NHS
Solent
NHS Trust

Fire Safety Policy

Please be aware that this printed version of the Policy may NOT be the latest version. Staffs are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement	To ensure, as far as possible, that outbreaks of fire do not occur. If an outbreak cannot be prevented it must be rapidly detected, effectively contained and quickly extinguished without risk to staff, clients or visitors.
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Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
5.7.1		10	Co-operation between tenants and landlord	May 2017
5.7.3		10	Reword of Landlord/occupant responsibilities	May 2017
5.7.4		10	Reword of Landlord/occupant responsibilities	May 2017
6.3		13	Training reword	May 2017
6.4		13	Change of face to face training requirement for non-in-patient areas	May 2017
6.7		14	Staff responsibility	May 2017
6.8.4		14	Evacuation equipment	May 2017
7.4 to 7.6		15	Simplify wording re fire risk assessments. Change time period of medium risk assessments.	May 2017
8.1		15	Hot works wording change in line with the Trust maintenance provider	May 2017
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V2	May 2017	Steve Abraham	1st three yearly review	Update and amendments
V3	April 2020	Steve Abraham	Approved as part of the Covid-19 review of policies	Updated page 7 and 8, reference to Responsible Director for Fire as Chief Nurse changed to Chief Finance Officer and extended expiry to March 2021

SUMMARY OF POLICY

The purpose of this policy is to give information about Solent NHS Trust roles and responsibilities with regard Fire Safety. The Trust has its own buildings, shares partner and landlord buildings, and has mobile staff working in the community.

Many Fire Safety facets specific to a NHS Community Healthcare Trust are covered in this document including;

Staff working in the community,

Being a tenant in a landlord building,

Evacuation,

Fire wardens,

Control of smoking,

Specific identified danger and its control,

Estates hot flame working,

When do you call the Fire Service?

It is also informative covering such items as Training requirements, and the requirement of Fire Risk Assessments.

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FIRE SAFETY POLICY

1. INTRODUCTION AND SCOPE

Introduction

1.1 Fire is a potential hazard in all NHS premises, hospitals, clinics, health centre's, community and nursing homes. The consequences of fire in hospital or other health care premises can be especially serious because of difficulties and dangers associated with the emergency evacuation of clients, many of who may be dependent or have mobility impairment.

1.2 The aim of the Trust is to ensure, as far as possible, that outbreaks of fire do not occur. If an outbreak cannot be prevented it must be rapidly detected, effectively contained and quickly extinguished; with no risk to staff, clients or visitors due to robust fire safety protection and evacuation procedures.

Scope

1.3 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equal Opportunities Document.

1.4 This policy encompasses the management of fire safety in all Solent NHS Trust occupied premises.

1.5 A commitment to be aware of fire precautions and fire procedures is a basic duty of all staff and an essential obligation for everyone with management responsibility.

2. OBJECTIVES

To ensure that:

2.1 All appropriate fire safety measures are provided to maintain a safe environment for patients, clients, staff and visitors.

2.2 All Solent NHS Trust staff have access to fire training, and are able to accept responsibility for fire safety in their area of work.

2.3 All Solent NHS Trust staff and NHS allied staff in a Solent NHS Trust owned or occupied building, are aware of the action to take in the event of a fire, suspected fire or evacuation of an area or building.

2.4 All new developments and major refurbishment works achieve full compliance with legislation and codes of practice.

2.5 As required a programme of works is implemented to achieve standards of fire safety in accordance with current legislation and codes of practice.

2.6 The Trust is compliant with all relevant Fire Safety Legislation and appropriate guidance that are regarded as approved codes of practice.

3. PURPOSE

3.1 All NHS organisations have a responsibility to provide a clearly defined Fire Safety Policy.

3.2 Solent NHS Trust's Fire Safety Policy and associated Fire Safety Procedure's are based on best practice from Department of Health Technical Memorandum's (HTM's).

- HTM 05-01 recognises the importance of two primary pieces of legislation;
- The Regulatory Reform (Fire Safety) Order 2005; and Building Regulations 2010, in particular document B.

3.3 To comply with legislation and guidance the Trust will;

- Implement fire precautions through a risk managed approach. Develop and use monitoring and reporting mechanisms appropriate for the management of fire safety.
- Develop partnership initiatives for the provision of fire safety.

3.4 Solent NHS Trust's Fire Safety Policy and Fire Safety Procedure, sets out the requirements to enable the Trust to identify the principle roles and responsibilities of management and employees to achieve compliance with the legislation and best practice.

4. POLICY STATEMENT

4.1 Solent NHS Trust recognizes and accepts its obligations relating to the management of fire prevention and fire safety, so far as is reasonably practicable. As such it is the Trust's intention to:

- Minimise the risk of Fire throughout the premises and estate owned or occupied by the Trust.
- To eliminate or to minimise the impact from Fire on life safety, health service continuity, the environment and property.

4.2 This policy will be implemented across the Trust and is intended to safeguard all who have access to the Trust premises (either owned or occupied), including employees, patients/clients, visitors and contractors.

4.3 This policy should be read in conjunction with related individual Premise Fire Procedures and Trust policies, including the Solent NHS Trust Health and Safety Policy, and the Physical Security Management Policy.

5. ROLES AND RESPONSIBILITIES

Note: *Responsible Person has the duty to implement the articles and regulations of The Regulatory Reform (Fire Safety) Order 2005. The main regulatory authority is the Fire and Rescue Service who have the power to inspect premise and records,*

investigate, serve notice or begin lawful proceedings to responsible persons. The Fire Authority will determine who in their opinion the responsible person/s is, when there is a need for them to do so.

5.1 **The Trust Board (Responsible Persons)** The Trust Board has overall accountability for the activities of the organisation. The Board should ensure they have the appropriate assurance that the requirements of current fire safety legislation are met and, where appropriate, that the objectives of Health Technical Memorandum Firecode documents are complied with.

5.2 **The Chief Executive (Responsible Person)**

5.2.1 **The Chief Executive (Responsible Person)** is responsible for ensuring that the Trust complies with current fire safety legislation and the implementation of Health Technical Memorandum (Firecode) guidance in all the premises that it owns or occupies.

5.2.2 The Chief Executive may nominate a Director with responsibility for Fire Safety issues.

5.2.3 It will be the responsibility of the **Chief Executive in conjunction with the appointed Director level person for Fire Safety (Chief Finance Officer and Deputy CEO)** to ensure:

- Solent NHS Trust has an effective Fire Safety Management System, an agreed programme of investments in fire safety improvements, and that they are accounted for in the Trust's business plans.
- An audit and reporting system of Fire Precautions is undertaken to advise the Trust's management board (and when required The Department of Health) on the current state of fire safety within the Trust premises.
- To ensure that all agreements for the provision of care and other services by third parties include sufficient contractual arrangements to ensure compliance with the trust's fire safety policy.

5.3 **The Chief Executive and the Chief Finance Officer and Deputy CEO (Responsible persons)** duties and responsibilities also include:

- Championing fire safety issues at board level, which for example, would include proposing agreed programmes of investment in fire precautions are accounted for in the Trust annual business plan;
- Ensuring that the Chief Executive and the Trust Board are given the appropriate assurances that requirements of fire safety legislation and the objectives of HTM Firecode are being met;
- That Fire Safety Policies and Fire Strategies are uniformly and correctly applied across the Trust;
- Ensuring appropriate levels of management are always available to make decisions and give instructions regardless of the time of day;
- Provide a fit for purpose reporting system for fire incidents;
- Provide support for the Director and/or Lead Person of Estates function;
- Ensure the Trust has in place a clearly defined fire safety policy and relevant supporting protocols and procedures, and this is supported by sufficient resources and staff available to implement the Trust Fire Safety Policy and procedures;

- The development, implementation and review of the organisation's fire emergency action plan;
- Ensure the development, delivery and audit of an effective fire safety training programme.

5.4 Estates management (Responsible person)

5.4.1 Lead Management for Estates (Responsible person/s) are responsible to the Chief Executive, the Chief Finance Officer and Deputy CEO (Fire Safety Director). These senior operating roles are also responsible for providing solutions for the building recommendations and premises risks identified by the Fire Safety Advisor, that they are correctly dealt with, and if necessary entered into the Solent NHS Trust business plan or risk register. They should ensure adequate consideration and priority in the allocation of resources for the safe management of fire precautions.

5.4.2 The Lead Person for Estates has responsibility to commission Competent Person's (Fire) who are installers and maintainers of fire safety equipment due to their skill, knowledge and qualification.

5.4.3 Below is a guide of other fire responsibilities of the Director and Lead Person of Estates:

- Obtain expert advice on fire legislation;
- An awareness of all fire safety features in their buildings;
- Obtain expert technical advice;
- Fire safety risks particular to the organization;
- Requirements for mobility impaired patients, staff and visitors with regard fire procedures;
- Compliance with legislation, taking into account advice from the Fire Safety Advisor or instruction from the Fire Authority;
- Co-operation between employers where two or more share the premises;
- Monitoring and the mitigation of unwanted fire incidents;
- Liaison with enforcing authorities;
- Liaison with other managers and provide a link to Trust committees;
- Monitoring the inspection and maintenance of fire safety systems and equipment to ensure it is compliant;
- Review of identified risks in fire risk assessments and if necessary place on the Trust risk register;
- Ensure the day to day implementation of the fire safety policy;
- Provide support for the Fire Safety advisor;

5.5 The Fire Safety Adviser

5.5.1 The Fire Safety Adviser - will be accountable to the Trust Manager or Director who has responsibility for matters of fire safety. They provide competent fire safety advice and will be responsible for:

- Undertaking, recording and reporting fire risk assessments.
- Providing expert advice on fire legislation.

- Providing expert technical advice on the application and interpretation of fire safety guidance, including NHS Firecode.
- Review of the content of the Trust's fire safety policy.
- Assist Trust Training with the development of a suitable and sufficient training programme for staff, and specialist delivery as necessary.
- The assessment of fire risks within premises owned, occupied or under the control of the Trust.
- The preparation of fire prevention and emergency action plans.
- The investigation of all fire related incidents and fire alarm actuations.
- Liaison with the enforcing authorities on technical issues.
- Liaison with managers and staff on fire safety issues.
- Liaison with the Authorising Engineer (Fire)*.

5.5.2 Where specialist solutions are required to resolve fire safety issues the Fire Safety Adviser would not necessarily be expected to have the level of skill required but would know the limits of their capabilities and, when necessary, seek specialist advice from an Authorising Engineer (Fire)

5.6 The local Manager or Person-in-Charge (Responsible Person)

5.6.1 The local Person-in-charge or Manager **must** be of a position to be able to take charge in a fire situation. They should appoint a Deputy(s) who can cover for them in their absence. Advice and guidance can be sought from the Fire Safety Advisor.

5.6.2 The Person in charge at a premise or part of a premise has the following responsibilities:

- Initiating and monitoring actions to ensure the day to day maintenance of the fire precautions provided.

- To provide **induction fire training** to all new staff, this includes volunteers, part time and agency staff. This familiarisation training should include;

  i. Local fire procedures and evacuation plan,
  ii. Means of escape,
  iii. Location of fire alarm manual call points,
  iv. Fire fighting equipment,
  v. Any premise/site fire risks identified
  vi. Evacuation meeting/muster point and the location of in-patient alternative accommodation.

- To organise and record a fire evacuation practice at least once a year.

- Ensure records of testing and maintenance of fire alarms, emergency lighting and fire fighting equipment are being maintained.

- Ensuring staff are aware of the procedures and actions required for reporting fire safety defects.

- Ensuring written records are updated in the fire risk assessment action plan and the fire log book:-

- All fire safety defects
- Action taken to rectify those defects
- The signing off of defects when cleared

- Regularly review the premise Fire Risk Assessment

- Contact and inform the Trusts Fire Safety Advisor on the following occasions:

  - Any threat to means of escape or fire detection system
  - In advance of major alterations/extensions

- Ensure sufficient Fire Wardens are appointed and they receive regular refresher training in their duties and responsibilities.

- All staff in the premise participates in fire safety training at least once per year.

- That on handover of responsibility to a deputy or acting person-in-charge, that person is aware of the legal duty to provide supervision of premise fire procedures in the event of a fire or false alarm situation.

- Ensuring all fire safety related records are available for inspection by the Fire Service at any reasonable time.

- Ensuring any Fire or Automatic Fire Alarm is reported via the Solent NHS Trust incident reporting system.

- Report to estates and keep progress records of any building or equipment defect/risk that has an effect on fire safety.

- Co-ordinate and direct staff in the event of a fire in accordance with the premise emergency procedures and evacuation plan.

- Ensure local emergency action plans are developed and brought to the attention of staff.

- Ensure that sufficient trained staffs are available at all times to implement the local emergency plan.

5.7 Responsible Person in Multiple Occupancy (Building shared)

5.7.1 In a building with more than one occupier Fire Safety Legislation requires that there is in place consultation and co-operation between all occupants' management and the landlord over Fire Safety matters. A Responsible Person must be appointed for the building by the Host Organisation (e.g. this could be a Trust who owns, holds the lease, or is the main occupier). Each occupier should appoint a Responsible Person for the areas under their control (this would normally be the Person-in-charge of a department or manager). It is desired that Responsible Persons are based within the building.

5.7.2 The Responsible Person has a legal obligation to ensure there is a Fire Risk Assessment that covers their building or area; this document may be provided by the Host Trust or premise management/owner for the whole building, consultation with the building management will determine if this is provided. If not then each occupier must provide a Fire Risk Assessment for their area, and building management or the Host Trust

must always provide the FRA for all common areas. Identified risks and remedy information must be shared with all occupiers and management of the premise.

5.7.3 The Host Trust/landlord/leaseholder has responsibility for the building. However, fire procedures and policies of all organisations within the premise must be compatible with those of the Host or they should adhere to those of the Host Trust/leaseholder/landlord.

5.7.4 The Host Trust/leaseholder/landlord is responsible for the testing and keeping records of:

- The fire alarm system.
- Emergency lighting.
- Fire fighting equipment.
- Provide opportunity of an annual fire practice evacuation training for staffs working within the building.

If occupiers fail to comply with the requirements of 5.1 to 5.7 they may be committing an offence under Fire Safety Legislation and, if found guilty in a court of law, may receive a fine, a term of imprisonment or both.

5.8 Fire Warden

5.8.1 Fire Wardens should be appointed in all departments or buildings to give appropriate local leadership and direction in Fire Safety matters. They are not in an enforcing role but report to their line manager, and if necessary to the Trust Fire safety advisor. Fire wardens should refresh their training every 3 years.

5.8.2 The Fire Warden should:-

- Act as a focal point on fire safety issues for local staff
- Organize and assist in the fire safety regime within local areas
- Raise issues regarding local area fire safety with local management
- Assist with coordination of the response to an incident within the immediate vicinity
- Be responsible for the roll call during an incident
- Be trained to tackle fire with first aid fire fighting equipment where appropriate
- Support the local managers on regular fire safety checks
- Participate in regular fire warden training and apply the information and duties to the workplace (see 6).

5.9 Hospital department person in charge (Post holders are normally drawn from the senior 'on duty' nursing staff) while carrying out this role the person(s) concerned will be recognized as the person in charge. The responsibility of this position is to co-ordinate the hospital ward(s) response to an emergency and/or fire alarm situation, this person must always be in a position to **step down from their normal duties for a fire emergency**, as they are the key decision maker based on their dynamic risk assessment of the situation. They must always consider the safety of patients, visitors and staff/contractors, so can request emergency service attendance, order staged or full evacuation and control the movement of healthcare staff to achieve patient safety.

5.10 Community, Health Visiting and Outreach Managers

5.10.1 **Community, Health Visiting and Outreach Managers** should ensure that their staffs carry out a site safety risk assessment at any temporary workplace (e.g. patient home) that will take into account fire safety risks. In particular their risk assessment should pay attention to the means of escape, use and storage of oxygen, combustion risks, excessive flammable items, the capability and co-operation of the client. Please see the Aid Memoire in Appendix B the Community Staff Fire Safety Induction/Check sheet.

5.10.2 Managers should ensure their staff receive induction training to consider what risks are within client homes, this training should include; the safety instructions that staff must give to clients who are using oxygen therapy, how staff can report a risk or near miss or safety concerns (Solent NHS Trust incident reporting system), also that staff must always visually assess (dynamic risk assessment) the availability of exit routes in any premise they visit during the course of their duties. The Solent NHS Trust Fire Safety Advisor is available to give advice on any related concerns.

5.11 Estates staff – Estates maintenance staff/provider should respond to requests following a Fire Risk Assessment. Estates projects staff must take particular care to ensure that any aspect of new, refurbishment or maintenance works where it is likely to affect the fire integrity of a premise that the Fire Safety Advisor is informed and becomes actively involved. Specific and sufficiently detailed instruction should be agreed to enable the works to be undertaken.

5.12 General Duties and Responsibilities of all staff

5.12.1 All Trust employees have a duty to ensure that they comply with the fire safety arrangements and procedures at their workplace and that they do not commit acts which could lead to an outbreak of fire. All employees have a duty under the Health and Safety at Work Act, to take reasonable care of their own health and safety at work, and of other persons who may be affected by their acts or omissions.

5.12.2 All Trust employees are required to complete fire safety training and to familiarise themselves with the content of the premises' fire procedures.

5.12.3 Staff shall take particular care to ensure that the Fire Safety Advisor is informed and becomes actively involved with any aspect of their or others work or actions that is likely to affect the fire integrity of premises.

6. FIRE TRAINING

6.1 Training is an essential element of fire safety precautions.

6.2 All Trust **Managers must provide staff with induction fire training** (see paragraph 5.6 re induction fire training) **on or before their first day** in a new workplace (this includes part-time, volunteer and agency staff).

6.3 Solent NHS Trust Learning and Development department provide a mandatory annual e-learning fire module and records system. Further, on request from any Trust

Service/Department Manager, the Trust Learning and Development can in conjunction with that Manager arrange a face to face staff training day to include fire safety.

6.4 **All Service/Department managers** must monitor and encourage the majority of their team to attend a formal face to face fire training as follows –

- **In-patient hospital ward based staff, especially nursing and health care staff** – should receive annual face to face fire training this can be a mix of formal and practical instruction from the fire safety advisor or a qualified trainer. Any staff that due to circumstances cannot complete face to face that year must do it the following year and in the meantime complete the Trust Fire e-module.

- **All other staff, clinicians and management –** must successfully complete the annual Trust Learning and Development Fire Safety module, and in conjunction with this the majority of staff takes part in an annual premise fire evacuation drill. All staff and management should in addition receive face to face fire training as a minimum at least every 3 years this can be booked via Learning and Development as part of a Service/Department training day. An alternative method is for a department/service manager to request the Fire Safety Advisor to provide instruction as part of a team or premise training session.

- **Fire Warden/Marshall –** Attend initial course and refreshed every 3 years (see paragraph 5.8) or sooner if the candidate or Trust require. Both the initial and refresher course are face to face with the Fire Safety Advisor or a qualified trainer.

6.5 Solent NHS Trust Learning and Development department recognises the importance of appropriate training for staff. The key elements of fire training will be in accordance the Health Technical Memorandum (HTM) 05-01.

6.6 Additional, specialised training can be made available via application to the Solent NHS Trust Learning and Development department, especially for those working in specific responsibility and high-risk areas.

6.7 All staff have a duty to be aware of safety precautions and action to take in the event of a fire in their area of employment, and when visiting other premises in the course of their duties. All staff has a responsibility to seek this knowledge from the Person-in-Charge as required by Health and Safety legislation.

6.8 Fire Training - Premise Evacuation Drills

6.8.1 Fire evacuation practice drills must be undertaken every year; this is a legal requirement under both the Regulatory Reform Order 2005 and the Health and Safety at Work Act. The law states that responsibility for completion and records of premise evacuation practice is with the person-in-charge of the occupants or building manager. Evacuation drill co-operation should be done in conjunction with any landlord or main lease holder arrangement. The Fire Safety Advisor will inspect fire records and audit Trust compliance during fire risk assessments and other premise visits.

6.8.2 An evacuation practice drill can be done in consultation with the Fire Safety Advisor who can provide advice and agree the method plan used. Whenever available the Fire Safety Advisor will observe the fire drill, provide advice and the evacuation drill

debrief.

6.8.3 All evacuation drills must be recorded in a premise fire logbook by the manager, fire records are required to be compliant with regulations.

6.8.4 All staff involved with the fire evacuation practice shall be mindful of safe handling techniques and shall avoid manual handling tasks that they have not been trained for during the exercise, staff have a responsibility to carry out the evacuation drill in a safe manner so as not to cause injury to other occupants, clients and visitors e.g. do not carrying hot drinks, or to use excessive speed on stairs, do not use evacuation equipment unless trained to do so.

7. THE FIRE RISK ASSESSMENT (FRA) WILL GIVE DETAILED AND SPECIFIC RECOMMENDATIONS TO:

7.1 Minimise the incidence of Fire throughout the premises. Minimise the impact from Fire on life safety, delivery of service, the environment and property.

7.2 The Fire Safety Advisor – will undertake Fire Risk assessment (FRA) to ensure that the appropriate fire safety standards are being maintained and that the appropriate management systems are in place. Fire Risk Assessments produced will be copied to the person(s)-in-charge or in control of the premise, also to Solent Estates Officers and Compliance Officer.

7.3 At the discretion of Head of Estates and the Fire Safety Advisor the FRA document may be shared with maintenance providers, or contractors working for Solent NHS Trust.

7.4 Solent NHS Trust properties or leased properties will be subject to a Fire Risk Assessment (FRA) this document **must be subject to a regular Review by the Premise Manager or Person(s)-in-Charge**, they must record the progress of the identified fire risks and remedial work in the FRA Action Plan (usually situated on the rear pages of the document) and they should add any further identified risk items in the pages provided at the end of the action plan.

7.5 The Fire Safety Advisor will provide an FRA for all premises on a realistic periodic basis balanced by their Trust duties and manpower availability. The table below shows our minimum fire risk assessment time period intentions for:-

High risk premise, e.g. in- patient sleeping, high amounts of Gas, Chemical, Flammable or Combustible storage or use, any area that causes or uses anything that is a high fire or explosive risk	Within each calendar year period a Fire Risk Assessment document by the Fire Safety Advisor
Medium risk, e.g. health centres, offices	FRA document at least every 3 years from the Fire Safety Advisor

Low risk, e.g. non-client area that are low risk, e.g. empty or low risk storage unit.	FRA document produced at least every 5 years by the Fire Safety Advisor

7.6 Changes to buildings and plant, or medical equipment, may require independent Fire Risk Assessments to ensure that the fire risk has been considered, the Trust Fire Safety Advisor is available for advice or this task.

7.7 Specific fire risks must be considered when procuring new medical devices.

8. HOT WORKS AT TRUST PREMISE AND WHOLE LEASED BUILDING

8.1 Any planned hot works on or in Trust owned, or Trust controlled premise, any contractor should not be permitted to start until Trust Estates Maintenance Officers or the Trust Maintenance Provider Management have agreed the contractor's safety precautions are sufficient and that this has been agreed in writing, usually in the form of a Permit to Work. In the absence of the Trust Estates Maintenance being available, then agreement should be sought from the Solent NHS Trust Health and Safety Manager or the Trust Fire Safety Advisor.

8.2 Hot works includes; hot bitumen roof repair or laying, welding, gas flame metal cutting.

8.3 For emergency work/repairs contractors and maintenance staff should always check with the Solent NHS Trust Estates management (if not available then the Trust Health and Safety Manager) for agreement of Hot Work precautions.

9. SMOKING PLUS ELECTRICALLY CHARGED CIGARETTES

9.1 Solent NHS Trust follows the guidelines of the Department of Health and has a zero tolerance protocol against smoking inside or immediately next to Trust controlled buildings, it is recognised that smoking materials are a fire risk and that they are discouraged in Trust owned or controlled properties.

9.2 For in-patient long stay areas, if necessary local staff control of patient smoking materials may be instigated, this control is for the safety of all in the premise. These smoking materials will only be released back to the patient when they are leaving the building on a temporary or permanent basis. Staff can seek advice from the Trust Local Security Management Specialist (LSMS) and the Trust Fire Safety Advisor.

9.3 **Electronic/Vapour Cigarettes -** current advice gathered from NHS organisations and the Department of Health is that electronic cigarettes would mask the control of the smoking ban. Solent NHS Trust will not allow any smoking items or material to be used inside or immediately next to Solent NHS Trust owned or controlled buildings and departments. Staff can also refer to the current Solent NHS Trust Smoking Policy for further information.

9.4 Solent NHS Trust is aware of a number of serious fires and injury/near misses incidents within the UK where electronic/vapour cigarettes have been connected to a computer via a charge lead. In the interest of safety for all within Trust owned or controlled premise, or Trust departments, **the charging of electronic cigarettes via any computer is banned**.

9.5 Only at in-patient areas (sleeping risk) may the charging of electronic/vapour cigarettes via direct connection to a wall plug socket be considered for admitted in-patients. If the manager or person-in-charge of an in-patient area agrees to the recharge of an e-cigarette via direct connection to a normal wall socket (or via any specialist charging equipment that may be provided by Solent NHS Trust) the room should be risk assessed and only charged in an area that is under staff control, and that this room is not populated while the charge is in process. The room should be checked regularly to ensure the charging process has not developed a fire fault. The charging of an e-cigarette should never take place in a room that contains possible hazards e.g. oxygen, flammable liquids/chemicals/gas, storage of combustible items, or containing a fire exit. The electronic cigarette can then only be issued to the patient for outdoor use and should be handed into staff on return to the building.

10. PERSONAL ELECTRONIC DEVICES AND EQUIPMENT

10.1 Staff, patient or visitor personal mobile electrical devices are not allowed to be charged within Trust owned or controlled Premise, the only exceptions to this protocol is when;

- Solent NHS Trust require the member of staff to provide their own mobile electrical device, or

- An in-patient can ask the ward manager to re-charge a mobile device that the ward manager is satisfied has the correct charging plug and cable, and the device, plug and cable appears to be in a safe condition. These devices should not be recharged in any room that contains oxygen, flammable liquids/chemicals/gas, storage of combustible items, or containing a fire exit.

10.2 Large and medium sized electrical equipment that is not issued by the Trust cannot be stored inside, used or charged in Trust controlled or owned premise, except for; visiting Trust arranged demonstrations/lectures and the Trust manager in charge of the event is reasonably satisfied that this equipment is in a safe condition.

11. TOASTERS

11.1 Toasters are a source of extreme heat and the machines safety devices are easily overridden, they are often the cause of false alarms, and new fire legislation has now been passed that gives Fire Authorities the right to impose fines or take other action against premise that have false alarms that are not justified. In helping to control false alarms and fire situations, toasters are banned from use in Trust premises; the only exception to this is at in-patient ward kitchens and main kitchens that serve wards or a cafeteria/restaurant.

12. ELECTRICAL EXTENSION CABLES AND MULTI SOCKET PLUGS

12.1 The Department of Health have issued Fire Safety Advice to all Trusts that they should discourage the use of extension cables and multi socket plugs. Using these items could prevent safety devices performing correctly leading to a fire situation.

12.2 Multi socket plugs are easily dislodged due to their design and weight which can then give arcing sparks, so this type of device is banned from use or supply within the Trust.

12.3 Extension cables are to be avoided whenever possible as the cable can easily be damaged leading to possible short circuit, so the design of a room should always be followed by staff who should place desks and equipment so that they can use all the available plug sockets provided in the room. It is further identified that the reason to achieve **one plug to one socket**, is that not all persons understand the power required by devices or equipment, and if a combination of devices/equipment is powered from one socket this could give a deterioration of the plug socket and/or supply cable.

12.4 At no time can a reel type extension cable be used for static office or clinical use as they are known to self-heat within the reel. The joining together of any extension cables by plugging into one another is banned within Trust owned or controlled buildings or areas, as this can have a detrimental effect on the correct operation of safety devices.

13. REPORTING OF FIRE AND FALSE ALARMS

13.1 The collection of data for fire/fire alarm incidents and the requirement for investigation of incidents, in healthcare premises is important. Lessons can be learned from routine reports as well as from the comparatively few serious fires experienced in the NHS.

13.2 Managers and staff who at the time of an incident would be deemed as the lead person of a department or building, or their job position makes them the responsible person, then they must report fire incidents, false alarms or evacuations, to the Solent NHS Trust Fire Safety Advisor via the Trust incident reporting system. Further information may be sought from the Reporting of Adverse Events Policy. If a building has a serious fire then an additional initial report to the Trust Fire Advisor should be sent as soon as possible either by telephone message or e-mail (see 14).

14. FIRE ALARM ACTIONS AND CALLING THE FIRE SERVICE

14.1 A Government directive to the Fire Service is to encourage and ensure that in all non-domestic premises with a fire alarm activating, the staff should carry out a search of the building to ascertain if a fire situation exists before calling as an emergency to the Fire Service. When an emergency call is made to the Fire Services if an actual fire situation cannot be confirmed or genuinely suspected, and a premise search has not been completed, then the Fire and Rescue Service operator may carry out a 'call

challenge' and give instruction to search before any response will be mobilised. **Any fire alarm activation that is a false alarm is not to be called to the Fire Service**, but is to be dealt with by the Trust staff or the Trust maintenance provider.

14.2 Staff should first read the fire panel to gain information of the zone and location of the activation. Staff should never place themselves in danger when searching, if signs of fire or smoke are seen, smell, cracking sounds within a room or void space are heard, or heat can be felt on an approach to an area or on the outside of the entrance door or the door handle, then they should halt the search, ensure evacuation of all, and immediately report their findings as an emergency to the Fire Service.

Note: Fire warden training is available via application to the Training and Development.

15. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

15.1 In accordance with the Equality Act 2010 equality and diversity issues have been considered in the development of this policy and no equality issues were identified. This policy has been assessed against the requirements of the Mental Capacity Act (MCA) 2005 during policy development. (See Appendix A)

16. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

16.1 The effectiveness of the physical requirements of this Trust policy are audited via the Learning and Development training records, and a fire risk assessment programme that provides an audit and review report to the Health and Safety sub-committee.

17. REVIEW

17.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

18. REFERENCE DOCUMENTATION

To enable the organisation to meet its legal obligation and achieve standards concerning fire safety as defined by all current legislation and codes of practice, including:

- Regulatory Reform (Fire Safety) Order 2005
- Fire Safety (Employees Capability) Reg. 2010
- HM Government Fire Safety Risk Assessment Guides
- Firecode HTM 05-01 Managing Healthcare Fire Safety
- Firecode HTM 05-02 New Build and Alterations
- Building Regulations 2010: Approved Document B: volume 2
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999

- Physical Security Management Policy
- Disciplinary Policy
- Health & Safety Policy
- Induction & Mandatory Training Policy
- Reporting of Adverse Events Policy
- Department of Health Memorandums and advice

19. FIRE SAFETY ADVISOR

The Trust Fire Safety Advisor can be contacted as follows;

Messages and non-urgent enquiries then e-mail – steve.abraham@solent.nhs.uk

Phone for urgent messages/calls – 0790 1105410

Appendix A

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	To ensure, as far as possible that an outbreak of fire is a minimal possibility. If a fire cannot be prevented it must be rapidly detected, effectively contained and quickly extinguished without risk to staff, clients or visitors.
2. Who will be affected by it?	All employees of Solent NHS Trust
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Safer workforce, Safe patients and visitors, compliance with HTM and statutory Fire and H&S legalisation
4. What information do you already have on the equality impact of this document?	The previous policy and its impact assessment statement
5. Are there demographic changes or trends locally to be considered?	The policy applies to all staff groups
6. What other information do you need?	N/A

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		x	The policy applies to all staff groups
2. Can any group benefit or be excluded?		x	The policy applies to all staff groups
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	The policy applies to all staff groups
4. Can this actively promote good relations with and between different groups?	x		The policy applies to all staff groups
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Policy Steering Group members and the health and safety subcommittee consulted and Professional Leadership Clinical
6. Have you used a variety of different methods of consultation/involvement	x		Via email and face to face meetings
7. Mental Capacity Act implications		x	The policy applies to all staff groups
8. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	Low

2. What action/modification needs to be taken to minimise or eliminate the negative impact?	N/A
3. Are there likely to be different outcomes with any modifications? Explain these?	N/A

Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	This policy will be reviewed every 3 years, where there has been a significant change in the matter to which it relates, or it is believed to be no longer valid, then appropriate amendments will be made.
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Fire safety advisor

Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	Trust Safety Committee Minutes Board Minutes, Trust intranet

Appendix B

COMMUNITY STAFF FIRE SAFETY CHECK SHEET

- Clear routes of escape and operation of door furniture (handles and locks), at no time allow a bolt or lock to be put in place during a visit,
- For any emergency do I have a communication device to raise the alarm?
- Safe use and storage of oxygen, consider completing an Initial Home Oxygen Risk Form or similar document, see an example on pages 22 and 23 of the Solent NHS Trust Fire Policy,
- Assess if any combustion and/or flammable risks are a potential danger to the patient, other house occupants or NHS staff,
- Excessive storage that threatens escape for the staff member, the client and other persons in the household,
- What is the capability and co-operation of the client?

MANAGERS INDUCTION CHECK SHEET TO GIVE STAFF;

- The safety instructions that staff must give to clients, who are using oxygen therapy (e.g. No Smoking, do not use in the same room as a gas hob or open flame, keep away from grease and oil, and alcohol gel),
- How staff can report an incident, risk or near miss or safety concerns (Solent NHS Trust incident reporting system),
- That staff must always visually assess (known as a dynamic risk assessment) the availability of exit routes,
- Staff to understand that at no time will they place themselves in danger, it is more important that they are able to escape and raise the alarm to the emergency services,
- If staff consider a patient home, or the situation, is not safe they should leave the premise, and they should always report this to their manager and onto the Solent Incident Report system.

Initial Home Oxygen Risk Mitigation Form (IHORM)and Home Oxygen Consent Form (HOCF) For new patients only.

BOTH FORMS MUST BE COMPLETED AND SIGNED BEFORE OXYGEN CAN BE INSTALLED .

DO NOT SEND FORMS TO SUPPLIER FORMS WILL BE PLACED IN PATIENT NOTES

THERE ARE CONFIRMATION BOXES ON THE HOME OXYGEN ORDER FORMS.

Oxygen can pose a risk of harm to the user and others in the event of fires, falls and inability to use complex equipment. The initial identification and onward communication of these risks is the responsibility of the health care professional ordering the oxygen and remains so until that prescription ceases or is superseded. The table below reflects risk factors that are based on evidence of real life serious and untoward incidents, 90% of which are smoking and e-cigarette/charger related.

The Initial Home Oxygen Risk Mitigation (IHORM) is to be completed in conjunction with the Home Oxygen Consent Form (HOCF) prior to oxygen being ordered from the oxygen supplier via the Home Oxygen Order Form (HOOF). **It is the responsibility of the registered health care professional who is gaining consent to complete and add the IHORM with the HOOF and HOCF to the patient's notes. If all documents are not confirmed as being completed in full the Home Oxygen Order cannot be fulfilled.**

If the risks identified on the IHORM indicate significant levels of risk the patient should be discussed directly with the local Home Oxygen Service or Clinical Oxygen Lead for a full risk assessment prior to oxygen being ordered as recommended in the National Safety Toolkit and the British Thoracic Home Oxygen Guidelines June 2015**. Regardless of risk or diagnosis all adult patients should be referred the Home Oxygen Service for the team to determine next steps if deemed relevant.**

If any responses below fall within a shaded box, please refer to the Required Action column and supporting notes.

All actions should be explained to the patient and why they are being taken in line with service contracts. Ensure that both verbal and written information has been given to the patient or their representative.

Patient Name		DOB		
Address		Oxygen requested?		**Yes - sending HOOF** **No - Risk is too high**
Recorded at	please circle Hospital Clinic / Home / other location	NHS No		
Risk Level	**Risks**	**No**	**Yes**	**Required Action**
	Does the patient smoke cigarettes / e-cigarettes?			If a High Risk is identified (shaded box), **It is highly recommended that oxygen is not requested without** referral to Home Oxygen Service **or** Respiratory Specialist **or** support services e.g. falls team, stop smoking service,
	Have they smoked in the last 6 months? Quit date.....			
	Does anyone else smoke at the patients premises?			
	A recent history of drug or alcohol dependency?			
	Patient reported they have had a fall in the last 3 months?			
	Have they had previous burns or fires in the home?			
	Does the person have identified mental capacity issues?			
MODERATE	Can the patient leave their property un-aided?			If 3 or more risks are identified (shaded box), **It is highly recommended that oxygen is not requested without** referral to Home Oxygen Service **or** Respiratory Specialist **or** support services e.g. stop smoking service,
	Is the patient or any dependents/ in the property vulnerable? E.G. disabilities/ children			
	Do they live in a home that is joined to another?			
	Patient reports they have working smoke alarms at home? (if unknown please state no)			
	Do they live in a multiple occupancy premises (Bedsit/flat)			

Mitigation actions taken e.g. contacted falls team

Declaration I confirm that I am the healthcare professional responsible for the care of this patient. I have discussed the risks listed on this form with the patient/carer/ guardian (delete as necessary) and from the responses given Oxygen can/cannot (delete as necessary) be requested at this time.

Clinicians Signature		Profession	
Print Name		HOS team	Yes / No
Contact No.		Date	
Lead Consultant is	(Hospital Discharge only)		

Patient agreement to sharing information

NHS

Form issued by:			
Unit/Surgery		Address	
Contact name			
Tel no.			Postcode

Patient			
Name		Address	
D.O.B.			
NHS number			
Tel/mobile no.			Postcode
E-mail		(only include if the patient agrees to email contact)	

My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my personal information will be managed and shared in line with the Data Protection Act 1998, Human Rights Act 1998, and common law duty of confidentiality and I understand these arrangements, such that:

1. Information about my condition/condition of the patient named above* will be provided to the Home Oxygen Service (HOS) Supplier to enable them to deliver the Oxygen treatment as per the Home Oxygen Order Form (HOOF).

2. The HOS Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate).

3. Information will be exchanged between my hospital care team, my doctor, the home care team and other teams (e.g. NHS administration) as necessary related to the provision, usage, and review, of my Oxygen treatment, and safety.

4. Information will also be shared with the local Fire Rescue Services team to allow them to offer safety advice at my premises and where appropriate install/deliver suitable equipment for safety.

5. Information will also be shared with my electricity supplier/distributer where electrical devices have been installed.

6. From time to time, I may be contacted to participate in a patient satisfaction survey/audit. (delete *should you wish not to participate*)

7. I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed).

* Delete as applicable

Patient's signature		Date	

(see note 4 where signed and witnessed on patient's behalf)

I confirm that I have responsibility for the above-named patient.

Carer's signature		Name	
Relationship to patient		Date	

I confirm that I am the healthcare professional responsible for the care of this patient and I have completed this form on his/her behalf as s/he is unable to provide/withhold consent. The patient has been given a copy of this form.

Clinician's signature		Date	
Name			