Yeovil District Hospital NHS
NHS Foundation Trust

Fire Safety Policy

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simplyserve

Daycase UK

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1. INTRODUCTION AND POLICY STATEMENT

Simply Serve Ltd ("SSL") and Yeovil District Hospital NHS Foundation Trust, (the "Trust"), are committed to their statutory and NHS obligations to comply with the Regulatory Reform (Fire Safety) Order 2005, and NHS guidance as outlined in the 'Firecode' series of documents. The Trust has subcontracted the management of its estate to SSL and therefore this policy applies equally to all premises managed by SSL who will routinely review this policy and the standard of fire safety in premises.

2. SCOPE OF THIS DOCUMENT

This policy applies to the YDH Trust, Symphony Healthcare and Day Case UK with buildings managed by SSL. The principles of fire prevention and management of fire safety systems set out in this document apply to all premises however due to the nature of risk and complexity of buildings, local arrangements may differ.

The Trust is responsible for the staff and management procedures in maintaining fire safety with SSL being responsible for the physical and operational management of safety systems in buildings managed by SSL and response to fire alarms.

The aim of this document is to:

- Explain the structure of the organisation and how fire safety will be managed and communicated
- Identify those personnel with specific duties and responsibilities, and to detail what those duties and responsibilities are
- Identify procedures that must be followed by staff in the event of a fire emergency.
- Identify fire precautions and fire safety measures to be complied with to meet safety standards on all premises

3. FIRE SAFETY POLICY - PART ONE

3.1 STATUTORY REQUIREMENTS

The principle statutory requirements for fire safety in NHS premises that must be observed by are as follows:

- NHS 'Firecode' Health Technical Memorandums (HTM's) 05-01; 05-02; 05-03
- The Regulatory Reform (Fire Safety) Order 2005
- Guidance for Fire Risk Assessment – Healthcare Premises (Guidance document 10, published by the Department of Communities and Local Government's)
- The Building Act 1984 as amended by Building Regulations 2013 - Approved Document 'B', Fire Safety
- The Health and Safety at Work etc. Act 1974 including regulations supporting workplace safety

3.2 DUTIES AND RESPONSIBILITIES

3.2.1 The Responsible Person

Persons in charge or in control of premises are 'Responsible Persons' as defined in The Regulatory Reform (Fire Safety) Order 2005. This overall responsibility of fire safety lies with Chief Executive of the Trust.

For buildings managed through wholly owned subsidiaries i.e. Symphony Healthcare, assurance arrangements are the responsibility of their management team. The individual person in charge of the premises i.e. Practice Manager will be the responsible person in respect of the Fire Safety Order. The management board of any wholly owned subsidiary will be responsible for allocating sufficient resources to manage premises. Premises that are shared with YDH i.e. Day Case UK, and Boots Pharmacy on site at YDH, the overarching fire safety policy and local arrangements for fire safety will take precedence.

3.2.2 Chief Finance and Commercial Officer

The Chief Finance and Commercial Officer is appointed by the Trust to oversee Security and Fire, Health & Safety in the Trust on behalf of the Chief Executive. This is to ensure that management arrangements and effective strategies and sufficient resources are in place for Trust staff relating to fire safety and the coordination and cooperation with SSL, and this will be overseen through the Health & Safety committee.

3.2.3 Simply Serve Ltd (SSL) Estates & Facilities (EFM) Director

The Managing Director of Simply Serve Ltd cascading down to the EFM Director is responsible for ensuring building services and maintenance is undertaken in line with statutory requirements, including engineering services and equipment which have a direct implication on fire safety. They are responsible for managing a team ensuring all physical and structural elements of fire protection systems are maintained in accordance with HTM's and statutory legislation.

SSL is required to ensure that suitable arrangements are in place to respond to fire alarm incidents through operational arrangements in support of the NHS body.

Responsibilities include identifying and documenting fire risk assessments and prioritising risk actions using risk management arrangements aligned with the NHS body.

SSL employs a Fire Safety Manager with responsibility to ensure fire safety arrangements, operational plans and fire risk assessment are in place across premises managed by SSL.

3.2.4 Ward and Department Managers

All Heads of Departments and Managers are responsible for ensuring staff (including temporary staff) understand and follow the local fire safety procedures and evacuation plan. In support of this they are to ensure:

- Staff under their control practice fire safety at all times and do not prejudice or interfere with physical fire protection arrangements e.g. wedging open fire doors without suitable management arrangements in place, or by blocking fire exits etc.
- Fire Wardens / Marshalls are to be nominated to carry out on their behalf routine and regular prescribed fire safety inspections within their area of responsibility
- Items of equipment, furniture or furnishings purchased, obtained, and donated for use in their ward/department meet appropriate fire-retardant standards
- Ensure the No Smoking policy is adhered across all premises

3.2.5 All Staff

It is essential that every member of staff understands their duty to observe and comply with fire regulations and procedures, and that they:

- Prevent fires from starting through good housekeeping standards
- Follow the correct action to take in the event of fire, how to raise the alarm and understand the fire evacuation strategy of their places of work
- Attend fire safety awareness training
- Report incidents of noncompliance with fire safety arrangements

3.3 ARRANGEMENTS FOR RESPONDING TO FIRE ALARMS

3.3.1 YEOVIL DISTRICT HOSPITAL BUILDINGS (YDH Site)

Fire Team Leader (Daytime - Mon to Fri)

An appointed person from Simply Serve Ltd will take on the role of Fire Team Leader (FTL) during the working day, 8am to 5pm Monday to Friday (except Bank Holidays). The Fire Team Leader's role is to respond to alarms with the rapid identification of the location of alarm to assess the risk and requirement to call the F&RS. The person taking on this appointment at 8.00am must remain on the main hospital site and only relinquishes the role when it is handed over either to another responsible person who can fulfil the role of FTL, or when handed over to Trust operational management team.

The FTL is to coordinate with the On Call/Duty Electrician & Fitter (Fire Team) attending fire alarm incidents to manage the hospitals fire alarm system and to coordinate with the F&RS when called to site. The secondary role of the FTL will be to coordinate with hospital management teams the phased evacuation procedures of hospital departments. **(Fire procedures for Fire Team Leader can be found in Action Card A).**

Clinical Site Manager (Out of Hours) (YDH Site)

Out of hours, the Clinical Site Manager (CSM) will take on the role and duties Fire Team Leader from 5pm to 8am, Monday to on Friday including 24hr periods at weekends and on public holidays. The CSM takes on this appointment at the start of their shift and must remain on site at all times, only relinquishing this role when it is handed over either to the next oncoming CSM or when the time of appointment is handed over during weekdays to SSL.

The CSM in circumstances may not be able to attend fire incidents off the main hospital site if not safe to do so, but will coordinate with the Security Guard / Porters, Fire Team and F&RS from the main hospital reception. (**Fire procedures for Clinical Site Manager (FTL) can be found in Action Card B**).

Simply Serve Ltd, Operational Roles (YDH Site)

SSL will manage operational roles through the EFM teams in relation to arrangements for responding to fire alarms and maintaining operational role with ward and department managers being responsible for safe occupation of buildings. SSL procedures include:

- **Fire procedures for the Fire Team can be found in Action Card C**
- **Fire procedures for Level 2 Facilities Managers can be found in Action Card D**
- **Fire procedures for Switchboard Operators can be found in Action Card E**
- **Porters & Security Guard procedures can be found in Action Cards F & G**)

Department Managers Levels 1to3, Main Hospital + Ground Floor WHMU (YDH Site)

The department managers on Level 1,2 & 3 of the main hospital and the ground floor of the Women's hospital are to respond to a fire alarm incident by managing access on the floor levels and are to coordinate the safe evacuation of persons if the alarm is continuous in that area. They are to assist in linking with the Fire Team Leader to coordinate this activity. In the event of an intermittent alarm in these areas they are to manage local areas and keep visitors informed of the situation. (**Fire procedures for Level 3 and Level 1, plus GF Women's Hospital can be found in Action Cards H, I and J**). Procedures for Level 2 are included in action card D (see above).

3.3.2 OTHER PREMISES OFF YDH SITE

For premises managed through wholly owned subsidiaries the building manager will be responsible for maintaining the fire alarm response on site through locally managed arrangements during opening hours. This should be detailed in local fire policies. For out of hour's response a procedure for call out through key holders should be a managed approach.

4. FIRE SAFETY POLICY - PART TWO

4.1 FIRE ALARM SYSTEMS

The fire alarm system in operation within YDH hospital premises is a fully automatic system to an L1 standard for all hospital main buildings (to be revised under risk assessment). Other buildings managed by SSL will have installed appropriate levels of fire alarm and detection systems depending on the building classification, life and property risk.

Fire alarm and detection systems are intelligent systems that monitor all point of detection devices including manual call points, detecting potential faults, indicating pre-warnings and activating in the event of detecting products of combustion.

Fire Display Panels indicate the location of fire alarm activation for staff response. They are situated on entrances and at assembly points throughout buildings. When the fire alarm is activated, the fire panel indicates the location of the detector, or call point in the affected fire compartment.

Fire alarms are zoned throughout buildings and operate as follows:

- For YDH Healthcare Buildings a two(2) stage alarm process is in place
  - 'Continuous' in the area of alarm to evacuate.
  - 'Intermittent' alarm will sound in surrounding zones to alert those close to the incident.
- For single premises a single stage alarm will be present with a 'Continuous' alarm indicating fire detection.

4.2 FIRE EVACUATION PROCEDURES OVERVIEW

The need for evacuation of large numbers of personnel and multiple areas of buildings is minimised by the incorporation of passive and active fire safety measures into the design and construction of the building (Fire compartmentation). Using the building in accordance with design principles and following the requirements of this policy will reduce the likelihood of large scale evacuation required.

Hospitals are designed on the concept of Progressive Horizontal Evacuation (PHE) in line with HTM 05-02: Firecode (Principles of fire safety in healthcare premises), which enables occupants to move away from a fire to a place of safety on the same level. Occupants can remain in the relatively safe location until the fire has been dealt with; or evacuate to another similar adjoining area or vertically down the building using emergency staircases.

Aims: The primary aims of a phased evacuation are:

- To remove all occupants, within the affected area, from immediate danger;
- To avoid routes which may need to be used by the emergency services;
- To remove patients to a safe area remote from the fire and suitable for their comfort and continued treatment, possibly for a prolonged period and to remove visitors to a safe area, from which they can proceed out of the building to safety.

Situations will differ in departments due to levels of dependency. Each clinical department is therefore to have local arrangements in place for evacuation procedures. These arrangements are to be planned and agreed with department managers through Simply Serve Ltd. Refer to the Hospital Emergency Evacuation and Shelter Procedures supporting this policy.

4.2.1 For all non-hospital premises managed by wholly owned subsidiaries the evacuation plan should follow the fire risk assessment findings with arrangements documented and practiced. Local arrangements are to be in place for calling the Fire & Rescue Services.

4.3 EMERGENCY ISOLATION OF MEDICAL GASSES

In any building with medical gasses installed through pipeline outlets, if evacuation is required due to the risk from fire then they may be isolated at the Area Valve Service Unit (AVSU). Oxygen dependant patients will require to be moved to an area where medical gasses support can be maintained either on pipeline systems or through stand-alone systems. On evacuation of the fire affected area only the Senior Clinical Person present is authorised to initiate the shut off of medical gasses via the Area Valve Service Units. Safety information is detailed in the Medical Gases Emergency Isolation Procedure.

4.4 FIRE EVACUATION CONTROL (YDH Site)

In the event of a confirmed fire and the Fire & Rescue services being called, an incident control point is to be set up by the FTL or CSM which, in the first place will be the initial meeting point of the F&RS.

In escalation of a fire or smoke / fumes spreading to other areas of the building evacuation will be required. In this event an internal incident is raised in line with emergency procedures (MAJAX) and an incident room is set up from where evacuation can be monitored and managed.

Each department is to have a Fire Evacuation Plan which details the department procedures following the phased evacuation strategy. The evacuation plan will include details of the ward or department, numbers of staff, patients and likely support requirements to assist evacuation.

4.4.1 Communication Procedures in The Event of an Emergency

The use of telephone systems in complex buildings (YDH site) will be limited when a fire situation occurs as a failure of communication systems may result from loss of power. In the

event of a fire alarm sounding or in an emergency situation, the two-way radio communication system used by the Fire Team to coordinate actions will be used. Department's allocated radios are to switch on the two-way radio when a fire alarm situation occurs.

4.4.2 Department managers are to communicate risk to the Fire & Rescue Services via use the METHANE report located in the Local Emergency Action Folders for reporting incidents up to the FTL / CSM and Emergency Services (F&RS).

4.5 FIRE ASSEMBLY AREAS

Fire assembly areas within buildings (for YDH Site) and external assembly areas (for YDH site and Single premises) are documented in local evacuation plans located in buildings and in the emergency folders. A list of designated fire assembly areas for the YDH site can be found in the Hospital Emergency Evacuation and Shelter Procedures. For single buildings the local fire evacuation procedures designates the external assembly area to be used.

4.6 EVACUATION OF PERSONS WITH DISABILITIES AND DEPENDENCIES

It is not possible to precisely define the term "disabled" in this document. However, in the broadest context, it is any person with a physical or mental impairment which has substantial and long-term adverse effects on their ability to carry out normal day-to-day activities. People who have had a disability in the past are also covered. The term disability does have three distinct definitions: people who have an impairment that limits their ability to walk; people with impaired sight or hearing; people with learning or mental impairment.

For all departments and buildings evacuation procedures are to be adopted including:

- Those able to walk are to be encouraged to move under their own mobility.
- Those with visual or hearing impairment may be led to safety with an able person.
- Movement of persons with limited mobility, but who are still able to mobilise are to be assisted where possible in wheeled chairs.
- Dependant patients to be moved in wheelchairs or on beds to a safe assembly area.

For hospital departments on levels above ground floors no lifts will be available to move persons to a lower level (vertical evacuation) therefore once in the safe assembly area if there is no option but to move down an escape staircase to progress to a safe place, staff are to lead persons, moving those who are able to mobilise on foot followed by use of evacuation equipment for dependant persons following the local evacuation procedures.

Emergency evacuation equipment in buildings is detailed in the Local Fire Action Plans.

4.6.1 Personal and Generic Emergency Evacuation Plans (PEEPs and GEEPs)

Personal Evacuation Plans (PEEPs) are to be documented for those staff with disabilities who are unable to evacuate themselves from a building and for service users with significant requirements for assistance in evacuation. This is the responsibility of their line manager / person in control of premises to complete with support from the Fire Safety Manager.

Patients with dependencies on wards and in buildings will be accounted for in the Generic Emergency Evacuation Plan (GEEP) on the ward developed by SSL. Specific PEEPs may be required for patients with significant challenges in handling and transfer.

4.7 FIRE ALARM PROCEDURES

4.7.1 Actions to be taken on Outbreak of Fire, or Upon Hearing a Fire Alarm

Fire Action Plans are displayed in all premises and emergency action folders identify actions to be taken in the event of an outbreak of fire, or upon hearing a fire alarm. All staff are to make themselves familiar with these procedures within the hospital and any local procedures within areas off the main hospital site.

4.7.2 In hospital buildings a two-stage fire alarm system will operate with alarms Continuous in the area of a fire or emergency and Intermittent in other parts of the building to alert staff to an incident taking place.

4.7.3 In other premises where the evacuation is not phased, a single stage fire alarm will notify the occupants of a fire evacuation. The building manager is to ensure local arrangements are in place and followed.

4.7.4 Action by the Person Discovering Fire or Smoke

The procedures to be followed in hospital premises are as follows:

- **R – Remove** persons from immediate danger while alerting other staff to the situation
- **E** – **Enclose** fire / smoke / hazard behind a door
- **A – Activate** (if fire) the fire alarm system at the call point to alert others and to bring support to location
- **C** – **Communicate** incident (if direct threat serious) call the YDH Switchboard (2222) giving Location and Nature of the Incident (i.e. Fire / Smoke / Threat). For stand-alone premises off the YDH site call 999.
- **T** – **Try** (if Fire) to extinguish the fire if it is small and safe to do so, continue evacuation.

4.7.5 Action on Hearing <u>Continuous</u> Fire Alarms (all buildings)

- Check the Fire Display Panel to identify location of fire detection
- Senior person in each department to identify location of incident and evacuate all persons to a place of safety, dependant on risk (Horizontal evacuation. Through fire doors on same level, then vertical evacuation if the need arises)
- Senior person to account for all staff and patients at the place of safety in line with the Local Evacuation Plan and account for everyone
- Liaison with Person in Charge / Fire Team / CSM and F&RS to inform of evacuation status
- For stand-alone premises off YDH site the Person in Charge is to contact the Fire & Rescue Services on 999 to raise the alarm in the event of fire

4.7.6 Action on Hearing <u>Intermittent</u> Fire Alarms (in YDH Hospital buildings only)

- Senior person from each department to check the Fire Display Panel to identify location of fire detection

- The department above or adjacent to the fire is to prepare to evacuate to a safe assembly area closing windows and doors
- All departments to close windows and fire doors
- Departments may continue working but do not start any new clinical procedure that cannot be stopped safely in a timely way
- Senior person present is to monitor the Fire Display Panel for further information and are to inform staff, patients and visitors on the situation
- Persons should remain in the department unless for a medical emergency until the Stand Down is given to avoid hindering attendance to the fire alarm

4.7.7 Stand-Down Procedure (YDH Site)

Stand Down' of the fire alarm system can only be called when the situation is safe to do so. The FTL may make the decision to do this only if it is established beyond all reasonable doubt that there is no fire situation present with the F&RS in attendance. Once the F&RS are in attendance only the Lead Fire Officer will make the decision to call 'Stand Down' in consultation with the FTL. This will be notified through the fire alarm system.

If evacuation has occurred from a fire affected area, nobody must re-enter the building/department until the Lead Fire Officer has given the all clear. Assessment of the safe return to a place of work will be decided by the SSL estates managers alongside the On-Call Hospital Manager. Consideration of contamination from the possible release of Asbestos Containing Materials (ACM's) will be taken into account.

4.7.8 Cancelling of Fire Alarms

No fire alarms are to be silenced until the situation is assessed as safe by the Person in Charge / Fire Team Leader, or Clinical Site Manager. If the F&RS are in attendance they take the decision to silence the alarms in conjunction with the Person in Charge. Stand down of the fire alarm system should be authorised in agreement with the F&RS if in attendance.

5. FIRE SAFETY POLICY – PART THREE

5.1 MAINTENANCE OF FIRE SAFETY STANDARDS

5.1.1 Fire Risk Assessments

Fire risk assessments are a statutory requirement under the Regulatory Reform (Fire Safety) Order 2005 and are conducted by Simply Serve Ltd for all premises in which YDH operate. Fire risk assessments will to be conducted in accordance with NHS 'Firecode', HTM 05 03- 'Fire risk assessment in hospitals. The aim of the assessment is to identify how a fire may start in the premises and the risk to people and property, evaluating the outcome of a fire starting and putting in place controls to stop them occurring. FRA's will be managed by SSL and the outcomes from review and audit recorded with management responsibilities identified. Significant findings are to be brought to the attention of the Responsible Person and action plans developed and prioritised against risk.

5.2 LIAISON WITH FIRE AND RESCUE SERVICES (F&RS)

SSL will liaise with the F&RS to ensure that emergency response fire plans are up to date. Liaison will include fire safety visits and familiarisation of premises. Fire drills and rescue

procedures will be coordinated to ensure that effective emergency procedures are maintained. Fire plans for buildings will be maintained by SSL. In YDH copies are located in RED boxes on building entrances. All other premises are to have a local zone plan displayed on entrances of buildings next to the fire alarm panel.

5.2.1 Fire Safety Enforcement

F&RS Enforcement Officers may visit premises at any reasonable time to conduct fire safety checks. Their role to provide advice and guidance is also one of enforcement. In the event of fire safety breaches, for example where fire escape routes are blocked or where unsafe activities are taking place that may lead to fire risks then an enforcement notice may be served on the Responsible Person. The impact of an enforcement notice being served may affect service delivery of the hospital and so it is essential this policy is managed accordingly.

5.3 CONTRACTORS CONTROL

All contractors carrying out physical works on buildings or systems should include fire safety in their risk assessment and method statement (RAMS) this is the responsibility of the contracting person, or department to ensure fire safety procedures are followed.

All contractors under control of SSL are to book in and out when working on the Hospital site (SSL Estates & Facilities office). It is the individual responsibility of managers (including building managers) who have arranged for a contractor to work on premises.

5.4 REPORTING AND INVESTIGATING FIRES

In the event of a fire occurring at YDH, or any other building premises, an incident report is to be completed within 48 hours. External reporting may be necessary in line with the incident reporting policy for serious incidents. All fires will be investigated through SSL to identify the root cause; ensuring that a report is made to the appropriate committee. Any departmental non-compliance will be raised by SSL as appropriately through the head of department and services area as appropriate. The Fire & Rescue Services will treat any fire as a potential crime scene until the cause is established and therefore limited access should be allowed.

5.4.1 Reviewing Fire Safety Arrangements

Fire safety arrangements detailed in this policy will be subject to safety considerations taken as a result of changing legislation, enforcement action and suspension of coverage from emergency services. Fire safety arrangements may be amended by SSL at any time in order to react to unforeseen situations. In this event temporary or permanently made arrangements will be notified through management arrangements.

5.5 FIRE WARDENS / MARSHALLS

The Fire Warden/ Marshall should: act as focal point on fire safety issues for managers to; organise and assist in the fire safety regime within local areas; raise issues regarding local area fire safety with line management. In the event of an incident the Person in Charge is responsible for taking the lead and acting as the Fire Marshall supported by the Fire Wardens (if available).

Fire Wardens support managers are to conduct and document a monthly fire safety checklist to ensure that fire safety checks are carried out to identify safety issues. On completion the checklist any non-compliance should be raised with the line manager and / or SSL Estates & Facilities Helpdesk.

5.6 FIRE TRAINING AND DRILLS

It is a mandatory requirement that fire drills should be carried out in all buildings to test communications, staff reaction and effectiveness of training in line with HTM 05-03: Firecode (Operational provisions). The Fire Safety Manager in SSL will liaise with responsible persons and departmental managers at YDH to arrange for fire drills to be conducted appropriate to the area of responsibility. The ward/department managers are responsible for ensuring staff fully participates in these procedures. For non-hospital premises the building manager is responsible for carrying out drills in line with the fire action plan.

5.7 PROCUREMENT OR DONATION OF EQUIPMENT AND FURNITURE

Potential problems will occur with regards to existing and new purchases of textiles and furniture within premises and guidance contained in NHS 'Firecode' Health Technical Memorandum 05-03 operational provisions part C, 'Textiles and Furniture is to be followed'. The HTM guidance must always be followed and implemented when purchasing textiles and furniture from NHS Suppliers. Good intentions and donations should be managed accordingly but no textiles or furniture is to be purchased or taken as gifts, if it does not meet the minimum standard of fire safety as outlined in the above document.

5.8 COMMERCIAL ENTERPRISES

Fire safety arrangements for commercial enterprises are detailed in the HTM 'Firecode' guidance. Commercial enterprises in hospitals do have fire safety implications on premises which are primarily for the treatment and care of patients. Before making a decision to incorporate a commercial enterprise, consultation must take place with SSL. Persons managing contracts and let's for commercial enterprises are responsible for ensuring that fire safety is managed. Commercial enterprise managers are to cooperate and coordinate fire safety arrangements with SSL.

5.9 FIRE DOORS – SAFETY IN USE

Fire doors are important safety features of a building that provide fire barriers between compartments, delaying the spread of fire and smoke. Fire doors must be managed by the person in charge of the building or department area in line with the fire door signage, i.e. 'Fire Door Keep Shut', 'Fire Door keep Locked' etc. to ensure that they are effective. They are not to be wedged open unless for a specific safety related reason, or for practical purposes for short duration and when they are held back in this way they are to be managed at all times. Managed; means that appropriate arrangements are in place within the department to close the doors on hearing the fire alarm or experiencing fire or smoke. Where required, appropriate automatic hold open devices may be fitted as these will be linked to the fire alarm system enabling then to automatically close on the fire alarm sounding subject to fire risk assessment.

5.10 MEANS OF ESCAPE

5.10.1 Means of escape, corridors and routes that are marked up as escape routes with appropriate signage in place are not to be blocked by stores or equipment that restrict the exit of people in an emergency. A minimum of 1.5m is to be maintained in hospital premises as a clear route in circulation corridors, 1.2m as a minimum to move beds, equipment and evacuation equipment in corridors on hospital premises. For other buildings the minimum will be determined by the fire risk assessment but no less than 750mm.

5.10.2 Emergency lighting and escape routes are to be fitted in accordance with the requirements of The Health and Safety (Safety Signs and Signals) Regulations 1996. Emergency lighting and fire exit signs are not to be covered up or be obscured in any way. Fire door vision panels are not to be obscured unless for patient privacy reasons so that fire hazards may be detected. See section 6.2 for standards of lighting requirements.

5.11 AVAILABILITY OF FIRE FIGHTING EQUIPMENT

Fire Fighting Equipment (FFE) comprising of hand held portable appliance equipment (fire extinguishers), fire blankets and dry risers form part of the overall firefighting strategy. FFE is located on fire routes or in particular areas of higher fire risk. Selected personnel are to be instructed on use and all staff are to make themselves familiar with the location and position. FFE is not to be removed or used for any other purpose other than fighting fires or for inspection purposes.

5.12 PORTABLE ELECTRICAL EQUIPMENT SAFETY

Electrical equipment provides a high risk in starting fires where they are faulty, overloaded or used in inappropriate areas. Portable appliance testing will be conducted for all portable equipment to ensure that basic electrical safety checks are maintained. Electrical installations and testing is managed by SSL.

The following points should be adhered to:

- Multi socket plug adaptors are not to be used anywhere on premises. Extension leads are authorised for use where they have been subjected testing.
- All personal electrical equipment brought into buildings such as mobile chargers should be fit for purpose, compatibility and not introduce hazards into the workplace.
- No alterations and additions to wiring or fittings may be carried out apart from those carried out by authorised electricians through SSL.
- Electrical equipment brought in by patients should be visual checked by ward staff for defects and if unsure removal of items for checking and testing through SSL
- Staff should report defective electrical equipment and are to remove them from supply by switching off and unplugging electrical equipment that they find defective.

Fire and explosions may occur from use of unprotected electrical equipment used in specific fire hazard areas where flammable and dusty atmospheres may be present. Electrical equipment used in these areas must conform to the ‘Equipment and Protective Systems Intended for Use in Dangerous Substances, Explosive Atmosphere Regulations 2002.

5.13 MANAGEMENT OF WASTE AND STORAGE AREAS

Waste must be carefully controlled so that a build-up, including dry waste materials and highly flammable plastic packaging does not occur. Store rooms on wards and departments must be managed by the local person in charge with flammable materials minimised. Overall disposal is to be conducted in accordance with Waste disposal procedures managed by SSL to minimise the risk of arson or blocking of evacuation routes.

Specific wastes such as batteries for disposal must be separated and placed into suitable receptacles in departments. Batteries have the potential for creating overheating and fire situations and therefore arrangements for regular disposal must be in place. This is managed

by the SSL Facilities team. Waste receptacles should be imperforate and have non-flammable properties to prevent the risk of fires.

5.14 WORKSHOPS AND PLANT ROOMS

Workshops and plant rooms provide a high risk of fires occurring due to electrical services, plant equipment and power generation units. Maintenance working activities will include the use of flammable substances, liquids and oils. Flammable liquids must not be stored in workshops and plant rooms without sufficient fire protection in non-flammable containers and where they are kept they must not be stored next to ignition sources. Storage of materials likely to increase the fire load of the building are to be kept to a minimum, good housekeeping and waste removal must be observed. Hazard warning signage should be fitted as appropriate.

5.15 PREVENTION OF ARSON

Risk from arson by patients, visitors, staff, contractors and unauthorised persons are a real threat, in particular if sources of fuel are readily available. Fires may be set for a number of reasons which include by persons with mental instability, those with a grievance towards others or the organisation itself and even persons committing fraud or other criminal acts such as theft that may use a fire to hide evidence.

Due to the nature of YDH premises, unauthorised access to stores and areas where waste is kept create a particular high risk. To that end, suitable security measures should be adopted and anyone who sees persons acting suspiciously should inform the Security Guard and incident report the situation.

All premises are **Non-Smoking** and the NHS Smoke Free Policy supports this approach in minimising fire ignition sources including the decision not to support the use of electronic cigarettes on all premises.

5.16 KITCHEN AND CATERING FACILITIES (YDH Site)

The Catering manager is responsible for personnel working in kitchens and catering facilities to make them aware of the importance placed upon fire precautions and fire prevention measures. Appropriate kitchen staff must be fully conversant with the emergency fire and gas isolation procedures in the event of fire. Fire safety arrangements for fire prevention in hospital main kitchens come under HTM 05-03: Operational Provisions, Part 3: General Fire Safety.

All kitchen cooking ranges and ovens must have appropriate safety devices to shut down safely in the event of a failure which are serviced and maintained. Fire suppressions systems will be fitted above cooking ranges specific to the risk to be linked to the fire alarm and detection system. Arrangements for kitchen extraction and cleaning of ventilation systems are included in 6.8.

5.17 MINIMISING STORAGE OF FLAMMABLE AND OXIDISING SUBSTANCES

Flammable liquids storage and substances that may support fire i.e. oxidising substances must be authorised by the Fire Safety Manager which will be assessed through the Fire Risk Assessment before being stored within hospital premises. Where substances used in departments have flammable properties they must be separated from ignition sources and stored in suitable storerooms or properly signed flame proof metal cabinets.

Hazardous substances should be assessed under the COSHH regulations and have appropriate COSHH assessments documented following manufacturer's guidance in the Materials Safety Data Sheets (MSDS). Some hazardous substances have specific guidance provided by the HSE which must be followed (see COSHH essentials, http://www.hse.gov.uk/coshh/essentials/index.htm).

Cylinders containing flammable gasses such as those used in gas barbeque ranges or welding activities are not to be stored within buildings. Where authorised, cylinder gasses should be positioned in suitable mobile frames capable of being moved in the event of an emergency and are to have all relevant working and maintained safety devices fitted (See guidance on storage and safety in use, http://www.hse.gov.uk/fireandexplosion/storageflammliquids.htm)

For any Hot Work working being carried out i.e. welding activities a Permit to Work must be issued by SSL Management. Alternatively, authorisation for hot work permits may be provided to estates partners where staff are competent and trained to do so. Further guidance can be found in HTM 05-03: Operational Provisions, Part 3: General Fire Safety (Part 4).

5.17.1 Portable Oxygen Cylinders

All portable oxygen cylinders are to be kept securely in designated locations stored in frames. Any storage of cylinders in rooms must be marked up as containing medical gasses. Leaks must be prevented by ensuring valves, hose connectors and regulators are turned off when not being used so that leaks do not occur. Only trained staff are to change valves on cylinders ensuring grease, oils or hand creams do not come into contact with oxygen connections. See: http://www.hse.gov.uk/pubns/hse8.pdf

6. FIRE SAFETY STRATEGY – PART FOUR

6.1 STATUTORY COMPLIANCE AND RECORDING

6.1.1 Fire Alarm and Detection Systems

Responsibility for the design, installation, commissioning and maintenance, testing and recording of fire alarms rests with SSL. The relevant British Standard (BS) and HTM guidance is to be followed when installing and commissioning installations:

- BS 5839: 2017. 'Fire Detection and Alarm Systems for Buildings' Testing & Maintenance.
- HTM 05-03: Operational Provisions, Part B 'Fire Detection and Alarm Systems'.

Installation and commissioning of fire alarm systems must be through approved installers and form part of the fire strategy. Records of installations and commissioning are held by the SSL who are responsible for ensuring updated fire alarm records and drawing plans are maintained.

6.1.2 Fire Alarm Call Point Testing

Call Point testing will take place regularly to comply with the requirements of BS5839. Checking of CP systems provides assurance of operational alarm coverage and links with interfaces on the fire alarm system for fire doors and plant systems to be checked. Records of testing will be managed through SSL.

6.1.3 Isolation of Fire Alarm and Detection Systems

In order to manage the fire alarm system, isolation of detectors may be required to carry out building work and/or to conduct maintenance work. Isolation of fire alarm systems are to be managed to ensure adequate fire cover remains in the area of isolation. Procedures for isolation are detailed by SSL with a PTW system in place. Appropriate actions will be put in place to mitigate risk and to identify fire situations at the earliest opportunity. Detectors are not to be covered unless specifically authorised as part of the PTW system.

6.1.4 Isolation of Ventilation and Plant Systems

In the event of a fire alarm it may not be first appropriate to shut down all ancillary services via the fire alarm and detection system will be assessed as part of the fire risk assessment. HTM 05-05: Operational Provisions, Part B: 'Fire alarm and detection systems', identifies the types of ancillary services which should operate on the fire alarm activation (see P11, 4.35). Ventilation plant will be subject to design and validation guidance identified in HTM 03-01 Heating and Ventilation, 'Specialised ventilation for healthcare premises', see section 6.8.

6.1.5 Fire Doors / Final Exits and Safety Devices Release Mechanisms

Automatic release mechanisms in line with HTM 05-03; Part B Fire detection and alarm systems, should conform to BS5839-3 (Specification for automatic release mechanisms for certain fire protection equipment) and BS EN 1155 (requirements and test methods for electrically powered hold open devices for swing doors) and be failsafe (that is, in the event of a fault or loss of power the mechanism should release automatically.

The alarm and detection system must be linked to any security devices that normally prohibit access so that release in an emergency situation should take place to allow progress and evacuation to a place of safety. Where security considerations are identified the door release mechanism must be risk assessed and appropriate controls put in place for safe access and egress in failsafe modes.

Standards require that devices linked to fire alarm systems are compliant with BS 7273-4:2015 which gives recommendations for the design, installation, commissioning and maintenance of electrical control arrangements for actuation of mechanisms that unlock, release or open doors in the event of fire.

The designations, A, B and C for categories of failsafe actuation are referred to as 'Critical', 'Standard', and 'Indirect'. Only A or B category actuation devices on fire doors are compliant with healthcare premises where the release device requires to failsafe. See http://gentexpert.co.uk/downloads/Addressable/Loop_Devices/s4-interfaces/4188-968_Part%203_Door%20release.pdf

Appendix B of the Building Regulations Approved Document B states that where fire shutter assemblies are installed across a means of escape the shutter should only be released by a heat sensor, such as a fusible link or electric heat detector, in the immediate vicinity of the door. Closure of shutters should not be initiated by smoke detectors or a fire alarm system, unless the shutter is also intended to partially descend to form part of a boundary to a smoke reservoir.

6.2 EMERGENCY LIGHTING (EML) AND ESCAPE SIGNAGE

Responsibility for coverage, maintenance, testing and recording of Emergency Escape Lighting rests with SSL. The relevant British Standard and HTM recommendations and guidance is to be followed:

- BS 5266-1: 2016 'Emergency Lighting' and HTM 06-01 Emergency Electrical Services.
- NHS 'Firecode', HTM 5-02 'Guidance in support of functional provisions' 2014 Edition.
- Installation of emergency lighting must conform to the British Standard and luminaires under BS EN 60598-1: 2015.

6.2.1 The Health and Safety (Safety Signs and Signals) Regulations 1996 state that final exits and locations where the escape route may be unclear must have signs installed to reduce uncertainty. Emergency lighting must be positioned in accordance with lighting British Standards to illuminate manual call points, emergency equipment and level changes.

6.3 ARRANGEMENTS FOR HOT WORKS

Hot works are any works where ignition sources are introduced to carry out maintenance, servicing or building tasks. Use of naked flames or hot surfaces for example; welding torches, arc welding or grinding activities, raise the risk of fires starting on premises. Procedures for managing hot works will be the responsibility of SSL to ensure that a Permit to Work (PTW) is issued for any hot works carried out to ensure that premises, staff, patients, visitors and general public are not placed at risk by such work.

Safe working practices are to be implemented and controlled through the PTW system and records of permits including sign off are to be maintained through SSL arrangements. A fire watch is to be maintained during and after the hot works have finished. The minimum fire watch is to be 60 minutes after hot working has ceased in line with restrictions of the permit and nature of risk.

6.4 MAINTENANCE OF FIRE FIGHTING EQUIPMENT

The Fire Safety Manager in conjunction with the Director of EFM is responsible for ensuring that suitable FFE is provided and correctly positioned in accordance with BS 5306-8: 2012 'Fire extinguishing installations and equipment on premises; Selection and positioning of portable fire extinguishers'. Records of FFE servicing and locations are to be recorded through SSL.

Department Managers and Fire Wardens / Marshalls are responsible for ensuring that FFE is unobstructed and operable. Monthly checks are to be carried out and recorded by Fire Wardens to ensure that equipment is located in position and that it is operational.

Responsibility for annual and periodic testing, maintenance and recording of all FFE rests with the SSL. The relevant British Standard and HTM recommendations and guidance is to be followed: BS 5306-3: 2017 'Fire extinguishing installations and equipment on premises. 'Commissioning and maintenance of portable fire extinguishers', Code of practice.

6.5 EMERGENCY HYDRANT WATER SUPPLIES

Emergency water supplies on premises (Hydrants) located in and around buildings in the provision of F&RS emergency procedures are to be subject to annual testing and maintenance by SSL. Dry risers are to be maintained and tested annually for operation with records maintained. Reference to:

- BS 9990:2015 ‘Non automatic fire-fighting systems in buildings. Code of practice’
- NHS ‘Firecode’, HTM 5-02, Chapter 7 ‘Access and facilities for the fire and rescue service.

6.6 FIRE COMPARTMENTATION AND PROVISION OF FIRE PLANS

Fire plans for buildings are to be held and updated by the Fire Safety Manager in conjunction with the Estates team. Drawings should identify the rating of compartmentation i.e. 30, 60, 90, 2hr fire resistance which supports the fire strategy, including the layout of fire safe compartments, means of escape, locations of fire, and or smoke detectors incl. alarm zones, dry risers and fire extinguisher locations.

Fire safety audits of building compartmentation will take place to identify the visual integrity of cavity and fire barrier systems. Remedial actions identified will be managed by the Fire Safety Manager in conjunction with the Director for EFM.

6.7 MAINTENANCE OF FIRE DOORS

Responsibility for inspection, maintenance and recording of fire doors rests with SSL. The fire door schedule and inspection routine is to be carried out in line with six monthly fire door inspections which are recorded. A competent person must inspect doors and maintain records which will be held by SSL. Monthly checks are carried out through the Fire Safety team backed up by Fire Warden checks.

6.7.1 Installation and Management of Fire Doors and Upgrades

Selecting and installing new; or replacing existing fire doors must be assessed against the fire strategy to ensure the correct types of fire and smoke stopping is provided relevant to the risk.

- All newly fitted fire doors must be installed and third party accredited. Records of fire doors must be supplied for the fire door register records.
- New replacement fire doors must be suitably selected for the environment and a complete door set (matching frame and door) installed. Mixing of doors and frames is not to take place unless the whole system can be certified. Manufacturers installation guidance must be used for reference for installation alongside guidance for fitting fire doors from BWF (Fire Doors and Fitting guidance), refer to: http://www.bwfcertifire.org.uk/knowledge-centre/installation
- Door closers must be fitted to manufacturers guidelines with the templates used for fixing to ensure the correct force is applied to the door for closure under fire conditions.
- Selection of the most appropriate type of door closer (overhead, concealed, guide rail, free swing and floor spring) closers is essential for the environment in which it operates. Delayed action door closers will be required when equipment, beds and trolleys require to move through them to prevent impact and injuries.
- Fire door closers should conform to BS EN 1154:1997 Building Hardware; Controlled Door Closing Devices. The type of door closer selected with the force applied to the size and weight on the door requires to be matched. Consideration of the rate at which the door closers operates on main corridors and rooms where patients and visitors access should be considered due to finger entrapment and the potential for knocking

persons over. Door closer mechanisms should be adjusted accordingly in line with manufacturer's instructions.

- For the electrical control arrangements for actuation of mechanisms that unlock, release or open doors in the event of fire linked to the fire alarm system, see 6.1.5.

- Fire stopping around frames should meet the standards set out in the manufacturer's instructions and/or in line with the BWF - Fire Door and Door sets installation guide; http://www.bwfcertifire.org.uk/assets/bw741-certifire-installation-guide-web.pdf

- Fire door hardware should be compatible, see guidance: https://www.firesafe.org.uk/fire-door-fitting-and-ironmongery/

- Appropriate signage must be installed with fire doors, i.e. selection of the appropriate signage dependant on the function of the door in line with the fire strategy, i.e. 'Fire Door keep shut', 'Fire door keep locked', 'Automatic fire door keep clear' etc. for reference to signage regulations BS 5499, see: https://www.firesafe.org.uk/bs-5499-safety-signs-including-fire-safety-signs/

- Existing fire doors may be upgraded depending on the nature of fire risk where damage has occurred to edges of doors, or other external features of the doors. Compatible products must be used and fitted correctly in line with manufacturer's instructions to maintain compliance with the fire safety standards. An existing timber door can only have its fire resistance improved to a maximum of 30 minutes. Refer to example guidance:
  http://www.westyorksfire.gov.uk/uploads/assets/sitepoint/pan/fireProtection-FS/FS-PAN025-DoorsUpgradeResistance.pdf

- All fire doors must be fitted with appropriate intumescent seals and cold smoke (brushes) seals depending on the rating of the fire door. Seals must be matched in size for the type of fire door installed and be fitted appropriate to the position and use of the door. Brush cold smoke seals should be used where doors are in constant use, opening and closing in high traffic areas rather than blade seals as they are more robust to edge damage. For guidance see: https://www.firesafe.org.uk/fire-doors/.

6.8 FIRE AND SMOKE DAMPERS IN VENTILATION SYSTEMS

Responsibility for testing of all ventilation fire and smoke dampers rests with SSL in line with BS EN 1366-2 and classification to BS EN 13501-3. covering routine inspection and maintenance ventilation and air conditioning ductwork. Maintenance is specified at a maximum interval of 12 months for spring operated fire dampers or 2 years for other types of systems. Maintenance of records is to take place through SSL with responsibilities to include:

- Photographic evidence of damper closing and opening on inspection
- Maintaining an inventory of all dampers, including inspection and testing results

6.8.1 Where building projects change fire compartment strategies the ventilation systems and fire / smoke dampers must be appropriately fitted across the line of compartmentation. Ventilation damper systems must be linked to the fire alarm system and be zoned with unobstructed access panels fitted for servicing and maintenance of devices.

6.8.2 Taken from HTM 03-01; Specialist Ventilation for healthcare premises, Part A Design and Validation (P3, 1.13); 'Fire regulations require that, if ventilation ductwork penetrates the compartment or sub compartment of a building, it should be designed and installed so as to contain the spread of fire (see Health Technical Memorandum 05-02 – 'Guidance in support of functional provisions for healthcare premises' for further guidance)'

6.8.3 Kitchen Ventilation Systems

All Kitchen Extract systems are to me cleaned within 6-month intervals by a competent person in line with TR19 Guidelines (Good Practice Internal Cleanliness of Ventilation). This will be managed through SSL.

The Catering Manager at YDH is responsible for weekly cleaning of canopies, filters and associated drains and traps in accordance with manufacturers' recommendations. This must be recorded for audit purposes and be available for inspection.

6.9 GAS SAFETY (Installations)

The Gas Safety (Installations and Use) Regulations 1998, as amended are to be complied with for all gas systems on premises managed by SSL. Only suitably qualified persons are to carry out servicing and maintenance of gas installations including kitchen appliances.

6.10 FIRE BARRIERS AND FIRE STOPPING

Al physical fire barrier work is to be managed through SSL. As part of any building works that involve penetration of fire barriers a record must be kept and evidence of adequate physical fire stopping as part of project completion. Photographs and records of material used in fire stopping should be recorded for on-going management of the building fabric. For all work on fire barriers, the asbestos register must be referenced to prevent inadvertent exposure of Asbestos Containing Materials. Procedures for managing fire barrier work will be the responsibility of SSL to ensure that a permit-to-work is issued for fire barrier work carried out by contractors or maintenance staff.

6.11 FIRE RESISTING SUPPORTS IN CABLE ROUTES

Wiring systems in escape routes shall be supported such that they will not be liable to premature collapse in the event of fire. causing hazardous environments for the safe evacuation and access for the F&RS. Guidance is contained in BS 7671:2011+A3:2015 (IET Wiring Regulations Seventeenth Edition), published in January 2015. See: https://electrical.theiet.org/wiring-matters/54/escape-routes/index.cfm

6.12 BUILDING DESIGN AND MATERIAL CHANGES

The Guidance in support of functional provisions (Fire Safety in the design of healthcare premises) HTM 05-02: Fire code 2015 Edition should be used in the design of new healthcare facilities, when planning and designing changes to healthcare premises. This will ensure compliance with Part B Schedule 1 of the Building Regulations 2010. In addition, HTM 05-03, Part J, 'Guidance on fire engineering in healthcare premises' should be referenced.

Project / design leads must liaise with the Fire Safety Manager for all building projects and change of occupancy to ensure the fire strategy is approved before work commences. Fire safety updates throughout the project should be reflected in the design. An Authorising Fire Engineer should be consulted when structural changes are proposed with building control

approval alongside Fire Service Authority consultation. Approval from external agencies is the responsibility of the project lead in line with the HTM.

Where designers elect to follow the relevant guidance in BS 9999:2008 'Code of practice for fire safety in the design, management and use of buildings', away from HTM standards they need to satisfy themselves and the building control body that this guidance adequately addresses the requirements of AD Part B. HTM 05-02 and BS9999 design should not be used in the same building used for the same purpose groups.

6.12.1 Selection, Application of Building Materials

The selection of building materials used on internal linings must inhibit fire spread of fire within the building to adequately resist the spread of flame over surfaces. External structures must also be designed and materials selected to inhibit the spread of fire and maintain structural integrity for a reasonable period of time. The requirements of the HTM 05-02; 'Fire safety in the design of healthcare premises', Chapters 4, 5 & 6 must be adhered to and reference to Approved Document (Building Regulations), Part B as applicable.

7. IMPLEMENTATION, MONITORING & EVALUATION

This policy will be implemented, monitored through SSL with reporting through the Security and Safety Committee including reporting on:

- Significant fire safety incident reports
- Reporting on numbers and trends of unwanted fire alarms
- Fire risk assessment actions

ANNEX: - A - Equality Impact Assessment Tool

APPENDICIES (Not attached but linked through YCloud as Action Plans A to J as above).

Annex A – Equality Impact Assessment Tool

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

Name of Document: **Fire Safety Policy**

		Yes / No / N/A	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	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	Yes	See below
2.	Is there any evidence that some groups are affected differently?	Yes	Persons with disabilities may require assistance to be evacuated from the hospital and as such will be reliant on trained staff and equipment to aid evacuation
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	None	
7.	Can we reduce the impact by taking different action?	No	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality and Diversity Lead, together with any suggestions as to the action required to avoid/reduce this impact.

Signed: Adrian Pickles (Fire, Health and Safety Manager, Simply Serve Ltd)
Dated: 17 April 2018