire extinguishers, fire doors, fire sealant strips, etc.).
- Ensure that emergency routes and exits are accessible and maintained at all times.

In order to assist staff in fulfilling their responsibilities, the Trust will ensure that any necessary information, as required under the Regulatory Reform (Fire Safety) Order 2005 is provided to its staff, including preventative and protective measures, procedures to be followed, and identities of nominated fire safety personnel.

All staff have a duty to make themselves and those around them safe from fire by identifying potential hazards/risks and taking sensible measures to eliminate or reduce them where possible. Staff should report any concerns regarding fire safety to their Line Manager who should remedy wherever possible, as well as reporting the concern or incident via the Datix Incident reporting system.

If unable to control/reduce the risk to an acceptable level they should inform the Estates Help Desk which in turn will inform the responsible person within the Estates & Facilities Department so the organisation can investigate and take remedial action if necessary and monitor.

All staff members have a legal duty to ensure that they understand their individual responsibility, adhere to policy, procedures and fire instructions and undertake training provided for them.

New staff should familiarise themselves with this document and local fire procedures, attend local fire induction as soon as possible and corporate induction within 1-3 months of employment.

All staff should be familiar with their local General Emergency Fire Procedure, & Fire Action Notice. They should be displayed in the relevant positions around the building or occupied space. A zone plan of the building should be displayed near the fire alarm panel.

ANYONE sensing, suspecting or discovering smoke or fire will:

- Implement trust Emergency Fire Plans & Fire Action Notice procedures.
- Ensure emergency services have been called.
- Remove occupants in immediate danger away from any fire hazard.

Further considerations include:

- Only if trained and it is deemed safe to do so, should you attempt to extinguish the fire with suitable fire extinguishing media or a fire blanket.
- At in-patient premises if necessary continue Progressive Horizontal Evacuation to a place of safety through 2-sets of cross-corridor fire doors if possible (or if not then at least 2 sets of fire doors) and where required continue on to the designated assembly point or place of safety.
- Closing doors behind you to impede the spread of fire or smoke.
- Implement vertical evacuation processes if required including the use of evacuation aid equipment where necessary.
- Do not use lifts unless agreed with the Fire Service.
- Incept the Trust's mutual aid procedures as and where required.
- Inform the Fire Warden and Fire Service on their arrival of the situation and what measures have been taken up to that point.
- Inform the Fire Warden and Fire Service of any notable hazards within the premises, such as piped oxygen or gas cylinders.

Everyone hearing the fire alarm should respond immediately as stated in the trust Emergency Fire Procedures & Fire Action Notices for public access areas.

If a fire should escalate and large-scale evacuation and/or other emergency arrangements become necessary, the Major Incident Plan must be invoked by the on-call director.

All ward based staff must assist in the safe evacuation of patients and the public in line with their face to face training and fire drills. Any other staff based in the building, not working in the wards but have received the necessary Category 1 training will report to the Matron or other senior staff member, to ascertain whether assistance is required.

Following any incident of fire there should be a debrief organised by the Senior Manager attended by the Trust Fire Officer as soon as practicable involving all relevant persons involved in the event. The aim of the debrief will be to minimise the risk of re-occurrence by reflecting back on the events that took place and

identify any shortfalls in processes or procedures and agreeing actions required to prevent any re-occurrence.

Senior Managers should give due consideration to levels of support needed by occupants and other relevant persons within the building possibly in-need of counselling services.

There is a requirement within the Equalities Act 2010 to make reasonable adjustments so that when needed systems are in place for mobility challenged, poor sighted or hard of hearing persons ensuring they are aware of the activation of a fire alarm, such as a flashing light, buddy or vibrating pager alert system as determined by the Personal Emergency Evacuation Plan (PEEP).

4.12 Liaison with External Contractors and Agencies

External Service Providers such as MITIE, RYDON's, GROSVENOR, NHSP etc. will communicate and facilitate appropriate effective fire risk assessments and fire management plans for any undertaking that falls outside of the scope of 'Minor works' that would have an impact on established fire safety measures which must be reviewed and agreed by the fire officer or estates compliance manager on their behalf before the commencement of works.

4.13 Contractors and Consultants

All contractors must provide a company health and safety risk assessment and risk assessment method statements for the work and must be fully informed of and comply with the Trust's fire safety policy and permit to work procedures which must be issued by the Estates & Facilities Department.

5.0 GOVERNANCE STRUCTURE TO SUPPORT FIRE SAFETY MANAGEMENT

5.1 Oversight of the operation and implementation of this Policy and Procedure will be the responsibility of the Fire Safety Group who report to the Health, Safety and Security Sub-Committee.

5.2 Local Quality and Safety sub-groups are responsible for overseeing fire safety management at a local level and will report all fire safety related matters directly into the Fire Safety Group /Fire Safety Officer.

This robust governance structure ensures that assurance can be provided to the Trust board and that any matters of concern are escalated within the organisation to the appropriate level, up to and including to the Trust Board and provide a substantial level of two-way communication in the respect of fire safety management throughout the organisation.

6.0 FIRE SAFETY MANAGEMENT SYSTEMS – FIRE RISK ASSESSMENTS

- 6.1 The undertaking of Fire Risk Assessments is a statutory duty placed on the organisation by the Regulatory Reform (Fire Safety) Order 2005. This is also detailed in HTM05/03 part K for hospital buildings, Guidelines on Fire Risk Assessment in complex Healthcare Premises.
- 6.2 These must be undertaken by a person who is a competent Fire Risk Assessor.
- 6.3 The FRAs will be undertaken in all premises owned, occupied or managed by the Trust.
- 6.4 Where the Trust is not the major occupier of the building, the Landlord and/or managing agents or major occupier will undertake the FRA with input from the Trust and will provide a copy to the Trust's Fire Safety Officer to enable any matters to be addressed.
- 6.5 The fire risk assessment will be issued to the fire safety officer on completion by the competent person undertaking the assessment. The fire officer is responsible for accepting the assessment on behalf of the trust.
- 6.6 The Fire Officer will forward a copy of the Fire Risk Assessment to the responsible person for that unit (e.g. the Ward Manager, Nursing Home Manager, or Head of Service etc.).
- 6.7 The responsible person will be tasked for ensuring that action is taken to address any deficiencies identified in the Fire Risk Assessment within the agreed timescales. (Estates will normally undertake remedial actions).
- 6.8 The Fire Safety Officer will present all fire risk assessments undertaken at the Fire Safety Group where the closure of remedial actions will be monitored to ensure they meet agreed time scales and where necessary escalate through the governance structure. The Fire Safety Group will actively support the local responsible persons with closing any remedial actions to which they have been assigned. Building remedial works and other such recommendations that fall within the Estates and facilities department will be managed by the FRA task & finish group which will report directly into the Fire Safety Group and monitored by the Fire Officer. Progress of the closure of remedial actions from fire risk assessments will be fed into the HSSC via a quarterly fire safety report by the Fire Officer.
- 6.9 The significant findings of the Fire Risk Assessment will be communicated to all employees in the relevant area. This will be achieved by:
- Communicating at local Health & Safety sub-group meetings.
 - Staff briefings carried out by local managers.
 - Mandatory fire safety training.

6.10 The risk assessment must be reviewed by the responsible person (Fire Officer) regularly so as to keep it up to date or where:

- There is reason to suspect it is no longer valid.
- There has been significant change in the matters to which it relates including the premises, special, technical and organisational measures or organisation of the work undergo significant changes, extensions or conversions.
- Following an adverse incident involving fire or a process change, such as an administration area becoming a clinical area.

If any of the above criteria is thought to be met, the Fire Officer must be informed immediately and a request made to review the fire risk assessment.

6.11 The Fire Risk Assessment will be reviewed by the Fire Officer or competent delegated party at the frequency detailed below.

6.12 The Regulatory Reform (Fire Safety) Order 2005 does not specify a particular timescale but the Trust has agreed that it will undertake a review of Fire Risk Assessments in accordance with the following frequencies unless conditions described in section 6.5 dictate an earlier review:

- Priority 1 locations (Nursing Home, inpatient areas) - 12 monthly
- Priority 2 locations (outpatient areas) - 24 monthly
- Priority 3 locations (staff bases) - 36 monthly

6.13 Where the property from which Trust staff work is owned by a landlord, or Trust staff are not the major occupier, (e.g. accommodation is shared with other services for example - Local Authorities, Social Services etc.), the landlord or the lead service in that premises (as agreed between all parties) shall take responsibility for fire safety within the building / premises, unless contractual agreements specify otherwise. Risk assessments must be conducted by all parties for their specific areas of occupation while the overall site assessment is the responsibility of the landlord. Any such fire risk assessments resulting from this agreement must be shared with all occupiers and owners with copies sent to the Trust's Fire Officer.

6.14 The Fire Officer will be responsible for monitoring and reporting on the completion of all fire risk assessment and actions to the Fire Safety Group and the Health Safety and Security Sub-Committee.

6.15 Should an action arise from a Fire Risk Assessment that potentially has wider relevance across more than one Trust area / service, the Fire Officer will take appropriate action to ensure that this learning and any necessary action is implemented across the areas of the Trust to which it is applicable.

7.0 FIRE SAFETY MANAGEMENT SYSTEMS – IMPLEMENTATION OF PREVENTION / PROTECTIVE MEASURES
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7.1 The Trust is committed to ensuring that Fire prevention / general fire protective measures are implemented in accordance with Part 3 of Schedule 1 of the Regulatory Reform (Fire Safety) Order 2005

7.2 The principles of prevention specified in Part 3 of Schedule 1 are as follows:

PRINCIPLES OF PREVENTION

The principles are—

- (a) Avoiding risks;
- (b) Evaluating the risks which cannot be avoided;
- (c) Combating the risks at source;
- (d) Adapting to technical progress;
- (e) Replacing the dangerous by the non-dangerous or less dangerous;
- (f) Developing a coherent overall prevention policy which covers technology, organisation of work and the influence of factors relating to the working environment;
- (g) Giving collective protective measures priority over individual protective measures; and
- (h) Giving appropriate instructions to employees.

7.3 As detailed in section 6, the Trust has an established process for undertaking Fire Risk Assessments across the Trust and for addressing any deficiencies identified by those Assessments. In addition, the Trust has robust and well established procedures and processes for identifying and managing risk. Any risks identified relating to fire safety will also be managed and escalated for action via the standard Trust risk management processes.

7.4 The Fire Officer, as the competent person under the Fire Safety Order 2005, ensures they maintain an up-to-date knowledge of issues and solutions relating to Fire Safety management and provides advice accordingly.

7.5 The Fire Officer will undertake to inform all members of staff with details of the fire hazards and processes that members of staff will be exposed to in the area in which they work.

7.6 Basic Precautions in the prevention of Arson:

The risk of arson related incidents can be reduced by implementing good/robust housekeeping and security measures which should include and not be limited to the following:

- Waste material should not be allowed to accumulate anywhere in or around the premises.

- Metal waste bins with securely fitting lids should be located in areas designated as high risk.
- Waste should be collected regularly and placed in suitable containers outside and away from buildings prior to disposal (In a secure compound where possible.)
- Bulk waste awaiting collection is to be stored in safe areas away from buildings. (Minimum of six to eight meters where possible.)
- All means of escape should be (so far as reasonably practicable) free from combustible materials.

- 7.7 If a fire is started in suspicious circumstances, staff should ensure that material evidence in any form is safeguarded, and that the person discovering the outbreak will be made available for interview by the Fire Officer, Fire and Rescue Service and Police. Any results of a formal investigation should be passed to the Chief Executive.
- 7.8 ALL staff are required to record their attendance on and off ALL sites. The means of recording staffs attendance on and off site should be managed locally and be of a robust nature that gives an accurate account of staff on site at the time of a fire alarm activation. Recording method must be of a nature that can be easily taken to the designated point of assembly.

8.0 SMOKING

- 8.1 The trust operates a 'Smoke free' environment In accordance with its legal obligations under the Health and Safety at Work Act 1974, The Health Act 2006, and accompanying regulations, NICE Quality Standard [QS82] March 2015.
- 8.2 Managers will take reasonable steps to ensure that adequate arrangements are in place to enable the 'Smokefree' policy to be fully implemented at ward, department and clinic level, ensuring that all staff, service users, visitors and any other relevant persons comply with the trust smoke free policy.

9.0 CONTRACTORS WORKING ON TRUST PREMISES

- 9.1 All contractors on Trust premises will have a site induction and be subject to site rules. In all circumstances unless specifically authorised by the Fire Officer will adopt the same procedures as visitors and will take instruction from trust staff in the event of a fire or fire alarm activation.
- 9.2 Contractors may be permitted to have part of the fire alarm system isolated and provided with 'Dust caps' to minimise unwanted activations under a permit to work issued by the Estates & Facilities department. The utilisation of dust caps must be strictly monitored and they must be removed at the end of each working period.
- 9.3 When undertaking hot works a 'permit to work' is required and will include a robust process for the inspection of the work area prior to and following the works.

- 9.4 The trust Fire Officer may attend any site of works without notice but subject to site rules and regulations to carry out an inspection of the fire safety arrangements.

10.0 FIRE SAFETY MANAGEMENT SYSTEMS – ELIMINATING OR REDUCING THE RISKS FROM DANGEROUS SUBSTANCES

- 10.1 The Trust has in place robust and well established systems for ensuring that it is aware of the dangerous substances that are held / used within the Trust, that the risks associating with these substances are identified and the risks are managed appropriately. This includes fire safety risks relating to dangerous substances.
- 10.2 All materials will be stored and used in accordance with DSEAR (The Dangerous Substances and Explosive Atmospheres Regulations 2002) Regulations, HSG51 and COSHH regulations. Amounts of such substances should be kept to a minimum at all times and stored correctly in accordance with regulations.
- 10.3 The systems in place and procedures to be followed are detailed in the Trust's Control of Substances Hazardous to Health (COSHH) Policy and Procedure (RM04). Staff should therefore refer to this policy and procedure for information relating to action to be taken to eliminate or reduce the fire risks from dangerous substances.
- 10.4 Suitable and sufficient COSHH Risk Assessments in line with the COSHH Policy must be in place to cover all of the above.

11.0 FIRE SAFETY MANAGEMENT SYSTEMS – ENSURING THAT PREMISES ARE EQUIPPED WITH APPROPRIATE FIRE DETECTION, ALARMS AND FIRE-FIGHTING EQUIPMENT

- 11.1 Fire detection and alarms systems will be installed to an L1 specification for all inpatient care sites and to the relevant standard according to the risk category for all other sites occupied by trust staff, service users and representatives of the trust in accordance with current legislation and conforming to BS5839 pt1.
- 11.2 The Fire Officer will advise on the relevant statutory requirements of fire detection and warning systems, alarms and fighting equipment in all Trust premises and premises that trust staff offer a service. The Estates Compliance Manager will maintain an awareness of any changes to requirements in this respect and ensure that necessary Trust-wide action is taken.
- 11.3 Responsibility for the maintenance and testing of fire detection systems and the effective operation of all fire safety interfaces (Fire door closures, roller shutters, ventilation systems etc.) in accordance with BS5839 rests with the Head of Estates & Facilities. Any faults on the system or works being undertaken on the system must be highlighted to the sites responsible person. 'Significant findings' must be annotated on the Fire Risk Assessment.
- 11.4 Project Managers and Estates Officers are required to consult with the Trust Fire Safety Officer **prior** to any proposed changes to a building's structure or fabric, both externally and internally to ensure such changes will not affect the existing /

proposed Fire Safety requirements and Fire Risk Assessment. It is the responsibility of the Estates & Facilities Department to ensure that any advice is enacted.

- 11.5 Prior to the isolation of any fire detection and warning system or any part thereof, the contractor/Estates operative must inform the sites responsible person that the works are about to commence. The contractor/estates operative should be asked to show the 'Permit to work' issued by the estates and facilities department allowing isolation. This should then be displayed on the main fire panel whilst works are undertaken.
- 11.6 The Fire Authority may have to be advised as to any long term isolation of any auto-dial systems for any 'works' being undertaken.

12.0 FIRE RISK FROM PERSONAL RECHARGEABLE ELECTRONIC DEVICES

- 12.1 EFA/2018/007 Fire Risk from Personal rechargeable electronic devices.

The Trust does allow charging of personal devices on Trust premises but does not endorse the smoking of cigarettes or vaping on its premises. Please refer to the poster on the Fire InPut page.

- 12.2 Definitions:

- Personal electronic devices that require recharging include E-cigarettes, mobile phones, laptop, tablets, cameras, e-bike batteries, etc.
- The risk of fire is from all faulty rechargeable electronic devices in particular those using Lithium ion batteries, whilst charging.

To ensure the fire risk whilst charging personal electronic devices is minimised, the following guidance must be adhered to:

- Ward Managers, Office managers or otherwise the responsible person for the unit must identify a safe allocated charging area, which will be a fire-resistant area offering a minimum of 30 minutes fire resistance, ideally a room with a vision panel inset within a fire door.. The area must be fitted with a smoke detector, not a heat detector.
- The designated charging area must not be in another risk room, such as a laundry, COSHH storage area, or a kitchen, but rather an officer or enclosed nursing station which will be well-monitored throughout the working day.
- Ward Managers, Officer managers will refer patients & visitors to safe charging of personal devices posters that will be displayed in patient-access areas.
- The manufacturer's instructions on the safe use of the charging device must be adhered to at all times.
- Chargers must not be utilised in unattended areas or any area other than the designated charging area.
- Multi-point USB chargers must not be used unless they have a British Standard or CE mark of conformity.

Prior to charging, staff must check:

- There is a British Standard or CE mark of conformity on the charger.
- The charger is the one supplied with the device or an appropriate equivalent.
- The charger and device visually for damage, any damage do not commence charging.
- The charger and device visually for heat burn marks, any marks do not commence charging.
- The charger electrical connections are secured within the plug and protected by the cable sheath.
- Cables are not trapped under furniture.
- That charging devices have been asset tagged for PAT testing and the PAT testing stickers are valid and within date.
- Where devices have not been asset tagged for PAT testing they will need to be risk-assessed by staff in conjunction with the information provided in this section and on the posters displayed at the site.

Cease charging if:

- The charger overheats.
- There is any damage to the plug or to any of the cables, or any internal wires are visible.
- Cables are joined using electrical tape.
- There is any damage to the charger unit, cracks, loose parts, screws.
- The charging device is fully charged (indicated by an illuminated diode).

Do not recharge, operate or use any device in an oxygen enriched atmosphere or where patients are patients receiving oxygen therapies. Safety guidance must be given to patients receiving or using oxygen therapies in their homes.

This support information is available on the Fire Page on SharePoint, 'Patients & Oxygen Advice' and on the NHS web site.

<https://www.nhs.uk/conditions/home-oxygen-treatment/>

13.0 FIRE SAFETY MANAGEMENT SYSTEMS – ENSURING THAT EMERGENCY ROUTES AND EXITS ARE PROVIDED AND MAINTAINED AT ALL TIMES

- 13.1 The provision of emergency escape routes and exits will be reviewed as part of the Fire Risk Assessment process. The availability of escape routes will be the responsibility of all staff working in that environment and will be monitored on a daily basis.
- 13.2 As detailed above, Project Managers and Estates Officers are required to consult with the Trust Fire Safety Officer **prior** to any proposed changes to a building's structure or fabric, both externally and internally to ensure that such changes will not affect the existing fire safety arrangements and Fire Risk Assessment. The Fire Officer will provide advice in terms of the necessary emergency routes and exits. It is the responsibility of the Estates & Facilities Department to ensure that this advice is enacted.

- 13.3 It is a responsibility of all staff to ensure that emergency routes and exits are kept clear and accessible at all times. Where staff identify that an emergency route or exit is not clear, they must take immediate action to rectify this if possible or report it to their manager. Fire Wardens will also ensure that this is checked as part of their periodic inspection of their areas.

<p>14.0 FIRE SAFETY MANAGEMENT SYSTEMS – ESTABLISHING AND WHERE NECESSARY GIVING EFFECT TO APPROPRIATE PROCEDURES FOR SERIOUS AND IMMINENT DANGER</p>
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- 14.1 The Trust's fire evacuation strategy for all its owned premises and for those that have been mutually agreed that the Trust would take the lead role in fire safety arrangements is 'All out' for community and administration based workplaces. 'Phased horizontal evacuation' followed by 'Vertical evacuation' if and where required will be adopted for all bedded inpatient areas.
- 14.2 Suitable signage that conforms to BS5499 & ISO7010 and reflects our own evacuation plans will be displayed where appropriate and supported by the trust fire action plans found in Appendices 2a & 2b.
- 14.3 The process will be different for in-patient and non-inpatient areas but will include the following actions for both:
- Actions to be taken to activate the fire alarm;
 - The location of fire equipment including manual call points, fire alarm panels, fire extinguishers and evacuation aids;
 - The location of fire escape routes and exits;
 - The location of suitable areas of relative and ultimate safety including where appropriate refuges and assembly points; and
 - The process of evacuation including, where appropriate, techniques for the evacuation of dependent and very high dependency patients / residents horizontally and, when necessary, vertically using stairs or evacuation lifts where provided, under guidance from the Fire & Rescue Service.
- 14.4 Each building will have clear Schematic plans (not descriptions) conforming to BS-ISO23601 that will be stored in a designated place for reference with a copy displayed at the main fire panel any other location deemed appropriate. The Schematic plans will identify the following:
- Defined Fire Zones.
 - The location of the fire exits.
 - The evacuation routes.
 - The location of basic fire-fighting equipment.
 - The location of assembly points.
 - Location of 'Refuge points'.
 - Location of evacuation aids.
 - Location of server / Hub rooms with gas suppression systems.
 - Location of building plant rooms and all other incoming utility points.
 - Nearest water supplies or fire hydrant.
 - Any other areas of notable hazards i.e. medical gases.

- 14.5 Should it be necessary to invoke a full emergency evacuation of a ward or building with dependent patients, or in some circumstances a premise that offers critical services that if stopped would have a major impact on the trust consideration should be made to implementing the Trust's Major Incident Plan (RM14).
- 14.6 All incidents of fire and fire alarm activations must be recorded via the "Datix" on-line incident reporting system as soon as practicable but within 48 hours of the incident, as per Policy. Depending on the severity of the incident and the time frame in which the Datix will likely to be completed, consideration should be made to notifying the Fire Officer directly. A Fire Evacuation / Drill Record (Appendix 4) must also be completed and appended to the Datix Incident report / sent to the Fire Officer as necessary.
- 14.7 The local emergency evacuation plan will be held in the local fire information folder and displayed throughout staff areas and will be brought to the attention of all staff by their line manager during their induction process.
- 14.8 Consideration needs to be given to emergency evacuation plans at certain sites, ensuring that collective safety measures take precedent over individual measures.

15.0 DISABLED PERSONS / NON AMBULANT PERSONS

- 15.1 Managers of departments/teams must ensure that specific and suitable departmental arrangements are in place for all members of staff, service users and visitors who attend their facilities who have restricted mobility, sensory disabilities or who are temporarily incapacitated. In particular they must ensure a safe means of egress from their location within the property to a designated place of safety is maintained and given due consideration.
- 15.2 Disabled persons / Non Ambulant Persons accessing trust premises have a duty to make managers / responsible persons aware of their condition as far as are relevant to the individuals needs for assisted evacuation in the event of a fire.
- 15.3 Line managers must ensure a Personal Emergency Evacuation Plan (PEEP, Appendix 3) is completed and provided for all persons that would require special assistance in the event of an emergency evacuation from one of our premises or from one that we provide a service, whilst in our care. This includes volunteers. This does not include people who are in inpatient care or frequent visitor to one of our establishments, which will be addressed via risk assessment
- 15.4 All PEEPs will be agreed with the individual to whom it relates and will be held in the local fire information file. This includes but is not limited to people with a hearing impairment, visual impairment and limited mobility (see Appendix 3).
- 15.5 Where the person is a patient/resident or service user of the Trust, the appropriate special measures required in the event of an emergency evacuation will also be recorded in that person's clinical file to which staff will be made aware.

15.6 Where evacuation aids may be required, it is incumbent upon the manager of the unit to ensure that:

- The equipment is available for use.
- The equipment is maintained in good working order.
- All relevant staff are trained in the use and deployment of the equipment.
- The amount and placement of the equipment is suitable for the use of the premise.
- The manager seeks advice as required from either the Fire Officer or the appropriate authorities on the above equipment if required, such as accredited trainers for training purposes or the Fire Authority Incident Commander in the event of an evacuation or other incident.

16.0 FIRE EMERGENCY EVACUATION PLANS

- 16.1 Rehearsals of fire emergency evacuation plans (i.e. fire drills) will be used as an opportunity to test and fine-tune each element of the emergency evacuation action plan to form a robust process.
- 16.2 Every effort should be made to undertake a periodic evacuation drill (minimum of twice-yearly), however in circumstances where the full evacuation of patients is not possible (In-patient areas); alternative arrangements should be made to rehearse the fire emergency action plan, such as walkthroughs and/or desktop exercises combined with practical training sessions in the evacuation of dependent patients and other occupants. (HTM 05-01 10.6).
- 16.3 These sessions must be recorded on the fire evacuation drill pro forma, with details of why a full fire drill was not deemed appropriate and what was discussed, tested and walked through.
- 16.4 Fire drills will be undertaken in accordance with fire safety legislation in every location where we have staff based and will be organised by the local manager for that site/team, in conjunction with the Head of Department and the Estates & Facilities Department relevant estates manager.
- 16.5 The pro forma for recording fire evacuation drills is attached at appendix 4. This needs to be copied and sent to the Fire Officer who will monitor and report compliance to the fire Safety Group and Health Safety and Security Sub-Committee. It is available for download on the Fire page InPut, the Trust's intranet.
- 16.6 By following the trust fire action plans every fire alarm activation (outside of the normal weekly test/maintenance) will generate an evacuation and therefore an Appendix 4 and Datix must be generated.

17 TRUST / LEASE VEHICLES

17.1 All vehicles owned or leased by the trust must be used and maintained in accordance to:

- The Road Vehicles (Construction and Use) Regulations 1996
- The Provision and Use of Work Equipment Regulations 1998
- Road Safety Act 2006
- Health and Safety at Work Act 1974

17.2 And therefore adhere to the following:

- Vehicles must be regularly maintained in accordance to local department policy and procedures and be subject to annual servicing arrangements.
- Vehicles must hold a fully compliant MOT test certificate where applicable.
- Drivers of trust vehicles must undergo regular suitable and sufficient training for the transportation of hazardous materials including medical gases and be compliant to all statutory legislation for the purposes they are engaged to carry out.

17.3 In the event of a trust/leased vehicle being involved with fire:

- Trust employees are not expected to put themselves in any undue danger trying to extinguish the fire. However, where safe to do so staff should attempt to limit the possible environmental impact of any fire by removing hazardous materials, such as gas cylinders from the vehicle.
- Staff should exit the vehicle and position themselves 'up wind' of the fire in a place of safety at least 25 meters from the fire preferably off the road/carriageway.
- Staff should immediately telephone 999 and ask for the emergency services giving their exact location and stating any hazards transported within the vehicle e.g. medical gases.
- Contact the 'On call' duty manager/department lead and Fire Officer as soon as practicable.

18.0 FIRE SAFETY MANAGEMENT SYSTEMS – ENSURING THAT TRUST PREMISES AND ANY FACILITIES, EQUIPMENT AND DEVICES PROVIDED UNDER THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005 ARE MAINTAINED IN AN EFFICIENT STATE AND IN EFFICIENT WORKING ORDER AND GOOD REPAIR

18.1 The maintenance of Trust premises and facilities, equipment and devices provided under the Regulatory Reform (Fire Safety) Order 2005 is ensured through the planned maintenance programme which is co-ordinated and delivered by the Estates & Facilities Department.

18.2 This programme is agreed at the start of each financial year and is monitored via the appropriate Trust Committee.

- 18.3 A central record of all works undertaken, and thus the dates of servicing of equipment and devices etc. affecting this order are held by the Estates & Facilities Department.

19.0 FIRE SAFETY MANAGEMENT SYSTEMS – APPOINTING ONE OR MORE COMPETENT PERSONS TO ASSIST IN UNDERTAKING THE NECESSARY DUTIES UNDER THE REGULATORY REFORM (FIRE SAFETY) ORDER 2005

- 19.1 As detailed in the associated Policy, the Trust has appointed a competent Fire Officer, supported by Estates Compliance Manager in order to fulfil this duty. The responsibilities of the Estates Compliance Manager and the Fire Officer are detailed in Section 4 of these procedures.

20.0 ACTIONS TO SUPPORT THE DELIVERY OF THE FIRE SAFETY MANAGEMENT SYSTEMS (FSMS)

- 20.1 The trust will cooperate with any fire inspection conducted by any authorised body such as the Fire & Rescue Service and undertake reasonable corrective actions to rectify any deficiencies identified by their inspection.
- 20.2 In addition to local in-house Fire Risk Assessments the local Fire & Rescue service will undertake pre planned fire inspections at Trust premises on a regular basis.
- 20.3 The Fire & Rescue Service are required to provide 6 weeks' notice of an inspection and are likely to send correspondence notifying of an inspection directly to the relevant premises. It is essential that any such correspondence from the Fire & Rescue Service and details of the arrangements are forwarded immediately to the Fire Officer. The person in charge of the site will contact the fire service to arrange an appropriate date for the inspection to take place and work with the relevant Trust services in terms of the arrangements for the inspection.
- 20.4 The Fire and Rescue Service have the right to request access without notice to any site to which they have a concern that suitable fire safety arrangements to meet the requirements of fire safety legislation are not being met. In this instance every effort should be made to meet the requirements of their request and the Fire Officer should be immediately informed.

21.0 ENSURING THAT ALL PREMISES ARE IN POSSESSION OF A LOCAL FIRE PROCEDURES AND RELEVANT INFORMATION

- 21.1 All premises will maintain a Fire safety log book on site.
- 21.2 The fire safety logbook will all evidence of general local fire protection checks. Old log books (up to 5 years) should be retained on site for inspection as required All premises should also retain a fire folder which should include the Trust Fire Safety Policy and Procedure, any local information such as emergency evacuation plans, PEEPs, records of fire evacuation drills, preventative and protective measures, the identity and contact details of nominated fire safety personnel and other necessary protocols that have been identified in the

appropriate Health Technical Memorandum (HTM) (otherwise known as the Fire Code) guidance for managing healthcare fire safety. This should be treated as a controlled document and stored securely.

- 21.3 If it is necessary for a supplementary local fire safety procedure to be developed for a specific area, this will be developed by the Fire safety Officer in conjunction with the service lead.
- 21.4 It will be the responsibility of the local Head of Department / Manager to ensure that the local Fire Procedures and fire safety log book is kept up-to-date at all times.

22.0 ENSURING THAT STAFF ARE PROVIDED WITH THE NECESSARY INFORMATION AND SUPPORT TO FULFIL THEIR RESPONSIBILITIES UNDER THE FIRE SAFETY POLICY AND PROCEDURE

- 22.1 Staff will have access to appropriate information to enable them to fulfil their responsibilities in relation to fire safety management via the local Fire safety log book, Intranet, line managers and Fire Officer where required.
- 22.2 The existence and location of the fire safety log book will be drawn to all staff's attention on local induction and during mandatory fire safety training.
- 22.3 Information in relation to fire safety management will also be communicated to staff on an intermittent basis via written staff briefings and team meetings.
- 22.4 All staff are able to access specialist fire safety advice if they require it via the Fire Officer.
- 22.5 Information in relation to fire safety management will also be communicated via induction training and regular mandatory training sessions.

23.0 ENSURING THAT APPROPRIATE TRAINING IS PROVIDED FOR STAFF TO ENABLE THEM TO FULFIL THEIR RESPONSIBILITIES UNDER THE FIRE SAFETY POLICY AND PROCEDURE

- 23.1 In addition to their local induction all staff will be required to participate in face to face fire safety training as part of the corporate Fit for Work mandatory induction training course upon commencement of employment with the Trust. This applies equally to substantive employees, bank, locum & agency workers.
- 23.2 Thereafter all staff are required to undertake appropriate mandatory fire safety training on an annual basis.
- 23.3 For staff employed in non-inpatient areas within the Trust, the undertaking of fire safety training is via e-learning (on the Oracle Learning Management – OLM – system) for one year following their induction training (see above). They will then be required to undertake their annual fire safety training, provided by a cascade trainer on a face-to-face basis the year after. Thereafter, mandatory fire training will be undertaken annually via e-learning / cascade face-to-face on an alternating

basis. This is in accordance with guidance provided in the Health Technical Memorandum 05 suite of fire code.

- 23.4 Staff employed in in-patient / Nursing Home areas will participate in face to face fire safety training on an annual basis. This will be delivered by experienced and competent accredited Fire Safety Trainers.
- 23.5 It is the responsibility of all staff to monitor their compliance in relation to annual fire safety training, and to make arrangements to attend suitable fire safety training before their competency expires. Staff are to liaise with their line manager when it is necessary for an update to take place and in conjunction with their manager, book onto an appropriate training course or online training as appropriate.
- 23.6 It is the responsibility of all line managers to ensure all permanent staff members on duty at any time are up-to-date in respect of fire safety training. Line managers must monitor the compliance of their staff in terms of fire safety training updates and ensure that staff are booked onto appropriate courses in order to maintain their mandatory training requirements in accordance with the Regulatory Reform (Fire Safety) Order 2005.
- 23.7 The Workforce Planning, Education & Training department, in liaison with the Fire Officer will co-ordinate the provision of fire safety training across the Trust. They will also monitor the fire training compliance for all staff across the Trust on a monthly basis. Any deficiencies will be identified and the appropriate manager will be contacted to request training is undertaken as a matter of urgency. If there is no Cascade Fire Trainer in place for their particular area of work, they may attend training provided by another Cascade Fire Trainer at another site of the same category (Non-inpatient). If a member of inpatient staff does not have the opportunity to attend one of their sites designated training sessions they can arrange to attend training at another inpatient site within the trust. Any additional site-specific training will be delivered on-site by managers and cascaded down through staff.
- 23.8 In areas where there is no trained Cascade Fire Trainer, the Fire Officer will work with the area to identify an appropriate individual to take on these responsibilities and attend the next available cascade trainer course.
- 23.9 All training is recorded electronically and staff are able to review this on a regular basis to ensure they maintain fire safety training compliance. Where training is undertaken via e-learning (OLM), the record will automatically be updated. Where training is undertaken on a face-to-face basis, the training providers will send the attendance list to the Training Department (copied to the fire officer).
- 23.10 Where it is necessary to utilise temporary/bank staff whose fire safety training has not been completed for their intended place of work. The line manager should ensure that those members of staff receive a local induction that includes full details of fire emergency procedures. This will be completed and signed by the member of staff concerned and the Line Manager or senior person on duty.

The pro forma for this is HRP21 Appendix 3 and must include the following:

- Actions to take on discovering a fire or hearing an activated fire alarm.
- Location of fire alarm panel.
- How to raise/activate the fire alarm manually (including the use of keys where required).
- Location of fire exits and how to open them in an emergency.
- Designated assembly points.
- Location of fire-fighting equipment.
- Fire evacuation routes.
- Any other local arrangements in place relative to fire.

24.0 ENSURING THAT APPROPRIATE ACTION IS UNDERTAKEN IN RELATION TO ANY BREACHES OF FIRE SAFETY REQUIREMENTS

- 24.1 Any alleged breaches of fire safety arrangements must be reported on Datix and will be fully investigated. Advice will be taken from the Fire Officer.
- 24.2 Failure to co-operate with, or the implementation of, any fire safety policies and procedures may result in disciplinary proceedings under the Trust's Disciplinary (Conduct) Policy & Procedure, HR27A.

25.0 ENSURING THAT THERE ARE ROBUST PROCESSES AND PROCEDURES IN PLACE FOR THE REPORTING OF FIRE SAFETY INCIDENTS AND RISKS/HAZARDS APPERTAINING TO FIRE SAFETY.

- 25.1 The Fire Officer (via the Estates & Facilities Department if they are not available directly) must be notified as soon as possible of all fires including any false alarms.
- 25.2 Actual fires must be reported immediately via telephone to the Fire and Rescue Service. All incidents, including false alarms, must also be reported within 48hrs via the on-line Datix incident reporting system by the person in charge. Out of hours fire alarm activations in non-patient / non-residential premises are likely to be attended by the Estates on-call service and will thus be reported by Estates.
- 25.3 Details of all outbreaks of fire to which the Fire and Rescue Service are called must be notified as soon as possible to the Fire Officer via the Estates & Facilities Department. The Fire Officer will attend all such incidents as necessary.
- 25.4 The scene including any potential evidence should be secured as much as practicable until the arrival of the Fire Officer. If this is not feasible, every effort should be taken to record the scene by either photographic evidence or written observations, being mindful of the Trust's Media and Social Media Policies, CP50 & CP58
- 25.5 All incidents must also be reported as soon as possible (within 48 hours) on the on-line Datix incident reporting system by the person in charge at the time of the incident.

- 25.6 Fires resulting in injuries, deaths etc. must be reported **immediately** to the Fire Safety Officer and On Call Manager in accordance with the above process via telephone and via Datix. The Risk Management Department will notify the Health & Safety Executive (HSE) under the “Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- 25.7 Where fire involves multiple deaths, multiple injuries or large scale damage, the executive Director with Fire responsibility will also report this to the Director of Policy, NHS Estates on telephone 01132 547099 or on <http://efm.hscic.gov.uk/login.asp> as soon as possible.
- 25.8 A monthly report of all fire alarm activations (false or real) is forwarded to the Fire Safety Officer by the Estates & Facilities Department. The Fire Safety Officer will analyse this and check against the details of incidents reported on Datix. Any incidents not reported on Datix will be followed up with the respective service area. Any trends identified as a result of this analysis will also be investigated by the Fire Safety Officer and appropriate remedial / lessons learned action taken.
- 25.9 Where staff identify a potential risk / hazard impacting on fire safety, they should act in accordance with the Corporate Health & Safety Procedure RMPG01 and the Health and Safety at Work Act 1974. They should thus immediately rectify the risk / hazard if appropriate or possible and safe to do so, or if not, report it immediately to their line manager. This will then be dealt with in line with any risk reported, under the General Risk Assessment Policy and Procedure. The Fire Risk Assessment should also be annotated with respect to the above and lessons learned added to Datix, if advised to do so by the Fire Safety Officer.

26.0 ENSURING THERE ARE ROBUST PROCESSES AND PROCEDURES IN PLACE FOR INVESTIGATING FIRE SAFETY INCIDENTS.
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- 26.1 All fires will be investigated where necessary, by the Fire Officer who will involve other parties as appropriate. This may include, but will not be limited to, the Health and Officers, Estates Manager, Service Manager or representatives of the local fire and rescue service. Where appropriate, the investigation will be undertaken in accordance with the Trust’s policy and procedure in relation to Adverse Incidents (including Serious Incidents) CP3.
- 26.2 The Fire Safety Policy and Procedure will also be referred to.
- 26.3 The scene including any potential evidence should be secured as much as practicable until the arrival of the Fire Officer. If this is not feasible, every effort should be taken to record the scene by either photographic evidence or written observations by a responsible person on site.

27.0 PROVIDING ADEQUATE RESOURCES (INCLUDING TIME) AND SUPPORT/SUPERVISION TO MANAGERS AND EMPLOYEES TO ALLOW THEM TO UNDERTAKE THEIR HEALTH AND SAFETY DUTIES (INCLUDING FIRE SAFETY)

- 27.1 The Trust is committed to ensuring that adequate resources (including time) and support / supervision to managers and employees to allow them to undertake their health and safety duties (including fire safety).
- 27.2 This procedure details the information resources that are available to staff and managers to fulfil their responsibilities in relation to fire safety.
- 27.3 Line managers are required to support staff in fulfilling their fire safety responsibilities under this Policy and Procedure. Where any member of staff (including managers) feels that they are not able to allocate sufficient time to fulfil their responsibilities under this Policy and Procedure, they should raise this with their line manager in order to seek resolution.
- 27.4 Financial resources required to address any fire safety issues arising from inspections or Fire Risk Assessments will be addressed through the Trust's standard financial management and governance processes, including escalation through the committee structure monitoring fire safety.
- 27.5 Specialist advice in relation to fire safety matters is available to all staff via the Fire Officer. The contact details are held on the Trust Intranet Site.

28.0 ENSURE THAT APPROPRIATE MECHANISMS ARE IN PLACE TO CONSULT WITH STAFF IN RELATION TO FIRE SAFETY ISSUES

- 28.1 This will be undertaken via:
- 1:1s,
 - team meetings,
 - written staff briefings,
 - local Quality and Safety sub-groups,
 - the Health, Safety and Security Sub-Committee,
 - Fire Safety Group,
 - Joint Staff Forum with significant learning points from incidents being reported to the Learning oversight Sub Committee to share across the trust.
 - Fire page on the Trust InPut
 - InPut/Teams/Estates & Facilities/Fire

END