

## Whittington Hospital NHS Trust

# Fire Policy

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# THE WHITTINGTON HOSPITAL NHS TRUST

## FIRE SAFETY POLICY

### 1 POLICY STATEMENT

1.1.1 The Whittington Hospital Trust NHS Trust recognises its statutory duty to ensure compliance with current fire safety legislation in all its premises. The main statutory requirements are to be found in the Regulatory Reform (Fire Safety) Order 2005, the Health and Safety at Work Act 1974, and regulations made under that Act such as the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR).

1.1.2 The Trust will take such specific and general fire precautions as will ensure, so far as is reasonably practicable, the safety of our employees and anyone else who might be affected by our activities.

1.1.3 In addition to complying with its statutory duties the Trust is committed to achieving a high level of fire safety since the consequences of fire in the hospital would pose a major threat to the lives of patients, staff and visitors within. The Trust will therefore aim to identify fire hazards, apply effective risk controls and ensure that staff undergo appropriate instruction and training on fire prevention and control.

1.1.4 As required by the NHS Management Executive, the Trust will adopt Firecode as its primary guidance on fire safety matters and will have (i) a clearly defined fire precautions policy and, (ii) a programme prepared with the advice and assistance of the Chief Fire Officer of the Local Authority for installing and satisfactorily maintaining an adequate level of physical fire precautions designed to prevent the occurrence, ensure the early detection and stop the spread of fires.

1.1.5 Each unit is to have plans for (a) raising the alarm, (b) fire fighting, (c) the movement or evacuation of patients in an emergency and (d) staff training in all these matters.

1.1.6 TO ENSURE THAT THIS RESPONSIBILITY IS FULLY MET, IT IS A CONDITION OF EMPLOYMENT THAT ALL STAFF ATTEND BASIC FIRE SAFETY INDUCTION COURSE WITHIN THE FIRST MONTH OF EMPLOYMENT FOLLOWED BY ANNUAL FIRE SAFETY REFRESHER COURSES.

### 1.2 RELATED POLICIES

- Management of Contractors policy
- Security policy
- Health and Safety policy
- Adverse Incident Reporting Policy & Procedure

## **2 SCOPE**

This policy applies to all Trust premises, employees and contractors.

## **3 AIMS**

This policy has been developed in order to outline the arrangements by which fire safety will be managed and this policy will be implemented, and to provide guidance for staff and managers on fire safety issues.

## **4. RESPONSIBILITIES**

### **4.1 Chief Executive**

The Chief Executive will have overall responsibility for the effective implementation of the Trust's fire safety policy, and for ensuring that agreed programmes of investment in fire precautions are properly accounted for in the Trust's annual business plan.

### **4.2 Director of Facilities**

4.2.1 To assist the Chief Executive in discharging his responsibilities, the Director of Facilities will be the Executive Board Member with nominated responsibility for fire safety matters and for the maintenance, installation and testing of fire related infrastructure - in effect, he will be the Trust's Responsible Person as defined in the Regulatory Reform (Fire Safety) Order.

4.2.2 In addition, the Director of Facilities will set up and chair a fire safety committee with appropriate membership and terms of reference to keep all fire safety matters under review. This committee is to meet regularly in accordance with its terms of reference. Matters discussed and decisions taken are to be formally recorded and disseminated via the staff consultation process.

### **4.3 Directors/Division Managers**

Directors are responsible for appointing at least one senior manager in each service/unit to assume the role of Divisional Responsible Person (fire) for that service or unit. Details of the personnel undertaking this role will be forwarded to the Deputy Director of Facilities.

### **4.4 Divisional Responsible Persons (fire)**

The duties of responsible persons are to:-

- a) ensure the effective implementation of this policy in their areas of control;
- b) ensure that all staff participate regularly in fire safety training and fire drills;
- c) in conjunction with the Deputy Director of Facilities, arrange and attend organised fire drills;
- d) receive reports of all fire incidents from the Deputy Director of Facilities, and inform the Director of Facilities where any recommendations cannot be implemented;

#### **4.5 JASFM Contract Manager**

- a) The JASFM contract manager is responsible for ensuring that JASFM staff comply and cooperate with trust arrangements for fire safety and that for those areas and staff under the management control of JASFM, at least equal standards of fire safety are maintained, and any conflicts with trust standards or arrangements are resolved to the mutual benefit of the two organizations.
- b) JASL have been issued with a fire bleep. Upon receiving notification of a fire activation in A or L blocks only, the Bleep Holder should proceed to the incident and establish the technical reasons for the activation

#### **4.6 On Site Duty Manager**

The on site duty manager (a bronze manager) will be the Designated Fire Officer. The Designated Fire Officer is responsible for:

- a) the co-ordination and direction of staff actions in the event of actual fire or smoke being detected in accordance with the agreed evacuation plans;
- b) in the event of a major fire emergency, take command until the fire Brigade arrives and act as a focus for liaison purposes thereafter;
- c) the continuing care and well being of evacuated patients during and immediately following the fire emergency.

#### **4.7 Managers/Heads of Department**

All Managers/Heads of Department are responsible for:

- a) the implementation of this policy and the effective day to day upkeep of fire precautions in their area;
- b) implementing the agreed Local Fire Procedures and Evacuation Plans, and ensuring that they are brought to the attention of all their staff;
- d) if issued with a fire emergency bleep, ensuring that they comply with the requirements detailed in fire procedure note 9, particularly making sure it is issued at the start of each shift to a nominated member of staff who is fully briefed as to the actions to be taken on activation;
- e) the regular testing and evaluation of their Local Fire Procedures and Evacuation Plan, and that this is formally recorded;
- f) ensuring provision is made for all their staff to participate at least annually in fire safety training and any organised fire drills.
- g) ensuring that, for any member of their staff that might be disadvantaged in a fire emergency (e.g. unable to descend stairs, unable to hear the fire alarm, unable to see their way out,) adequate special arrangements in the form of a personal emergency evacuation plan (peep) are put in place to ensure their safety in a fire.

#### **4.8 All Staff**

All staff have duties and responsibilities in respect of fire safety and should be prepared to deal with fire incidents and with any patients and visitors needing priority in guidance and assurance in such incidents. In particular all staff have a responsibility to ensure they:-

- a) are fully familiar with the location of:-
  - (i) escape doors and routes of escape
  - (ii) fire alarm call points (glass fronted red boxes)
  - (iii) fire fighting equipment;
- b) know and understand the Local Fire Procedures and Evacuation Plans ("fire action" routines) for their work area and participate fully in any organised fire drills;
- c) attend a fire safety update course annually;
- d) report promptly any potential fire risks or hazards they observe, taking immediate remedial action themselves if practicable;

#### **4.9 Deputy Director of Facilities**

4.9.1 The Deputy Director of Facilities is nominated as the Fire Safety Manager as set out in HTM05-01 section 1.3 and is responsible to the Director of Facilities for the day to day management and safe operation of fire safety systems and for monitoring the state of fire precautions within Trust premises. This will include:

- a) ensuring adequate provision of professional advice and assistance on technical matters such as the interpretation and application of Firecode, Fire Safety Legislation and other official guidance relevant to healthcare premises;
- b) ensuring that fire safety inspections and audits are undertaken at suitable intervals identifying areas of concern and non-compliance;
- c) the preparation of an annual report detailing the current state of fire safety within the Trust, and completion of the 'Certificate of Firecode Compliance';
- d) liaison with Capital Projects and Maintenance staff, Local Building Control and the London Fire Authority in the specification of fire precautions in new and existing buildings;
- e) ensuring an adequate delivery of suitable fire training and fire drills appropriate to need;
- f) assisting Managers/Heads of Department in the development of Local Fire Procedures and Evacuation Plans;
- g) monitoring the adequate provision, siting and effective maintenance of all fire-fighting equipment, alarm systems, fire safety signs, notices, etc.
- h) acting as secretary to the fire safety committee

4.9.2 In addition the Deputy Director of Facilities is responsible for fire safety related works and maintenance operations within the hospital, including the following:

- a) maintenance of the fire detection and alarm systems, fire fighting equipment, emergency lighting and structural fire precautions, and keeping of log books to record all maintenance and tests. Automatic fire detection systems, fire alarms and détentes to fire resisting doors

to be checked weekly, all other matters annually, in accordance with Fire Procedure Note 8 (see section 9);

- b) ensuring that all new developments and alterations designed within the hospital comply with relevant building and fire regulations, by liaising with the Consultant Fire Safety Adviser to obtain any recommendations he may need to make relating to the new proposals. Deputy Director of Facilities will be informed by the Consultant Fire Safety Adviser of any comments and recommendations the Local Authority FPO may make in relation to fire safety arrangements;
- c) advising the Site & Facilities Management Team on all matters so far as they affect the building and engineering services, particularly where there may be implications in respect of future alterations or development planned by the Site & Facilities Management Team.
- d) Implementing a procedure of authorisation to carry out operations using flame/spark producing apparatus etc. by issuing of "Permit to Work" documentation (see Fire Procedure Note 5);
- e) ensuring that all contractors are made aware of the fire precautions in the area(s) they will be working and their work does not affect these precautions.

#### **4.10 Consultant Fire Safety Adviser**

The Consultant Fire Safety Adviser is accountable to the Deputy Director of Facilities and responsible for:

- a) undertaking and maintaining a baseline of fire risk assessments and reviewing them at annual intervals
- b) facilitating liaison with the Fire Brigade on all matters of fire safety which affect the Trust;
- c) commenting, in conjunction with the Fire Brigade on all plans which involve alterations to existing, or the erection of new, buildings in the Trust regarding fire protection measures. Where possible, the Consultant Fire Safety Adviser should attend site meetings in connection with such alterations and developments;
- d) giving advice on fire matters to anyone requesting such advice;
- e) advising on fire safety management strategies and the means of their implementation as required;
- f) carrying out general inspections and audits at regular intervals for the purposes of monitoring fire management issues including the identification of potential fire risks.

#### **4.11 Trust Health and Safety Advisor**

In the event of a fire related incident that qualifies as a Serious Untoward Incident (SUI) the Trust Health and Safety Advisor will be responsible for:

- a) reporting the incident to the HSE under the provisions of Riddor
- b) undertaking an investigation as to root and contributory causes
- c) making recommendations to address any defects or shortcomings identified by that investigation
- d) drawing up an action plan to implement the recommendations made and for monitoring the implementation of that plan to completion

#### **4.12 Other Staff with Specific Duties**

Security Officers, Porter and the Nurse nominated as the incident response bleep holder on each ward, have pre-defined responsibilities (see section 9 for full details).

### **5 PATIENT EVACUATION STRATEGY**

The need to evacuate patients from the vicinity of any fire occurrence will be in accordance with 5.1 to 5.4 below.

#### **5.1 EVACUATION OF THOSE PATIENTS IMMEDIATELY AFFECTED**

##### **Stage 1 Evacuation (Horizontal)**

- The initial decision to evacuate will be made by the senior staff member in the area concerned at the time and will be based on the threat to patient safety as perceived by that member of staff at that time
- Initially only the ward or department involved will be evacuated in order to concentrate resources, only evacuating adjacent wards or departments when the original location is fully evacuated and only if considered necessary due to fire spread or perceived danger
- Patients need not be evacuated if there is no risk to their safety e.g. the alarm has occurred because of a burnt toast incident
- Patients will be moved horizontally from one area to another on the same floor level but separated from the affected area by fire resisting walls and doors
- Non-mobile patients should be moved on beds or wheeled chairs so as to minimize the risk of injury to staff or discomfort for the patient

##### **Stage 2 Evacuation (vertical)**

- On arrival of the fire brigade, the senior brigade officer will liaise with the on-site duty manager and with medical staff, to decide if further evacuation away from the fire zone is necessary.
- A stage 2 evacuation will move patients vertically down to ground level using designated fire escape stairways.
- Such vertical evacuation will generally be as a last resort, due to the significant risks in moving patients down stairways.

## 5.2 **EVACUATION OF PATIENTS NOT IMMEDIATELY AFFECTED**

5.2.1 Evacuation of some patients not immediately at risk may also need to be considered, should fire growth accelerate or smoke spread through an area adjacent to the fire zone.

5.2.2 In the initial stages of an incident adjacent locations will have been made aware of the proximity of the fire by virtue of hearing the intermittent fire alarm tone and should use the time available to plan for potential evacuation should the need arise. Having this extra time, staff should be preparing each patient for the possibility of evacuation, getting non-ambulant patients into wheelchairs, giving other patients dressing gowns and blankets for warmth, and maintaining a calm environment.

5.2.3 The patients can be organised into an order for evacuation so that the faster moving patients evacuate first and are not held up by the slower ones.

5.3.1 Some areas may need to be evacuated - even though they are not directly affected by the fire – if the Fire Brigade need to enter in their efforts to extinguish a fire, or where patients would be at risk because of damage caused to other parts of the structure by fire.

5.3.2 Should this become necessary, staff will normally have a good deal of warning, which will allow senior medical nursing and administrative staff to organise the safe movement of patients to areas where they can be accommodated in relative warmth and comfort.

5.3.3 When evacuating patients, a minimum amount of movement is obviously best, and the pattern of evacuation should be in the manner described previously.

5.4 Whatever action with regard to evacuation is necessary, it is important that all affected areas are physically checked to ensure that no one has been overlooked. This is especially important during visiting times in wards and areas where members of the public have free access and actual numbers are not known. Toilets, storerooms and offices must be checked and the senior person in the area **MUST DELEGATE** a member of staff to check these areas.

## Section 6 - FIRE PROCEDURE

If you discover a fire you should immediately operate the nearest fire alarm call point – then move any patients away from the immediate area and either attack the fire if safe to do so or close doors around it to prevent the smoke and fire spreading.

### **ACTION ON HEARING THE FIRE ALARM**

Operation of the fire alarm will give one of two distinct sounds.

- (a) **continuous ringing of the alarm bells**
- (b) **intermittent ringing (pulsing) of the alarm bells**

Staff with specific duties in the event of an alarm (see section 8) should proceed immediately to their designated post and carry out their instructions. All other staff to comply with the following:-

### **CONTINUOUS RINGING OF THE ALARM BELLS.**

This indicates that the alarm has been activated in **your** area.

In a **patient care area**, staff should seek to find the cause of the fire alarm – perhaps attacking any fire with an extinguisher (if you feel safe doing this) or closing doors around it - and evacuate only if the situation warrants it.

In a **non-patient care area**, staff hearing a continuous ringing of the alarm should immediately leave the building by the nearest exit, taking visitors with them to the assembly point where they should report to their department head.

### **INTERMITTENT RINGING OF THE ALARM BELLS.**

This indicates that the alarm has originated elsewhere in the hospital.

Nursing and medical staff should remain in, or return to, their wards or patient area immediately. If this is not possible they should go to the support team control point.

All other staff should remain in, or return to, their departments if safe to do so and if not, go to their designated assembly point.

This alarm may be the precursor for an evacuation **into** your ward/department from an adjacent ward/department. Staff should begin to plan for this by preparing space to accept evacuated persons.

If the situation deteriorates and the area becomes at risk the alarm signal will change to a continuous alarm. Staff should then follow procedure 6.1 above.

## 7. ASSEMBLY POINTS

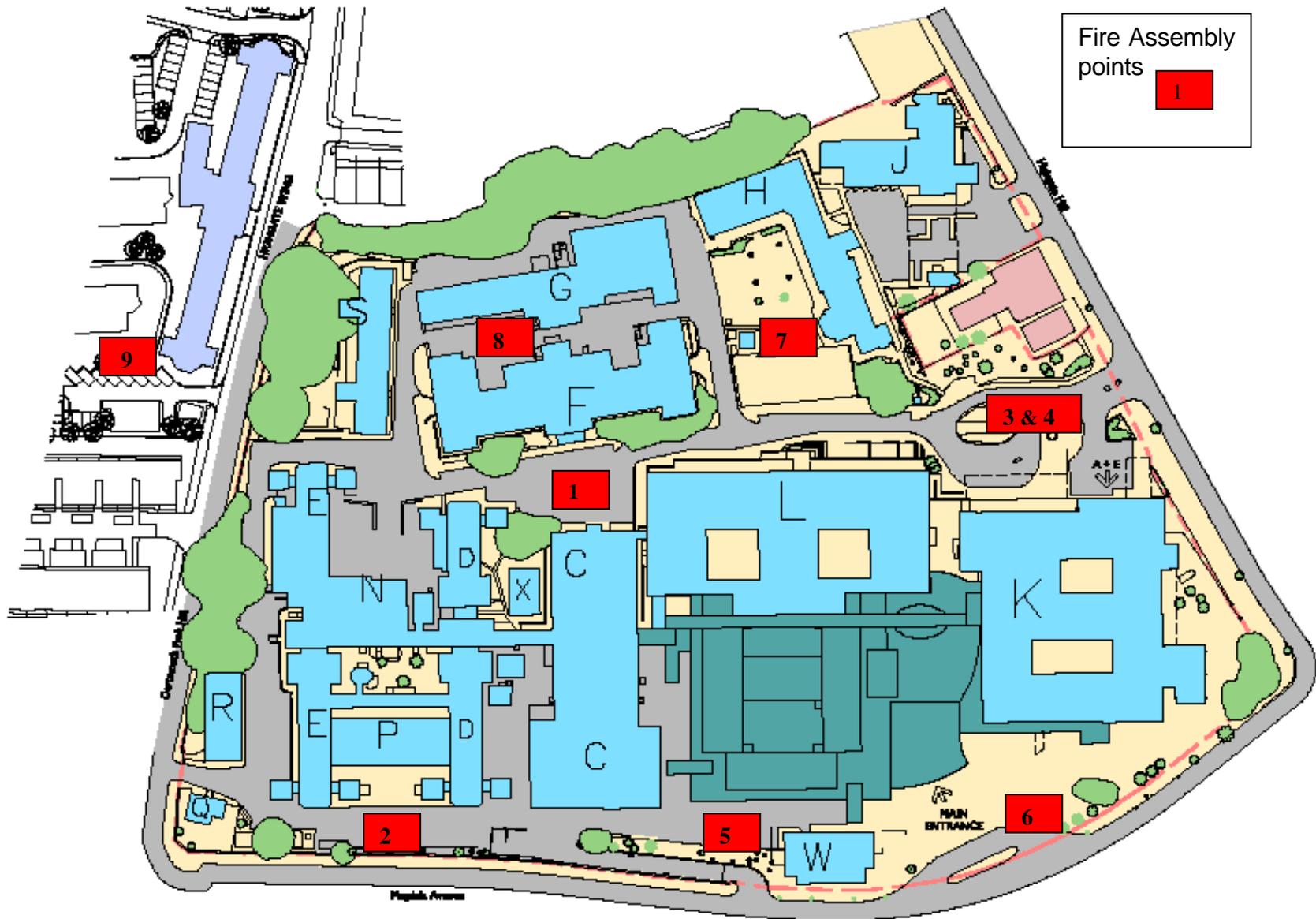
Staff assembly points are as follows:

<b>area/department</b>	<b>Assembly point number</b>	<b>Designated assembly point</b>
C, D and E blocks (Kenwood wing) levels 3,4 + 5	<b>1</b>	Outside Jenner exit
C, D and E blocks (Kenwood wing) level 2	<b>2</b>	On mortuary road
K block	<b>3</b>	Outside K block entrance
New acute wing/GNB levels 2, 3,4,5 & 6	<b>4</b>	Outside K block entrance
New acute wing/GNB level 1	<b>5</b>	Adjacent to mortuary
New acute wing/GNB level 0	<b>6</b>	To side of new main entrance
Jenner Building, School of Nursing, Nurses Home	<b>7</b>	Grass outside nurses home
Doctors accommodation	<b>8</b>	Between Jenner and School of Nursing
Highgate wing	<b>9</b>	Rear of building

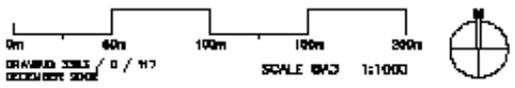
## 8 CONTROL POINTS

In the event of fire the fire response team will gather at one of the following control points (appropriate to where the fire is):

K BLOCK (OUTPATIENTS BLOCK)	RECEPTION DESK
BLOCKS C + D	"C" BLOCK STAFF ENTRANCE (JENNER EXIT)
WARD BLOCK "E"	LABOUR WARD MAIN ENTRANCE
NEW ACUTE CARE	MAGDALA AVENUE ENTRANCE RECEPTION
ALL OTHER INCIDENTS	K BLOCK RECEPTION DESK



Fire Assembly points  
1



WHITTINGTON HOSPITAL  
 SITE PLAN ON COMPLETION OF PFI  
 DEVELOPMENT

Whittington Hospital **NHS**  
 NHS Trust

**DEVEREUX**  
 ARCHITECTS

## **9. FIRE RESPONSE PROCEDURE AND SPECIFIC STAFF DUTIES**

### **9.1 FIRE RESPONSE PROCEDURE**

Any activation of the fire alarm system, by call point operation or automatic detection will sound the appropriate alarms locally (see section 6).

It will also sound an alarm automatically in switchboard who will immediately call the fire brigade and initiate the Trust fire response procedure.

The Trust will operate a two-stage fire response procedure utilising a voice over bleep communication system as below.

#### **9.1.1 Stage One Response**

In the event of a Fire Alarm Activation the switchboard will initiate the response by sending the following message via the 'voice over' on the internal bleep system (fire group) -

**'FIRE ALARMS SOUNDING...(along with the location)....'**

#### **9.1.2 Stage Two Response**

In the event of an actual fire or smoke (no matter how small) being discovered (by staff responding to the alarm or the stage 1 response) switchboard will be immediately notified.

Switchboard will then immediately initiate the stage two response by sending the following message via the 'voice over' on the internal bleep system (fire group) -

**'ACTUAL FIRE AT..(Location).. REPORT TO CONTROL POINT..(X)..'**

The Control Point will be chosen dependent on the block the affected ward/department is in (see section 7).

In the event of an actual fire being reported to switchboard by the fire emergency number (222) or any other means the response will immediately be stage 2.

## 9.2 SPECIFIC STAFF DUTIES

### 9.2.1 Duty Bronze Manager

#### Stage One Response

Upon receiving notification of a Fire Alarm Activation the Duty Bronze Manager need not attend the scene but should remain aware that an incident is taking place within the hospital and be prepared to move to stage two response if the call comes.

#### Stage two response

Upon receipt of a stage two alert the Duty Bronze Manager will -

- a) Go to the appropriate Control Point (see section 7) and muster a response/evacuation team from arriving fire bleep-holders.
- b) Wear a yellow tabard.
- c) Meet the Security Officer No 2, Senior Fire Brigade Officer (White Hat) and Estates staff (if available) to make an informed decision regarding any evacuation that may be required.
- d) Take any action that may be necessary to ensure the safety and welfare of patients and staff, in consultation with the senior Fire Brigade Officer
- e) If the Duty Bronze Manager feels that there is likely to be significant disruption to the operational efficiency of the hospital as a result of the fire, they are to initiate the Major Incident Procedure.
- f) When safe to do so, the Duty Bronze Manager will commence a debriefing with response/evacuation team and complete an incident report.

## 9.2.2 Security Officer No 1

### Stage One Response

Upon receiving notification of a Fire Alarm Activation, Security Officer No 1 (radio call sign YANKEE 1) will –

- a) Report to the location of the activation immediately.
- b) Upon arrival, investigate the cause of the activation and liaise with Security Officer No 2 to direct Fire Brigade.
- b) If the officer is able to confirm that the activation is a false alarm (i.e. is obviously not a fire), the alarm may be silenced **but not reset until the duty engineer has attended and established/investigated any technical reasons for the activation.**  
UNDER NO CIRCUMSTANCES MAY THE FIRE ALARM SYSTEM BE RE-SET PRIOR TO THE ARRIVAL OF THE FIRE BRIGADE
- c) Instruct all staff who have evacuated to return to their area (During Diagnostic Block activation, ensure any staff at the rear of the building are notified)
- d) Arrange for any break glass bolts/call points to be replaced.
- e) Ensure all fire escape routes used are secured.
- f) Complete an Incident Report form and forward it to the Health and Safety Adviser.
- g) For fire activations in A and L blocks please inform the Site manager to call the Trust On-Call engineer who will call out JASL On-call staff.  
**As a result of any fire activations the main boilers in A block serving A, K and L blocks will need to be reset. i.e. not heating or hot water.**

### Stage Two Response

**In the event of an actual fire or smoke being detected**, no matter how small, the Security Officer No 1 will -

- a) Notify switchboard giving the exact location and control point via the emergency telephone numbers (ext. 2222) and instruct switchboard to initiate the stage two response.
- c) Whilst always considering his own safety, take any action that he can to control the growth of the fire by closing doors or using a fire extinguisher

- d) Liase with the Duty Bronze Manager and Security Officer No 2 at the Control Point, requesting assistance as required from the response/evacuation team.
- c) Assist the staff in the area-affected to carry out evacuation.
- d) Once the area has been made safe and the fire extinguished continue as (c-f) in stage one.

### **9.2.3 Security Officer No 2**

#### Stage One Response

On receiving notification of a Fire Alarm Activation, Security Officer No 2 will –

- a) Proceed immediately to the hospital road main entrance or Magdala Avenue entrance (as appropriate) and wait for the arrival of the Fire Brigade.
- b) Direct the Fire Brigade to the incident opening all doors/road barriers as necessary.

#### Stage Two Response

Upon receipt of a stage two alert, and after assisting fire brigade to the fire location, Security Officer No 2 will –

- a) Go to the support team control point and wait for instructions from the Duty Bronze Manager/liase with Security Officer No 1.

### **9.2.4 Senior Duty Porter**

#### Stage One Response

Upon receiving notification of a Fire Alarm Activation the Senior Duty Porter will –

- a) Dispatch a porter to the Main Hospital Entrance.
- b) This porter will ensure all vehicles are prevented from entering the site with the exception of the Fire Service and other Emergency vehicles or will instruct the car park operator to do so.

#### Stage Two Response

Upon receipt of a stage two alert the Duty Senior Porter will -

- a) Send all available portering staff to the Control Point (see section 7) to form part of the evacuation team.

**ALL PORTERING STAFF WILL FOLLOW DIRECTIONS GIVEN BY THE DUTY SITE MANAGER**

### **9.2.5 Nurse nominated as fire incident response bleep holder**

Each ward and some departments have been issued with a bleep capable of receiving fire alert calls. Full details of this bleep can be found in Fire Procedure Note 9 – Fire emergency bleeps.

#### Stage One Response

The Bleep-Holder Nurse/other is not required to attend the scene of the activation upon receiving notification of a Stage One fire alarm alert – but must remain aware that an incident is taking place within the hospital and be prepared to move in response to a stage 2 alert.

#### Stage Two Response

Upon receipt of a stage two alert the Bleep Holder Nurse will -

- a) Send one member of the ward nursing staff to the announced Control Point (see section 7) to form part of the evacuation team.

**ALL NURSING STAFF WILL FOLLOW DIRECTIONS GIVEN BY THE DUTY SITE MANAGER**

### **9.2.6 Emergency On-Call estates tradesman**

Each tradesman has been issued with a bleep capable of receiving fire alert calls. Full details of this bleep can be found in Fire Procedure Note 9 – Fire emergency bleeps.

#### Stage One Response

Upon receiving notification of a Fire Alarm Activation the Bleep Holder should proceed to the incident and establish the technical reasons for the activation.

## **10.0 FIRE TRAINING**

- 10.1** Fire safety training is essential for all staff and is a legal requirement under the Health and Safety at Work etc Act and the Fire Safety Order.
- 10.2** Staff need to have an understanding of fire risks and know what to do in the event of a fire so that fire safety procedures can be applied effectively. This applies to all staff without exception. Senior management and senior medical staff should lead by example.
- 10.3** All staff should be given training specific to their workplace on or before their first day of employment. This training must be provided by the employing manager and should include (but not necessarily be limited to) an explanation of fire procedures and evacuation plans, alternative fire exit routes, location of fire alarm call points and fire-fighting equipment, and any fire precautions specific to that ward or department.

Subsequently, the new member of staff must attend a trust induction at the earliest opportunity. Employing managers are responsible for ensuring that new members of staff are appropriately inducted as described above.

- 10.4** Departmental managers must then ensure that all staff attend refresher training at least once in every period of 12 months. Such training may be delivered in a number of ways providing always that the desired training outcomes are achieved i.e.:
- staff understand the fire hazards where they work and practise appropriate fire precautions
  - staff understand and practise good general fire prevention
  - staff can implement their ward/dept evacuation plan

Departmental performance in this regard will be audited as part of the process identified in Section 11 below.

- 10.5** Specialist training will be provided for those staff having particular roles to play in the management of fire situations e.g. bronze manager, security officer, switchboard staff etc

## **11.0 WARD and DEPARTMENT FIRE AUDITS**

- 11.1** The fire safety manager will ensure that a programme of ward and department fire safety audits is implemented at appropriate intervals.
- 11.2** Wards and departments will be audited by the fire safety advisor in company with the ward/department manager where possible so that managers take ownership of fire safety and fire precautions in the areas for which they are responsible. The fire safety adviser will be available to

managers as a resource to assist and support them in this process, providing guidance and information as requested.

- 11.3** Managers will be issued with an 'audit inventory' of their ward or department showing items of fire related equipment and infrastructure (e.g. fire containment doors, fire exit doors, fire signs, fire extinguishers etc) to assist them in this and the maintenance of this equipment in good order will be an element to be measured by the audit together with good housekeeping and general fire precautions, staff attendance at fire training, and staff awareness of local evacuation plans.
- 11.4** The ward or department would then be allocated a Red, Amber or Green Status. Areas given a Red status would require immediate remedial action. Areas given Amber status would have a defined period to improve and rectify any deficiencies. If subsequent visits showed that remedial action had not been taken then an incident report would be issued and the matter escalated to the relevant line manager.

## **12.0 GENERAL FIRE PRECAUTIONS**

- 12.1** The definition of "fire precautions" is any measure (technical or human) taken to protect persons against fire. This would include any measures:
- to prevent fires occurring in the first place,
  - to detect any fires quickly and summon assistance
  - to protect the escape routes from the spread of fire and smoke whilst occupants are evacuated to safety
  - to organize appropriate staff response
  - to enable fires to be extinguished
- 12.2** The Whittington Hospital Trust's policy on fire precautions is to seek to achieve best practice standards as set out in Firecode, a Code of Practice published by the Department of Health. Firecode is actually a suite of documents dealing with separate elements of fire safety in hospitals and is kept up to date via regular review and amendment.
- 12.3** Managers and staff can access current versions of relevant Firecode documents on the Whittington Hospital Intranet under the 'Fire Safety' section.

## **13.0 UNWANTED FIRE ALARMS - USE OF COOKING APPLIANCES IN LOCAL KITCHENS**

- 13.1** The ability to prepare hot food in the workplace is a welcome and positive benefit, particularly in those departments of the hospital where it isn't always easy for employees to make their way to the main restaurant. However the Trust recognises that the use of cooking appliances in local kitchens and pantries is a significant fire hazard and employs a range of precautions to control that hazard.
- 13.2** Appliances such as toasters, microwave ovens, sandwich makers, grilles, mini-ovens and the like must all be subject to electrical testing prior to first use (call 3600 to arrange) and must be subject to the usual portable appliance testing regimes.
- 13.3** The use of such devices for heating and/or cooking food must only be within officially recognised kitchens and pantries – employees must not set up their own unofficial kitchens.
- 13.4** The *Trust Operations Board* ?????are to identify any officially recognised local kitchens or pantries so that appropriate fire safety precautions can be applied i.e. suitably fire resistant enclosures, appropriate automatic fire detectors, fire fighting equipment etc.
- 13.5** Any cooking devices found to be in use elsewhere than as above (i.e. other than in the officially recognised locations) will be confiscated.
- 13.6** Careless use of cooking appliances resulting in unwanted fire alarms in any local kitchen may result in such appliances being confiscated – one such incident will be regarded as a 'yellow card' warning but a second incident will result in the appliance (and any others in the area) being confiscated and local managers being tasked with ensuring that no replacement appliances are allowed.

Steve Primrose  
Deputy Director of Facilities  
October 2008

## Appendix A

### Fire Policy - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternative are there to achieving the policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Steven Packer ext 5011 or Rachel Wale ext 5673 together with any suggestions as to the action required to avoid/reduce this impact.

Appendix B

**Plan for Dissemination and implementation plan of new Procedural Documents**

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust

Title of document:	<b>Fire Policy</b>		
Date finalised:	<b>October 2008</b>	Dissemination lead:	<b>Steven Primrose</b>
Previous document already being used?	<b>Yes</b>		<b>0207 288 5500</b>
If yes, in what format and where?	<b>Electronic and kept on the Intranet</b>		
Proposed action to retrieve out-of-date copies of the document:	<b>Update Intranet</b> <b>E-mail to all staff informing them of update and to replace previous version with this version</b>		
To be disseminated to:	How will it be disseminated/implemented, who will do it and when?	Paper or Electronic	Comments
<b>To all Manager's</b>	<b>By E-mail</b>	<b>E</b>	
Is a training programme required?	<b>No</b>		
Who is responsible for the training programme?	<b>No</b>		