

FIRE SAFETY POLICY

Version 1.0

Purpose:	To inform all Trust staff of the Fire Safety Policy.
For use by:	All Trust Staff
This document is compliant with /supports compliance with:	Regulatory Reform (Fire Safety) Order 2005. The Fire and Rescue Services Act 2004. The Health & Safety at Work Act 1974. Building Regulations 2000. The Housing Act 2004. NHS Estates FIRECODES HTM 05-01, 02, 03. The Management of Health & Safety at Work Regulations 1999. Standards for Better Health.
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Directorate and Department	Estates and Facilities

Version and document control:

Version number	Date of issue	Change Description	Author
1.0	April 2008	Updated to comply with new legislation	Director of Estate and Facilities and Fire Safety Adviser

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Trust documents may be disclosed as required by the Freedom of Information Act 2000.

Details about sharing this document with third parties are contained in Section 7 of this document.

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1. SECTION 1 – INTRODUCTION

1.1. Policy Statement and Rationale

The Ipswich Hospital NHS Trust is committed to complying with the appropriate Statutory Fire Safety Legislation, Regulatory Reform (Fire Safety) Order 2005, NHS Executive document HTM FIRECODE suite of documents.

This fire policy aims to ensure that if possible, outbreaks of fire do not occur and that if they do, they are rapidly detected, effectively contained and quickly extinguished.

1.2. Key Principles

This document complies with the Department of Health Fire Safety Policy Statement, which requires those responsible for Fire Safety within healthcare premises in England to:

- Comply with prevailing legislation.
- Implement Fire Safety precautions through a risk managed approach.
- Comply with monitoring and reporting mechanisms appropriate to the management of Fire Safety.
- Develop partnership initiatives with other agencies and bodies in the provision of Fire Safety.

1.3. The geographical area covered by this policy

The Ipswich Hospital – Heath Road

1.4. This policy does not relate to the following

- Minsmere House
- The Ambulance Station
- The Incinerator Building
- Gilchrist Unit – Castleton Way, Eye

1.5. Definitions

- RRFSO – Regulatory Reform (Fire Safety) Order 2005.
- HTM 05 – Health Technical Memoranda 2005.
- Trust – The Ipswich Hospital NHS Trust.
- DOH – Department of Health

1.6. **Supporting Compliance and References**

This document will support the Trust's compliance with:

- Its legal obligations as set out in the Department of Health Fire Safety Policy Statement.
- The requirements of RRFSO 2005,
- The Fire and Rescue Services Act 2004,
- Health and Safety at Work Act 1974,
- Building Regulations 2000, Housing Act 2004,
- NHS Estates Firecode,
- Management of Health and Safety at Work Regulations 1999
- NHS Executive HTM Firecode suite of guidance documents.
- Standards for Better Health

1.7. **Scope**

This policy describes the objectives and responsibilities for the fire safety within the Ipswich Hospital NHS Trust. It covers all persons employed by the Trust and all persons affected by the work of these employees.

The aim of this policy document is to detail the structure of the organisation and the management of Fire Safety within the premises.

It is vital to the effectiveness of the policy that the document is available to all staff; they understand its contents and are aware of their role in ensuring a fire safe environment. A copy of the document is available on the Trust Intranet.

2. **SECTION 2 – DUTIES AND RESPONSIBILITIES**

2.1. **Chief Executive and Trust Board**

The Chief Executive is ultimately responsible for Fire Safety throughout the Trust. It is his/her duty, so far as is reasonably practicable, to ensure that the Trust complies fully with current Fire Safety legislation and Department of Health requirements under Firecode.

The Trust Board has overall accountability for the activities of the Trust. They will ensure that they have appropriate assurance that the requirements of current fire safety legislation and Firecode are met.

2.2. **Executive Director with Responsibility for Fire (Director of Estate and Facilities).**

The Chief Executive delegates executive responsibility to the Director of Estate and Facilities as the “Executive Director for Fire”.

The Executive Director for Fire will ensure:

- There is a Fire Safety management structure for the Trust which clearly defines levels of responsibility and line of accountability for Fire Safety throughout the organisation, leading to the Board.
- The Fire Safety management structure has been approved by the Board and has been clearly communicated across the organisation.
- The Fire Safety roles are clearly defined for all situations where accommodation is multi occupied with other organisations e.g. leased areas.
- The Annual Certificate of Fire Safety Management is completed and signed by the Chief Executive.
- Proposing programmes of work relating to Fire Safety to the Trust.

2.3. **Fire Safety Manager**

The Fire Safety Manager will assist the Director of Estate and Facilities in the day to day management of Fire Safety and will ensure the requirements of HTM 05-01 are met, and in particular will be responsible for:

- Fire Safety awareness throughout the Trust
- Ensuring Fire Safety Risk Assessments and corrective actions are completed in accordance with the RRFSO 2005.
- Ensuring compliance with Fire Safety legislation
- Ensuring requirements for disabled staff and patients and visitors and contractors (related to fire procedures) are considered
- The development and implementation of Fire Safety Policy and Procedures
- Liaison with enforcing authorities.
- Ensuring the reporting of fire incidents in accordance with current practice.
- Monitoring and mitigation of unwanted fire incidents
- Monitoring of inspection and maintenance of Fire Safety systems.

2.4. **Fire Safety Adviser**

The Trust will employ a specialist Fire Safety Adviser. The Fire Safety Adviser will provide technical expertise to the Fire Safety Manager or Executive Director to

enable them to fulfil their duties effectively, and will assist the Fire Safety Manager in discharging the responsibilities outlined above.

In addition the Fire Safety Adviser will be responsible for;

- Providing expert advice on the application and interpretation of fire legislation and Fire Safety guidance, including Firecode.
- Advising on the content of the Trust's Fire Safety Policy.
- Assisting with the development of the Trust's fire strategy.
- Undertaking a training needs analysis for Fire Safety and organising the development of a suitable training programme, including delivery of the training.
- Liaising with enforcing authorities on technical issues.
- Liaising with managers and staff on Fire Safety issues.
- Maintaining compliance with Fire Safety standards and bringing areas of non-compliance to the attention of the Executive Director for Fire.
- Provide appropriate fire safety training to all personnel working at the trust.
- Ensuring fire safety risk assessments are carried out in all departments where appropriate in accordance with the Regulatory Reform (Fire Safety) Order 2005.

Whilst this list is not comprehensive, these are considered to be the core features of the post.

2.5. Directors, General Managers, Heads of Departments and Senior Nurses.

All Directors, General Managers, Heads of Departments and Senior Nurses are responsible for the following:

- Monitoring Fire Safety within their respective departments and ensuring that contraventions of Fire Safety precautions do not take place.
- Ensuring that Fire Safety instructions are brought to the attention of their own staff and that every member of their staff participates in appropriate Fire Safety training on induction and thereafter a minimum of once in each period of twelve months (annually).
- Ensuring that all new staff, at induction are given basic familiarisation training (to include fire procedures, means of escape and location of assembly points within their place of work).
- Keeping a record of staff attendance at Fire Safety lectures and training sessions and responsibility for ensuring that action is taken following non-compliance by staff with mandatory fire training
- Notifying the Fire Safety Adviser of any proposals for change of use, alterations or occupancy of the building within their area of responsibility.

- Identifying Fire Safety Co-ordinators and ensuring they have sufficient support, in training, time and resources to carry out their duties.

2.6. **Buildings occupied by other organisations**

A number of buildings or areas are occupied by tenants from other organisations, e.g. White Rose incinerator, OCS Ltd, Renal Unit etc.

While it is expected that these tenants will comply with the broader principles of this policy it is for each of them to manage fire safety in their own areas, carry out their own fire risk assessments and introduce policies and procedures in their occupied premises.

2.7. **Bed-site Managers (Senior Fire Safety Coordinator)**

The Bed-site Manager is the person in overall operational control for day to day emergency/fire issues, thereby providing 24 hour, 365 day operational cover.

Their responsibility during any emergency is to;

- Liaise with other members of staff to coordinate action in the event of a fire
- Investigate the alarm activation
- Control horizontal evacuation of a fire compartment or full evacuation of a department or building,
- Request the silencing and resetting of the fire alarm system,
- Complete the Fire incident report,
- Act as the point of contact and liaison with the Senior Fire Officer from the Suffolk Fire & Rescue Service Officer in the event of an emergency.

2.8. **Switchboard operator**

The responsibilities of Switchboard operators are as follows

- Monitoring the Fire Alarm Panels.
- In the event of a fire alarm activation, alerting by Bleep:
 - Bed Site Manager
 - Fire Response Support Team

and passing all relevant information

- Communications with Fire Brigade and all persons involved during any fire emergency.
- Calling the Fire Brigade when the fire alarm activates and passing on all relevant information.
- Keeping records of all fire alarm activations.

- Silencing and resetting the fire alarm system on instruction from the Bed-site Manager, Fire Safety Adviser or Fire Brigade.

2.9. **Fire Response Support Team**

The Fire Response Support Team will consist of the following representatives –

- Porter Representative
- Estate Representative
- Security Officer

The Fire Response Support Team will be alerted in the following method.

Portering Representative

In the event of a fire or other emergency incidents the Switchboard Operator will contact the Duty Porter or 'Helpline Operator', informing him/her of the incident, giving relevant information. It will be the responsibility of that person to contact and inform the Porters on duty to enable them to respond to the incident.

Portering staff will be responsible for:

- Attending the incident and making themselves available to assist the Bed-site Manager (Senior Fire Coordinator)/Fire Safety Coordinator,
- Helping with policing the exits to stop re-entry until it is safe to do so,
- Providing a 'Lift Warden' in the Maternity Block (if required by the Bed-site Manager).

Security staff

In the event of a fire or other emergency incident the Switchboard Operator will contact Security by means of the 'bleep system'. The relevant information will be passed onto Security and they will respond accordingly.

Security staff will be responsible for:

- One security person will meet the first fire appliance at the relevant entrance and escort the Officer-in-charge and other fire personnel to the location of the incident.
- Assisting with policing the exits to stop re-entry before the incident is deemed as being made safe.
- Attending the incident and making themselves available to the Bed-site Manager (Senior Fire Coordinator)/Fire Safety Coordinator.

Estate representative

During normal working hours: 08:00 – 17:00 Monday to Thursday and 08:00 – 16:00 on Friday, an electrical engineer will be contacted by the Switchboard

Out of normal working hours: Nights, Weekends or Bank Holidays, this responsibility will be taken on by the Boiler House engineer.

Their responsibilities during a fire or emergency will be as follows:

- Checking and identifying Zones and fire detection equipment,
- Replacing the glass in 'Break Glass Call-points' (if required),
- Silencing or resetting fire alarm panels in conjunction with switchboard (when required),
- Replacing faulty detectors (if required),
- Attending the incident and offering advice and assistance to the Bed-site Manager (Senior Fire Coordinator)/Fire Safety Coordinator.

2.10. Fire Safety Coordinator

Fire Safety Coordinators will be nominated by each directorate or department to be the local point for Fire Safety within their area of responsibility. They will act as the Fire Safety 'ears and eyes' within their area reporting all Fire Safety issues to their Line Manager and or Fire Safety Adviser. Managers will ensure that all areas under their responsibility have sufficient trained Fire Safety Coordinators to cover the requirements of this Policy.

In ward areas the Fire Safety Coordinator will be the nurse in charge of the operational area and be available 24/7.

Their role will include assisting the Trust Fire Safety Adviser by maintaining basic fire safety procedures in their workplace and in particular;

- Preventing un-safe Fire Safety practices.

The post requires a general understanding of possible Fire Safety issues that present themselves during the normal working day, for example; toasters being used under shelving in kitchens, advising new members of staff on Fire Safety in their department, Fire Doors being wedged open, fire-fighting equipment and Fire Alarm Break Glass call-points being obstructed etc.

- Weekly checks on the availability and condition of Fire Safety Equipment.

British Standards 5306 part 3: 2003, 5266 and 5839 require regular checks be made on Fire Safety Equipment i.e. extinguishers, emergency lighting, signs and fire alarm equipment by a competent person, these checks are only visual, but crucial to maintaining a good standard of Fire Safety in each department.

- Maintaining safe Fire Exit Routes in their department.

Maintaining exit routes are paramount to enabling a successful evacuation of patients, visitors and staff. The department Fire Safety Coordinator will be required to monitor Fire Exit routes in their department during the working day.

- Closing doors & windows when the Fire Alarm activates.

During any alarm actuation (intermittent or continuous alarm) the department Fire Safety Coordinator will be responsible for making sure all doors and windows in their department are closed (if safe to do so), they can nominate competent persons in their department to assist. The closing of any door will halt the movement of fire through the building, giving valuable time for safe evacuation and saving the integrity of the building. Closing windows will stop fire spread into the building, to an adjacent building or to an upper floor level.

- Monitoring the build-up of combustibles in their area.

The build-up of combustible waste material in departments i.e. cardboard, wrapping paper/plastic etc can be controlled by the department Fire Safety Coordinator thus maintaining a safe working environment.

The role of the Fire Safety Coordinator will also include –

- **Assisting and supporting the Bed-site Manager by giving relevant information on their department during an emergency.**

The department Fire Safety Coordinator will have knowledge of their department gained through their normal work routine. They will initially take charge of an incident until the arrival of the Bed-site manager or Fire Brigade.

2.11. Fire Policy Group

The function of a Fire Policy Group will be to develop this Policy and the procedures which implement it. The Group will ensure compliance with all current Fire Safety legislation and DoH guidance and report its findings to the Risk Management Group.

The Fire Policy Group will have the following representation –

Director of Estate and Facilities (Chair)
Trust Fire Safety Adviser
Estate and Facilities Operational Manager
Estate and Facilities Support Manager
Bed Site Representative
Matron Representative
Suffolk Fire and Rescue Service Representative

The group will meet at regular intervals and not less than quarterly. Meetings will be convened and chaired by the Executive Director for Fire.

3. SECTION 3 – ARRANGEMENTS

The arrangements whereby this policy is implemented are contained within a series of Fire Safety Operational Procedures which will be developed to underpin this Policy. These arrangements will vary throughout the trust depending upon the locations and activities of the department concerned.

3.1. Equality Impact Assessment

- This policy applies equally to all staff, patients, visitors, contractors and the public.
- An equality impact assessment has been completed for this document and is available from the Estate and Facilities Directorate.

3.2. Dignity and Respect Charter

Wherever possible the Trust's Charter on privacy and dignity will be followed in implementing this policy. However the overriding consideration will be the safety and protection of people and the environment and there may be times when the Trust's Charter cannot be followed.

3.3. **Consultation**

This document was forwarded for comment to the following:

- Risk Management Group
- Fire policy group
- Trust Executive Directors

4. **SECTION 4 – IMPLEMENTATION**

- 4.1. The Trust's Fire Safety Advisor has consulted with those referred to in paragraph 3.4 in compiling this policy through forwarding a draft to them for comment.
- 4.2. The policy will be approved by the Trust's Risk Management Committee and ratified by the Trust's Healthcare Governance Committee.
- 4.3. The policy will be disseminated to staff in accordance with section 5 and monitored as set out in section 8.
- 4.4. The implementation of this policy will be undertaken following training of the responsible persons (detailed above) on this policy and all Trust staff being made aware their responsibilities.

5. **SECTION 5 – DISSEMINATION AND TRAINING**

5.1. **Dissemination**

Once this policy has been approved it will be brought to the attention of staff via the following:

- The policy will be e-mailed to all Senior Managers, including Matrons referring them to their responsibilities under this policy.
- The policy will be placed on the Trust intranet under the Health and Safety section.
- A broadcast will be issued to all staff via e-mail.
- The policy will be brought to the attention of all staff attending appropriate training.
- As part of the Trust's induction process, all health and safety, security and fire safety policies will be brought to the attention of all new members of staff.
- The appropriate responsible staff will be notified of the existence of this document and training given.
- A copy will be issued to the Suffolk Fire and Rescue Service

- A copy will be issued to all other organisations who occupy areas of the Trusts' property portfolio on The Ipswich Hospital site.

5.2. Training

- Line Managers and other responsible persons will be required to identify any training or education needs to enable the effectiveness of this policy to be maintained.
- The Fire Safety Adviser will be responsible for developing the appropriate training packages.

6. SECTION 6 – CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS

- 6.1. Once ratified by the Healthcare Governance Committee, this policy will be forwarded to the Information Governance Department for a document index number to be assigned. All Trust documents will be recorded onto a master index. It is the responsibility of the Information Governance Department to ensure that these indexes are kept up to date. A copy of the master index will be available to all trust staff upon request.
- 6.2. This policy will be made available on the Trust's intranet.
- 6.3. The Fire Safety Adviser is responsible for ensuring that this procedure adheres to the Trust's Record Management Policy, including retention and archiving arrangements.
- 6.4. This policy supersedes the 'Fire Policy - Issue 03 - July 1998'.

7. SECTION 7 – SHARING DOCUMENTS WITH THIRD PARTIES

- 7.1. Release of any strategy, policy, procedure, guideline or other such material must be agreed with the lead Director or Deputy / Associate Director (Trust-wide issues) or Directorate / Departmental Management Team (for Directorate or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Fire Safety Adviser.
- 7.2. If it is thought that the document may attract Intellectual Property Rights, the advice of the Trust's Intellectual Property lead should be sought.
- 7.3. When the document is forwarded to another organisation, the Trust must give its express (i.e. written) permission for the document to be used by the requesting organisation which may only reproduce it internally within their own organisation for their own requirements. The requesting organisation may not forward it onto any other party. Ownership / copyright is acknowledged at the beginning of the document by including the phrase: "Reproduced with the kind permission of the Estate and Facilities Department, The Ipswich Hospital NHS Trust".
- 7.4. Where guidelines or any other document are used in clinical or other situations that might give rise to litigation the following phrase must also be inserted in the document and re-emphasised in the covering letter to the organisation: "The copyright of this document lies with The Ipswich hospital NHS trust and the author(s) as employee(s) are not liable for its contents. The Ipswich Hospital NHS Trust cannot be held responsible for any loss, damage or injury incurred by any individual or group using these guidelines".
- 7.5. Further advice is available from the Trust's Legal Services Manager.

8. SECTION 8 – MONITORING COMPLIANCE AND EFFECTIVENESS

- 8.1. Compliance with and the effectiveness of this policy will be monitored by Directors, Heads of Departments and Senior Nurses, supported by the Fire Safety Adviser.
- 8.2. Indicators that may be used to assess compliance include monitoring by the Fire Safety Adviser of:
 - Incidents recorded on DATIX. -
 - Corporate Risk Register.
 - RIDDOR reported injuries.
 - Failure to attend training sessions.
 - Failure to complete training to a satisfactory standard

9. SECTION 9 – REVIEW OF POLICY

- 9.1. This policy will be reviewed at a maximum of two years following approval by the Risk Management Committee and ratification by the Healthcare Governance Committee.
- 9.2. This policy will be reviewed following changes in legislation and guidance and changes in relevant Trust policies and procedures.
- 9.3. The Director of Estates and Facilities is responsible for the regular review of this policy.