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## Fire Safety Policy

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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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## Amendments Summary:

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 rewords	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
9.2 to 9.4		16	Change wording of smoking control	May 2017
11		17	Change to title to make reference easier	May 2017
Version 5			New items added are medical gas, supplementary heating, modern building materials and Christmas/celebratory decorations, change the flow and re format of the policy, learning and development update, Estates re structure update and appointment if external Authorised Engineer (Fire)	May 2021

## Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
V2	May 2017	Steve Abraham	1 <sup>st</sup> 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

V4	February 2021	Steve Abraham	Chair's action – expiry extension to June 2021, policy remains current and true	
V5	May 2021	Steve Abraham	Review due to upcoming expiry, rewrite	Update and amendments (detailed in amendment summary)

#### **SUMMARY OF POLICY**

This policy has been produced in accordance with the legal requirement of the UK legislative framework for Fire Safety. The Trust has its own buildings, shares partner and landlord buildings, and has mobile staff working in the community and this policy covers staff, clients, patients, visitors and anyone else who can be affected by the Trusts work activities

Many Fire Safety facets specific to a NHS Community Healthcare Trust are covered in this document including but not limited to Staff working in the community being a tenant in a landlord building, evacuation procedures, fire wardens, appropriate arrangements when calling the fire emergency service.

This policy identifies fire safety of staff, clients, patients, visitors and anyone else who can be affected by the Trusts work activities and provides details on the arrangements of how staff can gain access to suitable and sufficient fire training and instructions to be able to take responsibility for fire safety in their area of work. How to monitor and report any concerns in regard to management of fire safety. Actions to be taken in the event of fire alarm activation and the process in regard to calling the emergency services and evacuation.

The policy provides a formal structure identifying roles and responsibilities for the management of fire safety building structure, preventative and reactive building maintenance

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## **FIRE SAFETY POLICY**

### **1. INTRODUCTION AND PURPOSE**

- 1.1 Fire is a potential hazard in all NHS premises, hospitals, clinics, health centres, community, care homes and residential 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 whom may be dependent or have mobility or mental health impairment.
- 1.2 The aim of the Trust is to ensure, so far as is reasonably practical 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.

#### **PURPOSE**

- 1.3 All NHS organisations have a responsibility to provide a clearly defined Fire Safety Policy and associated Fire Safety Procedure's based on
- Department of Health Technical Memorandum's (HTM's)
  - The Regulatory Reform (Fire Safety) Order 2005;
  - Approved Document B (fire safety) volume 2: Buildings other than dwellings, 2019
- 1.4 To comply with legislation 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 via co-operation with landlords and occupants, employing specialist maintenance and advisory companies/organisations as necessary.
- 1.5 Solent NHS Trust Fire Safety Policy and the Premise Fire Safety Procedures 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.

### **2. SCOPE, OBJECTIVES and DEFINITIONS**

- 2.1 The main aspects covered are fire management arrangements and applies to all bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including associate hospital managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 This policy encompasses the management of fire safety in all Solent NHS Trust premises and where Solent NHS Trust are an occupancy in third parties' premises.

- 2.3 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.

**OBJECTIVES**

- 2.4 To ensure that :
- all appropriate fire safety measures are in place to maintain a safe environment for patients, clients, staff and visitors that is compliant with all relevant Fire Safety Legislation and appropriate guidance.
  - Solent NHS Trust staff have access to suitable and sufficient fire training and instructions to be able to take responsibility for fire safety in their area of work.
  - Solent NHS Trust staff and NHS allied staff and visitors 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
  - all new developments and major refurbishment works comply with so far as is reasonably practicable (SFARP) with all legislation, approved codes of practices, Health Technical Memorandums and Health Building Notes
  - as required a programme of works is implemented to achieve standards of fire safety in accordance with current legislation, approved codes of practices, Health Technical Memorandums and Health Building Notes,

**DEFINITIONS** can be found on page 16

**3.0 PROCESS/REQUIREMENTS – (FIRE SAFETY MANAGEMENT ARRANGEMENTS)**

- 3.1. To meet the requirements of the Management of Fire safety it is Trust policy that risk assessments are undertaken to
- minimise the incidence of Fire throughout the premises.
  - Minimise the impact from Fire on life safety, delivery of service, the environment and property.
- 3.2 Solent’s appointed competent person for fire safety 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.
- 3.3 Solent’s appointed competent person for fire safety 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 intentions for:

Priority 1 premise, e.g. in- patient sleeping wards.	Within a 2-year period a Fire Risk Assessment document by the Fire Safety Advisor
Priority 2, e.g., health centres offering GP or clinical appointments and office areas.	At least every 3 years a Fire Risk Assessment document by the Fire Safety Advisor
Priority 3, Low risk, e.g. non-client area that are low risk, e.g. empty or low risk storage unit.	At least every 5 years a Fire Risk Assessment document by the Fire Safety Advisor

- 3.4 Solent NHS Trust Fire Risk Assessments (FRA) are to be subject to a regular review by Solent Estates using their dedicated tracking system, they must record the progress and resolve of the identified Estates fire risk items. As appropriate the Premise and/or Department Manager is responsible to resolve management risk items identified in the FRA Action Plan (usually situated on the rear pages of the document).
- 3.5 Changes to buildings and plant, or medical equipment, may require independent Fire Risk Assessments to ensure that the fire risk has been considered, advice from either the Estates and Facilities team and/or the Trust Fire Safety Advisor should be sought.

#### **FIRE ALARM ACTIONS AND CALLING THE FIRE SERVICE**

- 3.6 A Government directive to the Fire Service is to encourage and control that in all non-domestic premises with a fire alarm activating, the staff should 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 Service operator may carry out a 'call challenge' and give instruction to search before any response will be mobilised. The fire service should not be called when known false fire alarm activation has occurred - instead, this will be dealt with by Trust staff / Maintenance provider
- 3.7 Fire Warden and/or Management should
- first encourage evacuation unless an in-patient ward (nursing staff take charge of ward incidents),
  - if fire panel is nearby read the fire panel to gain information of the zone and location of the activation,
  - then do a quick search to decide that all have evacuated and if it is a false alarm or fire.
  - Employees 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

#### **RESPONSIBLE PERSON IN MULTIPLE OCCUPANCY BUILDINGS**

- 3.8 In a building with more than one occupier consultation and cooperation between occupancies and the landlord is a requirement under Fire Safety Legislation.

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).

- 3.8.1 Each occupier should appoint a Responsible Person for the areas under their control, this would normally be the Person-in-charge of that department and a Solent Area Estates Premise Manager. It is desired that there is Responsible Persons based within the building. 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 the 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.

- 3.8.2 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.
- 3.8.3 The Host Trust/leaseholder/landlord is responsible for the testing and keeping records of the fire alarm system, Emergency lighting, firefighting equipment and provide opportunity of an annual fire practice evacuation training for staffs working within the building.

### **MODERN MAN-MADE CONSTRUCTION MATERIALS**

- 3.9 The validity of some manufactured modern man-made materials for exterior walls and interior use are very important that the full range of smoke production, fire spread and the fire rating (both items closely related but different) of the materials technical specification and test results is fully known and the Trust Fire Safety Advisor consulted before being used.
  - 3.9.1 As alterations to Building Regulations are made these must be considered whenever the Trust carries out work, or build, of a healthcare building especially those that have a sleep risk, or mobility dependant occupancy.
- 3.10 For further information on fire safety guidance please refer to
  - Appendix B – Festive and Celebration Decorations
  - Appendix C – Community Staff Fire Safety Checklist
  - Appendix D – Smoking Plus Electrically Charged Cigarettes
  - Appendix E – Microwaves, fridge, and toasters, + supplementary heating
  - Appendix F – Electrical Extension Cables inclusive of Multi Socket Plugs and Medical
  - Appendix G – Gas Cylinders / Piped Gas

## **4. ROLES AND RESPONSIBILITIES**

- 4.1 **The Trust Board** will 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 so that the Fire Safety Policy and Fire Strategies are uniformly and correctly applied across the Trust
  - 4.1.1 The Trust Board has overall accountability for the activities of the organisation. The Board will ensure they have the appropriate assurance that the requirements of current fire safety legislation are met so far as is reasonably practicable (SFARP) and, where appropriate, that the objectives of Health Technical Memorandum Firecode documents are complied with.
- 4.2 **The Chief Executive Officer (CEO)** is responsible for ensuring that the Trust complies so (SFARP) with current fire safety legislation and the implementation of Health



Technical Memorandum (Firecode) guidance in all the premises that it owns or occupies.

4.2.1 The CEO will nominate a Director with responsibility for Fire Safety issues.

4.2.2 In conjunction with the CEO the appointed DIRECTOR RESPONSIBLE FOR FIRE (Strategic Transformation Director and Director of Estates “STDDE”) will:

- 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.
- ensure an audit and reporting system of Fire Precautions is undertaken to advise the Trust’s board (and when required The Department of Health) on the current state of fire safety within the Trust premises.
- be responsible for ensuring that there is an annual fire safety action plan/work programme in place and for ensuring that an annual report is submitted to the Trust Board regarding fire safety management within the Trust and giving Board members assurance that adequate arrangements are in place to control fire risks which cannot be eliminated
- champion 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

4.3 **Associate Director of Estates Transformation (ADET)** is accountable to the nominated Director with responsibility for Fire Safety (**STDDE**) and is responsible for;

- providing solutions for the building recommendations and premises risks identified via the fire risk assessments or by the Fire Safety Advisor, that they are correctly dealt with, and if necessary, entered onto the Solent NHS Trust business plan.
- commissioning Competent Person’s (Fire) who are installers and maintainers of fire safety equipment due to their skill, knowledge, and qualification
- ensuring there is sufficient resources are in place that an annual fire safety action plan/work programme is in place
- ensuring that an annual report is submitted to the Trust Board regarding fire safety management within the Trust and giving Board members assurance that adequate arrangements are in place to control fire risks which cannot be eliminated
- providing a link to trust committees and/ or groups to ensure that day to day implementation of the fire safety policy is covered within the Estates Team inputs to service line requests

4.4 **Estates Project staff** are accountable to the (**ADET**) and will

- review current risk assessments to determine if any outstanding actions are able to be incorporated into the project work through the design brief and scope of works.
- obtain specific and sufficient information to ensure that any aspect of new, refurbishment or maintenance works, where it is likely to affect the fire integrity or strategy of a premise is fully considered and will liaise with the Fire Safety Advisor and all relevant stakeholders, both internally and externally, and ensure they are actively engaged in the project.

- explore all options/ proposals in the decision-making process that meet the requirements of the design brief and ensure the project outcomes are aligned with, so far as is reasonably practicable with external regulatory legislative requirements.
  - consider the decision-making process and will involve judgment and balance considering the value and likelihood of all possible benefits against the seriousness and likelihood of possible harms to an acceptable risk level, taking into consideration resources (time, effort, money) and any potential secondary risks.
- 4.4.1 Particular challenges may require an analytical fire engineering approach which may be beyond the scope of the information provided so on occasion it is beneficial to seek an independent validation for an approach to a fire safety issue. This would be through engagement with Solent's appointed external Authorised Engineer for Fire.
- 4.5 **Associate Director of Estates and Facilities** who is accountable to the **STDDE** is responsible to appoint a competent external **Authorised Engineer Fire (AEF)** who will act as an independent professional adviser to monitor the performance of fire safety management and provide an annual audit to the Board Level Director (with fire safety responsibility).
- 4.5.1 Support the liaison with enforcing authorities, CQC or any external agencies.
- 4.6 **Senior Estate Maintenance Manager** will be accountable to the **(ADET)** and has the responsibility to ensure:
- 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. Any financial costs associated with the fire risk assessment findings that require capital funding are identified and brought through the appropriate channels
  - Building compliance in accordance with fire safety legislative requirements by obtaining expert and technical advice, considering advice from the Fire Safety Advisor, AEF or instruction from the Fire Authority
  - Support the liaison with enforcing authorities when necessary
  - Co-operation between employers where two or more share the premises
  - Monitoring and the mitigation of False Alarms
  - Before commencing of work any planned hot works on or in Trust owned, or Trust controlled premise, any contractor will be issued with a Permit to Work
  - Develop and deliver the Trust's Estates and Facilities Fire Safety Annual Forward Plan and to provide an annual update on progress to the Trust Board, incorporated within the Annual Health & Safety Report to the Board, or upon reasonable request
  - That contractors appointed to work in Trust premises: have access to a copy of this policy and have carried out a fire risk assessment for their work activity, with particular reference to how their work may affect the safety of staff, patients or visitors.
- 4.7 **Premise Managers** will:
- Regularly review the premise Fire Risk Assessment identified risks and act

accordingly to any Premise Management actions identified and record their progress. Organise evacuation drills at intervals as recommended by the Fire Safety Policy. All fire drill information is to be sent to the Fire Safety Advisor and recorded onto the Trust Computer Aided Facilities Management reporting system **CAFM** via emailing [Property.ManagementTeam@solent.nhs.uk](mailto:Property.ManagementTeam@solent.nhs.uk)

4.8 **The Fire Safety Adviser** will be accountable to the Director for Fire **STDDE** who has responsibility for matters of fire safety, will provide competent fire safety advice and will be responsible for:

- Undertaking, recording, and obtaining relevant fire risk assessments, copied to the person(s)-in-charge or in control of the premise, also to Solent Estates Officers and recorded onto the Trust **CAFM** reporting system via emailing [Property.ManagementTeam@solent.nhs.uk](mailto:Property.ManagementTeam@solent.nhs.uk)
- Reviewing of identified risks in fire risk assessments and if necessary, place on the Trust risk register.
- Providing advice on fire legislation and advice on the application and interpretation of fire safety guidance, including but not limited to NHS Firecodes.
- The preparation of fire prevention and emergency action plans.
- Supporting managers in preparing and participating in fire evacuation drills
- Ensuring that all fire safety requirements are in place for staff and patients with a disability, this may include the completion of Personal Emergency Evacuation Plans (PEEP).
- Investigating all fire related incidents and fire alarm actuations.
- Liaising with the external Appointed Authorising Engineer (Fire), enforcing authorities, fire authority, in supporting any external fire investigation.
- advising and assisting Managers and Staff in ad hoc requests for fire safety support or fire safety issues.
- Reviewing the content of the Trust's fire safety policy.
- Assisting Trust Training with the development of a suitable and sufficient training programme for staff, and specialist delivery as necessary.
- Producing an Annual Fire Safety Report for the Board which is incorporated into the annual H&S report setting out the achievements and shortcomings of those reporting periods and making recommendations to bring about future improvements
- Providing additional specific fire safety Reports to the Trust Board and/ or additional committee (s) / group (s) as required

4.9 **All Managers (Premise Managers, Support Services Managers, and responsible Lead Person both Clinical and non-clinical)**. All Managers and responsible persons both clinical and non-clinical 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.

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

- ensuring appropriate levels of management are always available to make decisions and give instructions regardless of the time of day.
- ensuring that all staff are aware of and understand the fire safety arrangements

- within their workplace
- Co-ordinating and directing staff in the event of a fire in accordance with the premise emergency procedures and evacuation plan.
- Ensuring local emergency action plans/procedures are developed and brought to the attention of staff.
- Identifying staff member(s) with a disability and ensure that suitable fire safety requirements are in place by contacting the fire safety advisor and/ or health and safety manager to undertake an individual Personal Emergency Evacuation Plan (PEEP)
- Encouraging that sufficient trained staffs are always available to implement the local emergency plan.
- 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 fire evacuation practice at least once a year.
- Ensuring sufficient Fire Wardens are appointed and they receive refresher training.
- Reporting to estates any building or equipment defect/risk that has an effect on fire safety.
- Co-operating with Estates or landlord to allow the testing and maintenance of fire alarms, emergency lighting and fire-fighting equipment.
- Ensuring staff are aware of the procedures and actions required for reporting fire safety defects and incidents are promptly reported in accordance with Trust policy.
- Ensuring management items in the fire risk assessment action plan are actioned.
- Encouraging staff in the premise participates in fire safety training.

**In addition to this: -**

- 4.10 **Hospital wards 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.
- 4.11 **Community, Health Visiting and Outreach Managers** must ensure that their staff receive induction training to consider what risks are within client homes and 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 dynamic 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.

*Refer to Aid Memoire in Appendix C the Community Staff Fire Safety Induction/Check sheet.*

The Solent NHS Trust Fire Safety Advisor is available to give advice on any related concerns.

4.12 **Fire Warden** 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 as necessary to the Trust Fire safety advisor. Fire wardens should refresh their training every 5 years.

4.12.1 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 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.

4.13 **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 or omissions 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 All employees must ensure they:

- Co-operate with the Trust in discharging any relevant statutory obligations
- Familiarise themselves with the content of the premises' fire procedures.
- Inform their line management of any matter they reasonably consider represents a shortcoming in fire safety arrangements or actions likely to affect the integrity of premises arrangements, even when no immediate danger exists.
- Report all incidents or near misses using the Ulysses Trust Incident Reporting System.
- Familiarise themselves with all the designated means of escape in case of fire and bring to the attention of their manager and the Trust Fire Advisor any defective equipment which might result in a fire.
- Attend mandatory and statutory training sessions and other training, as directed by their Line Manager.
- Employees must bring to the attention of their line manager any outstanding training requirements needed to ensure they can carry out their work activities in a safe and competent manner.

## 5. TRAINING

### FIRE and PREMISE EVACUATION DRILL TRAINING

5.1 Training is an essential element of fire safety precautions; Solent NHS Trust recognises the importance of appropriate training for staff and the key elements of fire training

will be in accordance the Health Technical Memorandum (HTM) 05-01 or pertinent to job role and ability.

- 5.2 All Trust Managers must provide staff with induction fire training on or before their first day in a new workplace (this includes part-time, volunteer and agency staff)
- 5.3 All staff must undertake the mandatory e-learning fire module and records system is accessible via the Learning Management System. And face to face training is available via Learning and Development on request at Staff Training days.
- 5.4 Evacuation Drag Mat training is provided by the Manual Handling, Clinical Advisory Team **CAT** via the Learning Management System and can take place on site on request.

In addition to this:

- 5.5 **All Service/Department managers** will monitor and encourage eligible staff in 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** – must receive bi- 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.
  - **Fire Warden/Marshall** – Attend initial course and refreshed every 5 years 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.

#### **Premise Evacuation Drills**

- 5.6 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 and do not use evacuation equipment unless trained to do so.
  - 5.6.1 Fire evacuation practice drills are to be undertaken every year and all staff on-site must co-operate and participate. All evacuation drills must be recorded and sent to the Fire Safety Advisor and recorded onto the Trust CAFM reporting system via emailing [Property.ManagementTeam@solent.nhs.uk](mailto:Property.ManagementTeam@solent.nhs.uk)

## **6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 6.1 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)

## **7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

- 7.1 The Fire safety Advisor will monitor statistics and data related to ‘incidents reported via the electronic risk management system Ulysses ’ relating to Fire causes groups reporting trends

- Within the wider H&S Board report the Fire Safety Advisor will produce an Annual fire safety assurance report to the Board covering fire risk assessments and fire management
- Authorised Engineer Fire (AEF) will provide an independent external annual audit on the performance of Solent's fire safety management system
- Senior Estate Maintenance Manager will provide a fire compliance report through the health and safety group, Trust's Estates and Facilities Fire Safety Yearly Forward Plan
- L and D will provide evidence of the Mandatory fire safety and Evacuation training figures on an annual basis

## 8. REVIEW

- 8.1 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.

## 9. REFERENCE DOCUMENTATION

- 9.1 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
  - Induction and Essential Training Policy
  - HM Government Fire Safety Risk Assessment Guides
  - Firecode HTM 05-01 Managing Healthcare Fire Safety
  - Firecode HTM 05-02 New Build and Alterations
  - Approved Document B (fire safety) volume 2: Buildings other than dwellings, 2019
  - The Health and Safety at Work Act 1974
  - The Management of Health and Safety at Work Regulations 1999
  - Physical Security Management Policy
  - Improving and Managing Conduct Policy
  - Health & Safety Policy
  - Reporting of Adverse Events Policy
  - Department of Health Memorandums and advice
  - Medical Gas Operational Policy
  - Solent NHS Trust Standing Operating Procedure Creating a Smoke Free Workplace
  - Solent NHS Trust Inpatient Smokefree protocol
  - Solent NHS Trust NRT Inpatient Guidelines Smokefree Protocol

## 10. ABBREVIATIONS and DEFINITIONS

<b>RRFSO</b>	Regulatory Reform (Fire Safety) Order
<b>ACOP</b>	Approved Code of Practice
<b>DCEO</b>	Deputy Chief Executive Officer
<b>HTM</b>	Healthcare Technical Memorandums
<b>HBN</b>	Healthcare Building Notes

**SFARP** So far as is reasonably practicable  
**AEF** Authorised Engineer Fire  
**CAT** Clinical Advisory Team (manual Handling)  
**CAFEM** Computer Aided Facilities Management Reporting System



## Appendix A

### Equality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

### Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims	
Service Line / Department	All NHS Trust staff Independent Contractors
Title of Change:	Fire Safety Policy
What are you completing this EIA for? (Please select):	Policy <span style="float: right;"><i>(If other please specify here)</i></span>
What are the main aims / objectives of the changes	To outline the Organisational arrangements for the effective planning, organisation, monitoring, and control of fire safety

#### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			X	

Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	


*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	There has been regular consultation with Estates teams. Learning and Development, and the health and safety group members
Have you taken into consideration any regulations, professional standards?	Yes	Fire executive regulative requirements, Building Control documents inclusive of Health Technical Memorandums and Healthcare Building Notes

Step 3: Review, Risk and Action Plans			
How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A no negative impact identified		
Who will be responsible for monitoring and regular review of the document / policy?	The Review of this policy and EIA will be conducted by the Fire Safety Advisor and chair of the health and safety group		

#### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

Equality Assessor:	David Keates Health and Safety Manager	Date:	01/05/2021
			

## APPENDIX B

### FESTIVE (includes Christmas trees) AND CELEBRATION DECORATIONS

As a provider of healthcare safe place to receive care the spread of fire must be considered when installing any decoration, artwork, or fixtures, so the guidance Re:

Festive decorations applies in all Trust Occupancies and Buildings.

Christmas trees should only be the artificial type, **NOT** a natural tree as these dry out and become very combustible, they are not permitted in Solent controlled buildings or areas. Do not place a Christmas tree of any type in front of a direct heat source.

Do not block access to fire exits, escape ways or cover direction exit signage for example with a Christmas tree, display or festive decorations.

Never hang or tie decorations or cards to any lighting fixtures especially those from the ceiling.

Do not use paper decorations, especially do not drape any electrical items with paper decorations e.g. blocking air vents of computers or computer screens.

The only plug-in Christmas tree and festive lighting permissible is the LED type, the plug must be one that is recommended and supplied with the lighting.

All celebratory and festive electrical items used must have a British or European kite mark, be purchased from a reputable retailer. Electrical items must be checked prior to every switch-on by the user for obvious signs of damage if any damage found DO NOT USE remove and correctly dispose. Unless brand new any electrical plug-in trees/lighting should be subject to a PAT electrical test via the Solent maintenance provider.

All electrical items must be switched off at the end of every workday, and in-patient areas during the patient sleep hours.

Please always achieve one plug to one socket, do not use an extension cable as the cable board will have a different and higher fuse rating.

Never use or decorate with real candles or T-lights, these are not permitted in Solent buildings or controlled areas.

Hanging cobweb or cotton wool, crêpe paper, polystyrene, flammable sprays or similar materials **must not be used for decorations under any circumstances**. Please remove all decorations as soon as possible.

## Appendix C

### 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 the following pages 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, e.g. oxygen do not use in the same room as a gas hob or open flame, not to smoke, keep away from grease and oil, alcohol gel and no smoking in the vicinity of flammable emollients
- 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 LIST 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, flammable emollients),
- 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.

## Appendix D

### SMOKING PLUS ELECTRICALLY CHARGED CIGARETTES

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.

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 (ASMS) and the Trust Fire Safety Advisor.

**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, and the effects of their contents are unknown at this time. 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 Creating a Smoke Free Workplace Policy and its additional safe operating procedures for further information.

Solent NHS Trust is aware of a number of serious fires and injury/near miss 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 cable into a computer is banned.

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 it must be via a direct connection to a normal wall socket. The room should be risk assessed and only charged in an area that is under staff control, and that this room is not populated by patients 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 a main fire exit route. The electronic cigarette can then only be issued to the patient for outdoor use.

## Appendix E

### MICROWAVE, FRIDGE, TOASTERS and SUPPLEMENTARY HEATING

#### MICROWAVE OVENS AND FRIDGE

All electrical items used for cooking or storing food are to be supplied or in agreement with the Solent NHS Trust purchasing department. Under no circumstance are second-hand items from home or supplier to be used in Trust occupied premise. This is to ensure the fire safety of all (it should be remembered that the Grenfell Fire tragedy is believed to started via a defective kitchen electrical appliance).

#### TOASTERS

Toasters are a source of extreme heat and the machines safety devices can accidentally be overridden, they can be the cause of false alarms, and 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.

#### HEATING USE OF SUPPLEMENTARY DEVICES

In Trust occupied buildings and Departments, **the use of direct radiant and fan heaters is banned** for use in offices, wards, and normal occupancy areas. Any heating defects or insufficient heating should be reported immediately to Solent NHS Trust Estates maintenance for repair or installation. If supplementary heating is required at any time, then a request should be made via Solent premise managers to Solent Estates. It is a Solent NHS Trust protocol that only radiator type heating will be allowed as supplementary heating e.g. electric oil filled radiator.

## Appendix F

### ELECTRICAL EXTENSION CABLES inclusive of MULTI SOCKET PLUGS AND MEDICAL GAS CYLINDERS/ PIPED GAS

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.

Multi socket block 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.

Extension cables are to be avoided whenever possible as the cable can easily be damaged leading to a 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 used by various 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.

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.

## Appendix G

### MEDICAL GAS CYLINDERS AND PIPED GAS

Medical gas cylinders pose an explosive hazard in a fire situation, and so it is very important that correct hazard warning signage is installed around the areas of use and storage as a warning to fire-fighting personnel and medical staff. Medical gas cylinders and piped gas supply often contain contents that support combustion, a leak from either of them could alter the atmosphere of the room to give a fire situation if there is a heat or spark source e.g. light switch. It is very important that any damage to a piped or cylinder gas valve, or to a gas cylinder body, that it is reported to Trust Estates immediately and that item is taken out of service and isolated in a fresh air location or that the room/area affected is well ventilated until Estates have made the situation safe.

The Department of Health have instructed that medical gas cylinders inside wards and patient treatment areas must be kept to a minimum, only those cylinders that are in use, and those cylinders that are required for immediate replenishment are recommended to be inside the building. All other medical gas cylinders should be kept in a suitable ventilated store that is not used for any other purpose; it is recommended that a gas cylinder store is outside of the main building whenever possible.

Manufacturer guidance recommends that small gas cylinders should be in horizontal racks (at a slight up angle to prevent them falling), and large cylinders in vertical holders or on correct gas cylinder trolleys. For more details refer to **Medical Gas Operational Policy**