

Policies, Procedures, Guidelines and Protocols

Document Details		
Title		Fire Safety Policy
Trust Ref No		1334
Local Ref (optional)		
Main points the document covers		The purpose of this Policy is to ensure that Fire Safety is managed effectively throughout the Trust to minimise risks from fire to patients, staff and visitors on Trust’s premises, and to ensure compliance with its statutory obligations.
Who is the document aimed at?		This policy applies to premises owned or under the control of the Trust and must be adhered to by all individuals employed by the Trust including contractors, volunteers, bank staff etc.
Owner		Director of Governance/SIRO
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Approved by (Committee/Director)		Health and Safety Committee
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Required by NHSLA		
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1	31/10/2017	New policy from SSSFT
2	June 2021	General review of SCHAT fire safety arrangements
3	October 2023	General review noting structural changes within SCHAT and appointment of AE
4	January 2024	Amendments as suggested by AE to structure of document and sections moved to Appendices (A & B) and renumbering of others. Addition of PEEP forms (Appendix F). Group name changes to Monitoring form. Amendment to Fire Safety Manager noting it may be an external provider General formatting and spelling checks completed
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**The following additional guidance documents are available:-**

Fire Drill Guidance; Fire Evacuation & Drill Template; Fire Safety Measures Check Sheet; Fire Alarm Activation Log; Personal Evacuation Form Guide and Template; Role of Fire Marshall and Fire Warden

## **1. Introduction**

Fire is a potential hazard in all premises, however the consequences of fire in a community hospital, and other health care premises, can be especially serious because of the difficulties and dangers associated with the emergency evacuation of patients.

## **2. Purpose**

The purpose of this Policy is to ensure that Fire Safety is managed effectively throughout the Trust to minimise risks from fire to patients, staff and visitors on Trust's premises, and to ensure compliance with both statutory obligations, and the NHS Firecode – Fire Safety Guidance, provided through NHS Health Technical Memorandums (Department of Health and Social Care).

## **3. Scope**

This policy applies to premises owned, or under the control of the Trust, and must be adhered to by all individuals employed by the Trust including contractors, volunteers, bank staff etc.

Where two or more employers share the premises, each employer is responsible for managing fire safety within their area. There must be formal arrangements put in place to share information about the risks, emergency procedures, staff training and individual organisational responsibilities. Each employer must co-operate fully with the other to ensure that fire safety measures on site are not compromised.

This policy will be reviewed after any serious fire safety incident, every three years, and if there is a change within the Trust that alters its fire safety arrangements.

## **4. General Statement of Intent**

Shropshire Community Health Trust (SCHT) is committed to take all reasonable steps to reduce the risk, and impact, of fire to life, safety, and to the delivery of our healthcare service, by applying the basic principles of physical precautions and fire safety.

They are to ensure that:

- If at all possible outbreaks of fire do not occur
- Fires which do occur are rapidly detected and the alarm given.
- The development and spread of any fire is delayed and contained as long as possible.
- Areas involved in, or endangered by, fire are evacuated.
- The fire is rapidly extinguished.
- There is a safe means of escape for anyone on Trust premises.

## 5. Duties and Responsibilities



### **Trust Board**

The Trust board has overall accountability for the activities of the organisation. The Board should ensure they have appropriate assurance that requirements of current fire safety legislation and, where appropriate, the objectives of Firecode HTM's are, and continue to be, met.

### **Chief Executive**

The chief executive has ultimate responsibility and accountability for Fire Safety on Trust premises.

### **Board Level Director**

The Director of Governance fulfils the role of Board level director who is responsible for championing Fire Safety issues at Board level.

### **Associate Director of Estates**

The Associate Director of Estates is responsible for

- A) ensuring that processes are in place to monitor compliance with this policy and that any non-conformance is acted upon.

- B) Identify and appoint external consultants, including Fire Safety Advisors to support the Trust meet its statutory obligations as regards to fire safety.
- C) Supporting development of lifecycle replacement programmes to systems designed and installed to provide to support fire safety.
- D) Supporting the development of bids to be presented to internal working groups, such as the Capital Estates Group (CEG) and committees.
- E) Responsible for updating and reviewing the Fire Safety Policy, bringing in specialist support to assist in interpreting and advising the Trust on changes in legislation.

### **Fire Safety Manager - Authorised Person (Fire)**

The Trust's will have a formerly appointed Fire Safety Manager for the Trust, either appointed internally or an external consultant.

The Fire Safety Manager is tasked with developing and running the fire safety management system, and will be responsible for (exemplar roles/duties):

- A) Ensuring the Trust meets its statutory obligations as regards to fire safety
- B) Ensuring there are current fire risk assessments for all premises.
- C) Ensuring that the Fire Safety Action plan tracks the fire safety concerns across the Trust and the closure of the agreed corrective actions.
- D) Ensuring that Local Managers are aware of their responsibilities relating to fire safety.
- E) Raising awareness of fire safety risks with managers and monitoring arrangements of these risks
- F) Monitoring the inspection, maintenance and testing of Fire Safety Systems
- G) Liaising with the Fire Service
- H) Ensuring that the Trust has an effective fire safety training programme.
- I) Ensuring that the Estates team maintain compliance with fire safety equipment and complete works to address any deviation or fault identified during risk assessment and inspections

**SCHT Health & Safety Working Group** The SCHT Health & Safety Working Group will meet monthly, chaired by the Health and Safety Manager, and report to the Trust Health and Safety Committee. Members of the SCHT Health & Safety Working Group will be responsible for the review of the following.

- A) All fire safety related matters, including fire incidents.
- B) Staff training, including fire drills.
- C) Unwanted fire signals (false alarms)
- D) Evacuations strategies

### **Authorised Engineer - Fire [External Specialist]**

The Authorised Engineer – Fire (AE-Fire) (external specialist – contracted DRLC Ltd) will act as an independent professional adviser to the healthcare organisation. They are a

chartered fire engineer, or a chartered member of an appropriate professional body, with extensive experience in healthcare fire safety.

The AE (Fire) will make recommendations for the appointment of Authorised Persons (Fire), monitor the performance of the Trust's fire safety management, and provide an annual audit to the Board Level Director with fire safety responsibility.

### **Fire Safety Advisor -Authorised Person (Fire)**

The Fire Safety Advisors (LS Fire Solutions have been appointed to provide this service 2023- 2028) provide competent fire safety advice for the Trust. Their responsibilities are

- A) Undertaking, recording and reporting fire risk assessments
- B) Providing expert advice on fire legislation
- C) Assisting in the review and development of the Trust's Fire Policy
- D) Attending Fire Safety Group meetings
- E) Providing assistance in the development of local fire emergency plans
- F) Supporting with the identification of training needs, and suitable training providers
- G) Liaising with managers and staff on fire safety issues
- H) Working with the Trust's appointed Authorised Engineer for Fire Safety
- I) Liaising with enforcing authorities on technical issues

### **Estates Management**

The Estates Team (contracted) provide estates and facilities management for the Trust. Their responsibilities include:

- A. Routine maintenance and testing of fire safety equipment including fire alarms, fire dampers, fire hydrant, fire-fighting equipment, and lightning protect etc.
- B. Ensuring that the required actions identified through Fire Risk Assessment are completed e.g. fire compartmentalisation, replacement of fire doors
- C. Provide a 24/7 On Duty Engineer (contacted through an Alarm Receiving Centre for the Community Hospitals)
- D. The on duty engineer resets the fire panel, and any associated equipment, after an alarm activation
- E. Records are stored using the Contractor's MiCAD system On certain sites where SCHAT is the tenant the Estates and facilities management is completed by the Landlord, depending on the tenancy agreement.

### **Local Responsible Person / Building Manager**

The Manager(s) of the premises is responsible to the Fire Safety Manager for ensuring that the fire safety arrangements in the building are maintained in an acceptable condition. Local responsible persons / building managers are responsible for:

- A) Local checks on fire safety measures (see Fire Safety Measures Check Sheet)
- B) Annual fire drills (see Fire Drill Guidance and Drill Template)

- C) Maintenance of the Local Fire Strategy Manual
- D) If classed as High Risk Site, ensuring all staff within their sites attend mandatory annual Fire Training
- E) Ensuring that there is a sufficient number of trained Fire Wardens and/or Fire Marshalls to support the safe evacuation during any fire incident (see Role of Fire Marshall and Fire Warden)
- F) Reporting any faults within the building to the site specific Estates Helpdesk that may impact of the systems in place to protect people
- G) Reporting any fire incidents, and unwanted fire signals through Datix (refer to Appendix B)
- H) Systematic inspections of premises, plant and equipment to ensure fire safety measures are effective
- I) Ensuring adequate fire risk assessments have been undertaken and appropriate control measures and emergency procedures are in place
- J) Ensuring that the required actions identified through Fire Risk Assessment are completed

### **Fire Incident Manager**

The most senior person in charge of an area at the time that an incident occurs, or the designated local responsible person, assumes the role of the Fire Incident Manager.

The Fire Incident Manager is required to:

- A) Take control of the incident
- B) Ensure that the fire alarm system has been activated and that staff in the area are aware of the incident
- C) Initiate the local emergency action plan
- D) Commence the evacuation if necessary
- E) Liaise with oncoming local responders and the fire service

### **Fire Wardens**

Fire wardens/responsible persons are appointed to give appropriate local leadership and direction in fire safety matters. They are not in an enforcing role but report to their line manager.

Appointed and trained fire wardens/responsible persons will:

- A) Supporting the safe evacuation of all staff, patients, visitors and contractors during any fire incident
- B) Complete the Roll Call for their area and inform the Fire Marshall / Fire Incident Manager
- C) Monitoring the fire safety arrangements at their place of work, working with local management to address any deficiencies e.g. blocked fire escape routes, missing fire extinguishers

- D) Supporting local managers in the development and cascading of local fire evacuation plans
- E) Seeking advice regards any fire safety concerns they have, or are raised with them by their site colleagues

In clinics and administration premises Receptionists/Administration staff may be nominated as responsible persons within core business hours. They will take a leading role in the event of a fire. This may include interrogating the fire alarm panel, verifying the presence of fire, calling the fire service and checking that areas are successfully evacuated, taking the roll call and meeting the fire service.

### **Employees**

Employees will

- A) Have awareness of this Policy and follow their local site evacuation procedures
- B) Complete fire training as requested
- C) Raise any fire safety concerns, or any identified gaps with local fire safety arrangements with their local managers

### **Business Continuity Lead**

The Trust's Business Continuity Lead also fulfils the role of our Emergency Planning Lead and as such will:

- A) Collaborate with clinical leads to formulate, revise and monitor plans for the relocation of patients and staff in the event of a full scale evacuation in which re-entry to the premises is prevented
- B) Ensuring the relocation plans form part of the overall emergency plans
- C) Ensure that effective fire drills are completed to test the proposed measures

### **Learning and Development Manager**

The Trust's Head of Learning and Development will collaborate with, and support, the Fire Safety Manager in the planning and delivery strategy for timely and appropriate fire safety training across the Trust.

## **6. Organisation for Fire Safety**

### **Fire Risk Assessments**

The Fire Safety Manager will ensure that Fire Risk Assessments are undertaken for all Trust premises, identifying potential fire hazards and who might be at danger from such hazards.

The risks arising from identified hazards will be evaluated and appropriate controls put in place to reduce the risk of fire to an acceptable level, considering

- A) The likelihood of fire occurring and measures that could reduce the likelihood
- B) The fire precautions and arrangements for warnings

- C) Means of escape
- D) Firefighting arrangements
- E) Maintenance and testing of fire safety systems

(Refer to Appendix B for reporting Fire Related Incidents)

Fire Risk Assessments are reviewed on a periodic basis depending on the site risk level. For in patient areas the fire risk assessments are reviewed annually, other buildings are assessed every two to three years depending on occupancy levels.

The risk assessments undertaken will be by competent persons, LS FIRE Solutions Ltd, and in accordance with the Regulatory Reform (Fire Safety) Order 2005, and the NHS Fire code HTM-05-03 Part K – Guidance on fire risk assessments in complex healthcare premises.

### **Fire Action Safety Plan**

Any gaps in the controls identified by the risk assessments will be collated into a fire safety action plan by the Local Responsible Person / Building Manager.

The fire safety action plan will contain a program of remedial works, the implementation of which shall be monitored by the Fire Safety Manager, and the Fire Safety Group.

### **Local Fire Safety Manuals**

Each of the Trust's premises will have a Fire Safety manual which is kept up to date by the LRP / BM, with support from the Trust's Fire Safety Manager.

These must be readily available to the Fire Service when attending any fire incident, and are to be located by the main fire panel on each premises.

These plans set out the local arrangements, and detail the actions to be taken on detection of a fire, the arrangements for warnings, firefighting and evacuation. These plans are subject to an annual review.

Expected contents of local Fire Safety Manual:-

- The specific address and title of the building will confirm the details to give to the Fire Brigade e.g. Anonymous Ward, 1st Floor, Something Hospital, Clacton Lane, Needham Market. A postcode and GPS co-ordinates should be part of the site address.
- Fire Safety Plan of ward / department / area including the location of relevant fire safety features
  - Fire compartmentation
  - Fire detection and alarm systems
  - Fire hazard rooms (for example where there is the presence of medical gas)
  - Fire doors
  - Fire extinguishers
  - Fire Escape route
- Evacuation equipment
- Details of local Fire Procedure (also displayed in building).

- A fire record or log book giving details of tests on installations, fire, false alarms and unwanted fire signals, annual fire drills.
- A copy of the most recent Fire Risk Assessment for the premises.  
Fire Safety Checklist

## **Arson**

The threat from Arson, the criminal act of deliberately setting fire to property, is considered in Local fire emergency plans and fire risk assessments.

In order to minimise the risk of arson the following measures are used:

- A) Any person within staff areas not wearing ID is challenged to confirm their identity and their purpose in the area
- B) Outside areas are checked to ensure there is no easy access to roofs, windows and external fire escapes and there are no 'hideaway' places.
- C) Exit doors should be as secure as possible without negating the means of escape
- D) Waste bins should be secured away from the building
- E) CCTV is used on some sites to provide additional security which also prevents arson attempts

## **Fire Safety Checks**

A schedule of fire safety checks must be undertaken by the person in charge of the building, involving the local Fire Wardens. Appendix D Fire Safety Checklist gives a list of the suggested Daily / Weekly / Monthly checks.

## **Personal Emergency Evacuation Plans (PEEP) – See Appendix F for templates**

A PEEP is a bespoke "escape plan" for individuals who may have difficulties evacuating a building to a place of safety without support or assistance from others.

PEEPs may be required for any member of the community (staff, students, visitors) that may have one or more of the following:

- Mobility conditions
- Sight conditions
- Hearing conditions
- Neuro-diverse or mental health conditions
- Other circumstances that may affect a person's ability to evacuate (this could include people with underlying health conditions, or who are pregnant or who have a short-term injury, such as a broken leg).

The key question that determines whether a PEEP is required is "Can the person evacuate a building unaided in a reasonably prompt manner during an emergency situation?" If the answer is "NO" then a PEEP is likely to be required.

If the need to evacuate the building arises, the Manager or Deputy has a responsibility to ensure that any Staff and Visitor with disabilities can evacuate the premises. They may go (or be taken) to a place of reasonable safety e.g. a protected stairway or protected area.

From there they will be able to go (or be taken) directly to a place of total safety away from the building.

Everyone in the premises should be able to escape to a place of total safety either unaided or with assistance, **but without the help of the Fire and Rescue Service.**

### **Progressive Horizontal Evacuation**

The local fire strategy manual should include advice on progressive horizontal evacuation for the site.

*Progressive horizontal evacuation is the principle and process of moving patients and staff from the area of fire origin, which is compromised from a fire safety point of view, through a fire-resistant barrier, to a safe area on the same level. In the short-term, this will protect the occupancy from the effects of fire. The area of safety is known as a refuge and will offer protection for a minimum of 30 minutes. All movement in a progressive horizontal evacuation should be away from the fire and down towards ground level and the final exit from the premises. Patient-access areas must not, therefore, be located where evacuation would require travel up a stairway to a final exit.*

Where the fire alarm system allows (i.e. a precise location of the alarm may be determined, thus allowing a rapid assessment of the cause) and an evacuation is felt necessary, evacuation of 'clinical areas' is generally progressive (this is known as staged horizontal evacuation).

This evacuation will lead initially to a refuge, or place of safety, at least two fire doors away from the fire, but with an onward, ultimate assembly point outside the building in both car parks.

This system can be used as it involves a person passing from one 'fire compartment' into another that is not part of the initial evacuation zone. An example of progressive horizontal evacuation would be from ward to adjacent clinical areas.

A 'fire compartment' is a part of a building separated from other parts of the same building by fire-resisting walls, ceilings, floors and doors of 60 minutes fire resisting construction.

### **Fire Evacuation Drills**

Fire drills should be completed **Annually** and arranged to cover all shifts, and shift teams.

The Local Responsible Person / Building Manager is responsible for arranging local fire drills, and for completing the fire drill template, see Appendix F.

Following the specified drills the local manager will review the outcome, and if ineffective, consult the Fire Safety Advisor / Fire Safety Manager so that any necessary improvements or amendments are implemented.

Where disruption to patients would be inappropriate, drills may be conducted on a walk-through / talk-through basis. No full evacuation drills are carried out in patient areas.

## 7. Monitoring

Aspect being monitored	Monitoring Lead	Reported to Person/Group	Monitoring Process
Fire Training	Organisational Development Team	Health & Safety (H&S) Working Group	ESR records
Site Fire Drills	Fire Safety Manager	H & S Working Group	MiCAD records
Fire Incidents	Fire Safety Manager	H & S Working Group	Datix incidents /ERIC returns
Unwanted fire signals	Fire Safety Manager	H & S Working Group	Datix incidents /ERIC returns
Fire Risk Assessment	Fire Safety Manager /Associate Director of Estates	H & S Working Group	MiCAD portfolio review
Fire Safety Audit	Authorised Engineer (Fire)	Director of Governance	Compliance Audit Report

### **Annual Fire Safety Report**

An annual Fire Safety Report, covering risk assessments / training / fire safety arrangements, is prepared by the Fire Safety Manager and presented to the Health & Safety Group.

### **Annual Statement of Fire Safety**

The Fire Safety Manager produces an annual statement of fire safety to provide a clear indication of the status of fire safety management within the organisation, and a statement of assurance that adequate fire safety measures are in place. The Annual Statement of Fire Safety is signed by the Chief Executive.

The annual statement of fire safety is retained by the organisation and may be presented to the Care Quality Commission along with supporting documentation as evidence of performance against Outcome 10 of the 'Essential standards of quality and safety'.

### **Fire Safety Audit**

An annual Fire Safety Audit is undertaken by the Authorised Engineer (Fire) reporting to the Director of Governance. This independent annual review allows the SCHT Fire Safety Management Team to check the effectiveness of local policies and procedures.

## 8. Further Information

The Health and Safety Executive website [www.hse.gov.uk](http://www.hse.gov.uk) provides up to date information on current legislation, approved codes of practice and guidance documents.

For current updates on the HTM's go to

<https://www.gov.uk/government/publications/managing-healthcare-fire-safety>

## 9. References

- Incident Reporting Policy
- Mandatory Training Policy
- Smoking in the Workplace Policy
- Regulatory Reform (Fire Safety) Order 2005
- Health Technical Memorandums (Department of Health and Social Care) for Fire Safety
  - Managing Healthcare Fire Safety HTM-05-01
  - Fire Safety in the Design of Healthcare Premises HTM-05-02
  - Fire Safety Measures for Health Sector buildings HTM-05-03

## 10. APPENDICES

### Appendix A - Fire Safety Training and Competency

Fire Safety Training is a requirement for ALL staff.

Staff complete an annual ESR online learning package relating to Fire Safety, completion of this mandatory training is monitored by Occupational Development Team.

Local fire safety training forms part of the induction process for any new Trust personnel. See Appendix D.

At each site there are a number of Fire Wardens who receive additional face to face training to support them in their role. The training for Fire Wardens is monitored by the Local Responsible Person and the Fire Safety Manager.

In addition, all those staff based at our Community Hospitals and in Oswestry Health Centre (whether clinical or non-clinical), need to complete a High Risk fire safety practical session training; delivered at each base.

The Local Responsible Person / Building Manager is responsible for ensuring that Staff based on site receive training, and refresher training, in the local arrangements for Fire Safety.

Training on the local fire safety arrangements of the workplace should include:-

- An understanding of the fire prevention facilities provided
- Action to take on discovering a fire
- Causes of Fire/Hazards
- Action to take on hearing the fire alarm
- Procedures for evacuation.
- Staff responsibilities during a fire incident
- Specialist roles (switchboard staff, fire wardens etc).

## Appendix B : Fire Incident Reporting Procedures

### Fire Incident Reporting

The Fire Service must be called without delay to **all** fires or suspected fire incidents, using the emergency procedure for the premises in all circumstances.

All fires (however small) should be reported immediately to the LRP/BM and a Datix electronic incident form submitted to the Risk Team **within 24 hours**.

The LRP / BM must notify the following persons of all outbreaks of fire i) Chief Executive ii) Director of Governance iii ) Fire Safety Manager

Fires involving death or injury must also be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

### Management of Unwanted Fire Signals (UwFS)

All incidents of UwFS should be reported to the Local Responsible Person / Building Manager as soon as practicable following the incident and, in any case, within 24 hours of the incident occurring.

Requests for assistance on accessing the fire alarm systems are to be made to the appropriate Estates Helpdesk.

Once all relevant information has been taken from the fire detection and alarm system the fire detection and alarm system can be reset.

The investigation of all unwanted fire signals should be carried out by the Local Responsible Person / Building Manager and reported to the Fire Safety Manager via the Datix Incident Form.

The type of unwanted fire signal, as per the following table, is recorded in Part B of the Datix incident form.

Category	Example
<b>Unwanted alarms</b>	Alarms caused by fumes from cooking, steam, tobacco smoke, dust insects etc
<b>Equipment false alarms</b>	Alarms caused by faults with the equipment
<b>Malicious false alarms</b>	Alarms arising from the unauthorized or malicious use of the equipment. This could include a patient setting off an alarm
<b>False alarms of good intent</b>	These occur when an individual suspects there is a fire and raises the alarm
<b>Unknown</b>	Used for false alarms that do not fall into any of the above categories

The Fire Safety Group monitors the instances of unwanted fire signals, their causes, and the steps.











taken to reduce their occurrence. See HTM 05-03 part H Reducing unwanted fire signals in Healthcare premises.

### Appendix C: Portable Fire Extinguishers

All fire extinguishers are now **RED** but will be marked with the appropriate colour (**RED, CREAM, BLUE, BLACK, YELLOW**) as shown.

The icon gives a pictorial message on suitable uses e.g. Type A on wood, paper and textiles.

The fire extinguishers provided in your work area will have been selected to be the most appropriate for the area and local activities.

Symbols found on fire extinguishers & what they mean						
		Water	Foam spray	ABC powder	Carbon dioxide	Wet chemical
Wood, paper & textiles		✓	✓	✓	✗	✓
Flammable liquids		✗	✓	✓	✓	✗
Flammable gases		✗	✗	✓	✗	✗
Electrical contact		✗	✗	✓	✓	✗
Cooking oils & fats		✗	✗	✗	✗	✓

What to check on a Fire Extinguisher?

1. Make sure it is located in its designated place.
2. Make sure the extinguisher is visible or that there is signage indicating where the extinguisher is located.
3. Make sure you can easily access the extinguisher.
4. Ensure the pressure gauge is in the operable range or position.
5. The fire extinguisher should be inspected and certified annually by a fire protection equipment company so look for a service date or due date.



## **Use of Fire Fighting Equipment**

On no account should you risk your life, or those of your colleagues, in attempting to tackle a fire.

- Only use the fire-fighting equipment if you have been trained to do so.
- Never put your life at risk by tackling large or smoky fires.
- Never enter a room or compartment to tackle a fire.

Fire extinguishers can be found at the following locations:

- At a break glass call point
- Near a final exit
- At a high-risk location
- 

### **Use of Fire Fighting Equipment**

- Sound the fire alarm before attempting to fight the fire.
- Always get assistance where possible and assess the size and the type of fire.
- Only use a fire extinguisher as a last resort in order to safeguard your escape.
- Select the correct extinguisher for the class of fire.
- Test the equipment by operating the extinguisher so that you are sure it will work when advancing towards the fire.
- Always keep your means of escape open. Never put the fire between you and your exit route.
- Keep low to avoid any heat and toxic fumes.
- Point the extinguishing medium onto the fire, initially from a safe distance and move closer when you can see that your actions are having effect.

### **DAILY CHECKS**

#### **Escape Routes**

- Are escape routes clear?
- Are fire doors clear of obstructions?
- Are the manual fire call points unobstructed?

#### **Fire Alarm System**

- Check the fire alarm panel shows a healthy condition.

### **WEEKLY CHECKS**

#### **Fire Alarm System**

- Can the fire alarm be heard in all areas during the weekly test?

#### **Escape Lighting**

- Is the Emergency Lighting working?

#### **Fire-fighting equipment**

- Check that the fire extinguishers are in place and readily accessible.
- Do all fire extinguishers have their security tags and pins in place?
- Is the pressure (check gauge arrow is in green area) in 'stored pressure' fire extinguishers correct? If not, then it may need replacing.

#### **Fire doors**

- Check that the fire doors that should be kept shut are fully closed.

### **MONTHLY CHECKS**

#### **Escape Routes**

- Are external escape stairs safe?
- Check that all fire escape doors can be opened easily.
- Check Housekeeping standards remain high to prevent the build-up of combustible materials.

#### **Fire doors**

- Check that automatic fire doors close correctly.

#### **Fire Logbook**

- Check that the fire logbook is being used to record any fires, false alarms, unwanted fire signals and fire drills

## Appendix E: Local Fire Safety Induction

### FIRE SAFETY INDUCTION

#### TO BE COMPLETED ON THE FIRST DAY OF WORK

NAME:.....JOB TITLE:.....  
(Please use block capitals)

PLACE OF WORK: ..... DATE: .....

Flexible worker (NHSP, Other agency) including non-Trust staff: **Yes/No**

The local fire safety induction training should include:

- details of the risk identified in the fire risk assessments for the area(s) concerned.
- details of the protective and preventative measures in place.
- any specific instruction necessary to prevent fire in the area as a result of hazardous processes, substances and/or equipment.
- details of the local fire emergency action plan including:
  - the action to be taken on discovery of a fire.
  - means of raising the fire alarm
  - the actions to take on hearing the fire alarm.
  - staff responsibilities during a fire incident
  - procedures for evacuation
  - the location of fire exits and evacuation equipment.
  - the location of fire extinguishers
  - other relevant equipment etc.
- **Ensure to include a physical tour of the Escape Routes and Assembly points.**

By signing below this Induction form, both parties are agreeing that the above instructions have been both given and received and clearly understood.

Name of Workplace Manager: (please print) \_\_\_\_\_

Signature of Workplace Manager: \_\_\_\_\_

Name of Staff Member: (please print) \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_

This Induction form will be kept on file and where applicable form part of the evidence of recorded Fire training.

One copy of this form must be sent to the Staff member's Line Manager to be included into their Personnel File

## Appendix F: Fire Drill Template (EXAMPLE)

The text in red is altered each time to record the result of the fire drill.

**NB identify more recent form.**

### TRUST FIRE DRILL REPORT

<u>Fire Drill Conducted at</u> <u>Premise Address:</u> Ludlow Community Hospital Gravel Hill Ludlow Shropshire  <u>Ward/Department</u> Entire Hospital  <u>Persons Affected</u> Ludlow Community Hospital  Numbers of staff on duty: Numbers of Patients on Ward:		<u>Fire Drill Conducted by:</u> Alan Snell, Steve Ellis & Kerrie Swinbourne  <u>Supported by Estates Engineer:</u> NHSPS on site staff  <u>Hospital Co-ordinator on Duty:</u>   <u>Ward Manager on Duty:</u> Carole Morton – Staff Nurse  <u>Senior Telephonist on Duty:</u> Reception Staff		<u>Date of Fire Drill:</u> Wednesday 05/05/2021  <u>Time Drill Started :</u> 11.10  <u>Fire Alarm Activated:</u> 11.10  <u>Fire Drill Completed:</u> 11.30
Un – announced Fire Drill	YES		This Drill was carried out by the Site Manager Kern Swinbourne and Steven Ellis and Alan Snell Fire Safety Advisors were asked to observe. The drill was planned, but unannounced to the staff involved.	
Staffs Fire & Rescue Service called and stood down	No		There was no requirement to stand down the fire and rescue as there is no monitoring service responding to the fire alarm system. The Reception Staff are located adjacent to the fire panel and they were questioned when the alarm sounded regarding their actions and demonstrated they were familiar with the process.	
Call Monitoring Centre – Taken off system		N/A		
Ward Manager or Deputy conversation Prior to Drill	YES		A meeting took place between Alan Snell, Steve Ellis, and Kern Swinbourne prior to the drill, to confirm a suitable scenario for the drill and to discuss expectations and outcomes.	
Detector Head Number		N/A		
Call Point number used	YES		Call point on 2 <sup>nd</sup> floor was activated.	
Automatic Doors operating satisfactorily;	No		The MLI auto doors did not open upon alarm activation and in addition, the lift did not automatically return the ground floor and the doors open.	
<u>Fire Alarm Activation</u> A location was identified to operate a break glass call point. This was done on the second floor where an observer was positioned.				

### What Happened Next

All Team Leaders attended the fire panel to establish the location of the activation. The Reception Staff responded by making a 999 call. The Staff Nurse took charge of the incident and proceeded the location indicated on the fire panel. Once at the location, reference was made to ensuring two fire door protection in the process of beginning to formulate an evacuation plan.

By the time the Staff Nurse had returned the ground floor the building occupants were assembling outside in the designated areas.

The Staff Nurse then proceeded outside to confirm a full evacuation, but at this point there was some confusion regarding who were Fire Marshalls and confirming all areas were clear.

### Evacuation of Patients

Patients were successfully evacuated to the designated assembly points.

### Fire Marshalls Engagement

It was difficult to identify Fire Marshalls on the assembly point and therefore difficult for the person in charge to establish whether all areas had been evacuated.

### Deficiencies relating to the building/ estate e.g. doors:

1. The MIU auto doors did not open upon alarm activation.
2. The lift did not automatically return the ground floor and the doors open.

DRILL RATING				
	Very Good	Good	Fair	Not good Standard
Raising the Alarm	x			
Evacuation (include time taken to evacuate)		x		
Marshal Reports	N/A			
Roll Call			x	

### Debrief undertaken for Lessons Learnt

- Staff nurse is required to coordinate any evacuation and therefore should consider sending a member of staff to establish the cause and severity so that they are still able to continue the role of supervising the evacuation.
- More coordination is required at the assemble points, to establish from Fire Marshalls, whether areas have been cleared. This could be improved by identifying fire Marshalls and the use of hand held radios.
- An effective evacuation, but more regular drills would provide an improved level of familiarity.

Fire Drill / Signal Report copied to:	YES	NO
Site Fire Safety File:	1xelectrical 1xhard copy	
Fire Safety Manager	YES	

Report completed by: **Alan Snell – Fire Safety Advisor**

17	Is there a “fire lift”?		
18	At the intended time of use, how many fire exits from the floor to be used are available for use? (Insert number in column)		

19	Do any of the escape routes involve escape into an adjoining building allowing horizontal evacuation?		
20	Have refuges been provided on, or adjacent to, each fire escape route (where applicable)?		
21	Where refuges have been provided, are these appropriate for use at the intended time of occupancy?		
22	Where refuges are not provided on all escape routes, does the existing fire escape signage clearly lead you to other refuges that are available?		
23	Are the refuge doors of the self-closing type and operating correctly?		
24	Do refuges have communication points that are accessible for you to use i.e. telephone or speaker connected to building fire control point or Security?		
25	Are you able to use an “evac” chair?		
26	Can you transfer to an “evac” chair without being lifted?		
27	Is there an evacuation chair provided in the building?		
28	Where are the nearest alternative chairs kept?		
29	How long, approximately, would it take you, unaided, to reach a place of safety in an emergency? (Please record a time for each of your available exits up to a maximum of 4.)	min	
		min	
		min	
		min	
	<b>e) The following questions need to be answered by all “non-ground floor based” mobility impaired persons that will be using / provided with full time “helpers”.</b>		
30	Who will be providing this assistance?		
31	Who will cover this “help” role when your normal helper is absent e.g. due to sickness, leave etc.?		

#### ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Staff or Service User)	

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**

## Appendix F - PEEP – Personal Emergency Evacuation Plan Checklist

### Section 1 - General information

<b>Name of Person Plan Prepared For:</b>		
<b>Name of Assessor:</b>		
<b>Date of Assessment:</b>		
<b>Nature of Impairment(s)/Disability:</b>		
<b>Area(s) <sup>(1)</sup> Covered By The Assessment:</b>		
<b>What times / days<sup>(2)</sup> are covered by this assessment?</b>		
<b>Does the building Fire Risk Assessment <sup>(3)</sup> denote that the proposed building has suitable access/egress.</b>	<b>YES</b>	<b>NO</b>

(1) The PEEP should, as far as practicable, be specific to individual areas of study / work / residence. However, if, for example, a number of activities are proposed to take place in adjacent areas from which escape will be affected using the same emergency provisions then it may be possible to assess the provisions on one form. Hearing impaired persons will normally be able to be assessed on one form since the provisions made for this class of persons are likely to be the same regardless of location.

(2) It is important to distinguish in the PEEP whether the area to be accessed will be used inside or outside of “normal” working areas. It is likely that certain areas of buildings will be inaccessible outside of normal working hours e.g. to assure security. The PEEP needs to demonstrate that this has been adequately considered.

(3) If a building assessment deems that a particular area does not meet the general access requirements for person being assessed then alternative management arrangements will need to be identified. Once these arrangements have been identified then a new PEEP will need to be undertaken to ensure that the new location(s) is / are adequate.

Available PEEP forms:

- Form A      General
- Form B      Mobility Impaired Person
- Form C      Visually Impaired
- Form D      Hearing Impaired

## FORM A – GENERAL

Name:		Room Number:	
Building to which this PEEP applies:			
Floors used:			
<b>Personal Emergency Evacuation Plan Checklists</b>			
	<b>AWARENESS OF EMERGENCY EGRESS PROCEDURES</b>	<b>Yes</b>	<b>No</b>
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	Can you hear the fire alarm in normal circumstances?		
6	Do you need assistance to get out of the building in an emergency?		
7	Is anyone designated to assist you to get out in an emergency?		
8	Is the arrangement with your assistant a formal arrangement?		
9	In an emergency could you contact the person in charge of evacuating the building in which you work and tell him where you were located?		
10	Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?		
11	Can you move quickly in the event of an emergency?		
12	<b>ARE YOU AWARE OF ANY OTHER MEASURES THAT COULD BE INTRODUCED IN THE BUILDING UNDER ASSESSMENT THAT COULD FURTHER AID YOUR EVACUATION IN CASE OF AN EMERGENCY</b>		

### ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Staff or Service User)	

Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.

## FORM B - MOBILITY IMPAIRED PERSONS

Name:		Room Number:	
Building to which this PEEP applies:			
Floors used:			
	<b>Personal Emergency Evacuation Plan Checklists</b>	<b>Yes</b>	<b>No</b>
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	Do you use a manual wheelchair?		
6	What is the approximate width of your wheelchair	mm	
7	If you use another type of mobility aid, what is it? (insert details)		
8	Could you transfer to an Evacuation Chair in an emergency with assistance?		
<b>B</b>	<b>Activities on the Ground Floor</b>		
9	At the intended time of use, how many fire exits are available for disabled use?		
10	If only 1 emergency exit is available, how far, approximately, is the exit from the area where you are starting to escape?		
11	How long, approximately, would it take you to evacuate, unaided, from the building? (please record a time for each of your available exits up to a maximum of 4)	Mins	
		Mins	
		Mins	
		Mins	
12	Are the escape routes free from any structural features that will present either a hazard or a barrier to you using any of the available fire exits?		
	<b>c) The following questions need to be answered by all “ground floor based” mobility impaired persons that will be assisted by full time “helpers”.</b>		
13	Who will be providing this assistance? (insert names)		
14	Who will cover this “help” role when your normal helper is absent e.g. due to sickness, leave etc? (insert names)		
<b>D</b>	<b>Activities based above the Ground Floor (or in a basement with access by stairs)</b>		
15	<b>ASSESSOR:</b> Have all possibilities for relocating the activity or service provision on the ground floor (of this or any other building) been exhausted?		

16	Is the area to be used above the 5 <sup>th</sup> floor?		
17	Is there a "fire lift"?		
18	At the intended time of use, how many fire exits from the floor to be used are available for use? (Insert number in column)		

19	Do any of the escape routes involve escape into an adjoining building allowing horizontal evacuation?		
20	Have refuges been provided on, or adjacent to, each fire escape route (where applicable)?		
21	Where refuges have been provided, are these appropriate for use at the intended time of occupancy?		
22	Where refuges are not provided on all escape routes, does the existing fire escape signage clearly lead you to other refuges that are available?		
23	Are the refuge doors of the self-closing type and operating correctly?		
24	Do refuges have communication points that are accessible for you to use i.e. telephone or speaker connected to building fire control point or Security?		
25	Are you able to use an "evac" chair?		
26	Can you transfer to an "evac" chair without being lifted?		
27	Is there an evacuation chair provided in the building?		
28	Where are the nearest alternative chairs kept?		
29	How long, approximately, would it take you, unaided, to reach a place of safety in an emergency? (Please record a time for each of your available exits up to a maximum of 4.)	min	
		min	
		min	
		min	
	<b>e) The following questions need to be answered by all "non-ground floor based" mobility impaired persons that will be using / provided with full time "helpers".</b>		
30	Who will be providing this assistance?		
31	Who will cover this "help" role when your normal helper is absent e.g. due to sickness, leave etc.?		

#### ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Staff or Service User)	

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**

## FORM C - VISUALLY IMPAIRED PERSONS

Name	Room Number:		
Building to which this PEEP applies:			
Floors used:			
<b>Personal Emergency Evacuation Plan Checklists</b>			
	<b>AWARENESS OF EMERGENCY EGRESS PROCEDURES</b>	<b>Yes</b>	<b>No</b>
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	Do you require the emergency escape procedure to be on tape?		
6	Do you require the emergency escape procedures to be in Braille?		
7	Do you require the emergency escape procedures to be in large print?		
8	Can you read the fire escape signs?		
9	How long would you estimate that it would take to evacuate the building under assessment, unaided (other than with the help of any items identified above), in the event of an emergency?	min	
10	How many escape routes are available to you in the event of an emergency?		
11	Have any hazardous "projections" or other structural components been identified on your escape routes?		
<b>B</b>	<b>The following questions need only be answered by those visually impaired persons possessing some degree of visual capacity</b>		
12	Are all escape routes clearly sign posted to meet YOUR requirements?		
13	Where applicable, are all escape corridors designed so as to prevent visual confusion in YOUR circumstances?		
14	Where applicable, are all escape staircases fitted with adequate colour contrasting nosing and a suitable handrail?		
<b>C</b>	<b>The following questions need to be answered by all visually impaired persons that will be using / provided with full time "helpers" while in the building for which this peep is being prepared.</b>		
15	Who will be providing this assistance?		
16	Who will cover this "help" role when your normal helper is absent e.g. due to sickness, leave etc. (insert names)		
17	<b>ARE YOU AWARE OF ANY OTHER MEASURES THAT COULD BE INTRODUCED IN THE BUILDING UNDER ASSESSMENT THAT COULD FURTHER AID YOUR EVACUATION IN CASE OF AN EMERGENCY</b>		

### ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Staff or Service User)	

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**

## FORM D - HEARING IMPAIRED PERSONS

Name:	Room Number:		
Building to which this PEEP applies:			
Floors used:			
<b>Personal Emergency Evacuation Plan Checklists</b>			
	<b>AWARENESS OF EMERGENCY EGRESS PROCEDURES</b>	<b>Yes</b>	<b>No</b>
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
6	Can you hear the fire alarm in normal circumstances?		
7	Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?		
8	Do you require written emergency procedures to be supported by BSL interpretation?		
9	Is your room fitted with a "hard wired" flashing light, (and a vibrating pillow) linked to the fire alarm?		
10	Is your toilet (or shower/bathroom) fitted with a flashing beacon linked to the fire alarm?		
11	<b>ARE YOU AWARE OF ANY OTHER MEASURES THAT COULD BE INTRODUCED IN THE BUILDING UNDER ASSESSMENT THAT COULD FURTHER AID YOUR EVACUATION IN CASE OF AN EMERGENCY</b>		

### ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Staff or Service User)	

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**